Bureau of Epidemiology & Public Health Informatics

Kansas Department of Health and Environment

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Healthy and Safe Swimming Week: May 23-29, 2016

by Lindsey Martin Webb, MPH

The week before Memorial Day is **Healthy and Safe Swimming Week**. This is the ideal time to reach out to public pool operators, residential pool owners, the media, and the general public to promote healthy and safe swimming in your community.

This year's Health and Safe Swimming Week theme is: **Check out Healthy and Safe Swimming**. Bathers and parents of young bathers can help protect their health and that of their families and friends by checking the latest inspection results for public pools, water playgrounds, hot tubs/spas, and other venues where they swim in treated water, and by doing their own simple and short inspection before getting in the water.

http://www.cdc.gov/healthywater/swimming/

Local health departments are ideally situated to raise awareness of recreational water illnesses, to encourage pool operators to take appropriate action to keep people safe and well, and to advocate for healthy and safe swimming. Health departments can utilize the **Healthy and Safe Swimming Week 2016 Toolkit**, which includes community outreach suggestions and a list of resources. Posters on pool safety and swimmer hygiene are available for download from CDC; laminated posters on pool chemical safety can be ordered for free and distributed to swimming pool operators in your community.

Recreational water illnesses (RWIs) are caused by germs spread by swallowing, breathing in mists or aerosols of, or having contact with contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers, or oceans. RWIs can also be caused by chemicals in the water or chemicals that evaporate from the water and cause indoor air quality problems. Diarrhea is the most common RWI and is often caused by germs like Crypto (short for *Cryptosporidium*), *Giardia*, norovirus, *Shigella*, and *E. coli* O157:H7. Other common RWIs include skin, ear, respiratory, eye, neurologic, and wound infections. Children, pregnant women, and people with weakened immune systems are most at risk for RWIs. Even when properly treated with chemicals, the water can still have germs. Swimmers should follow these **4 easy steps** to help keep germs out of the water and stay healthy:

1. Stay out of the water if you have diarrhea.
2. Shower before you get in the water.
3. Don't pee or poop in the water.
4. Don't swallow the water.

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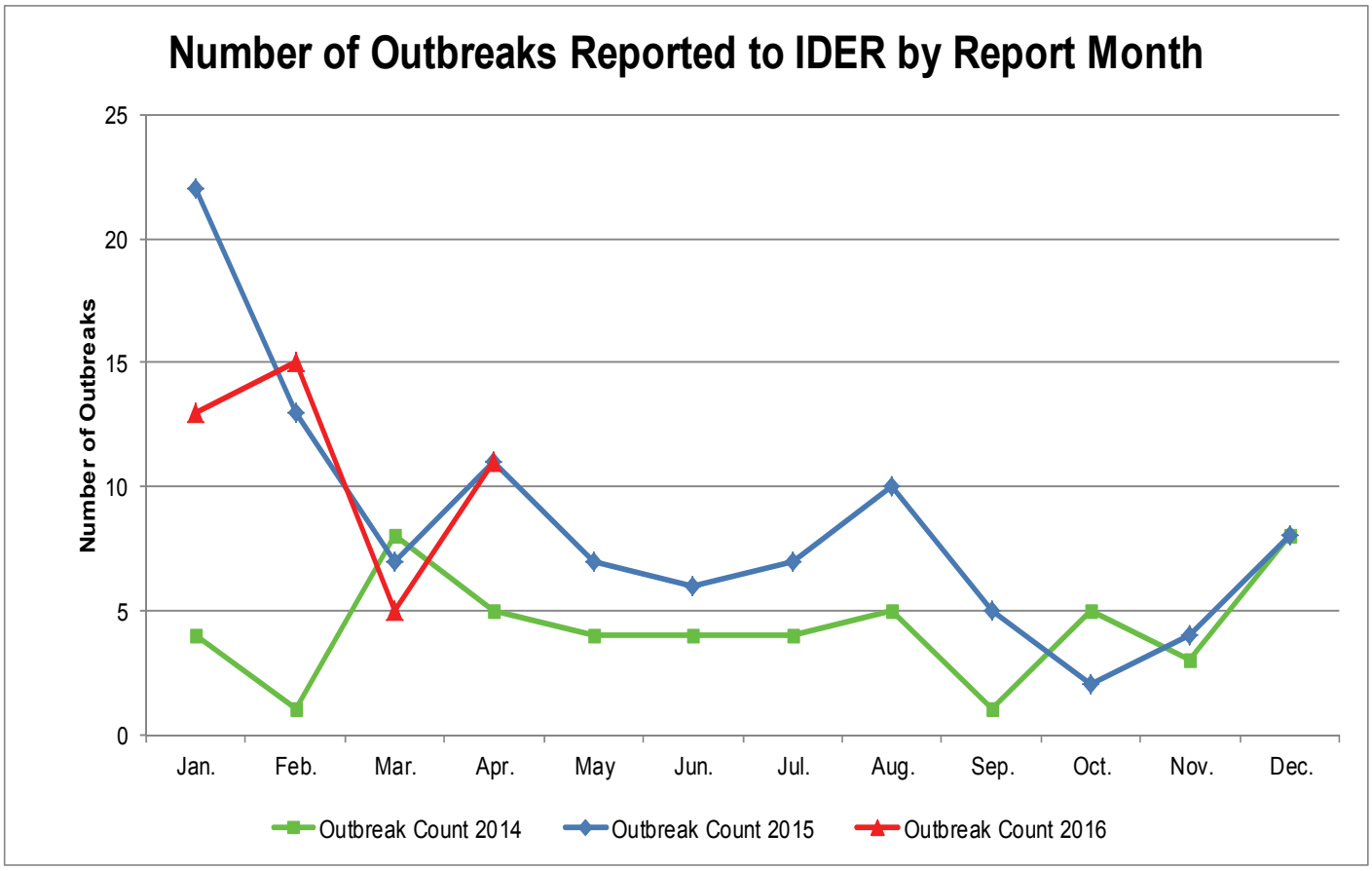

Date Reported	Exposure Setting	Transmission	Disease	County
4/4/2016	Adult Care Facility	Person-to-Person	Influenza	Smith
4/6/2016	School or College	Person-to-Person	Norovirus	Sedgwick
4/7/2016	Private Home	Food	Campylobacter	Kearny
4/8/2016	Restaurant	Unknown	Unknown Etiology	Johnson
4/8/2016	Adult Care Facility	Person-to-Person	Influenza	Wyandotte
4/8/2016	School or College	Person-to-Person	Pertussis	Leavenworth
4/11/2016	Adult Care Facility	Person-to-Person	Influenza	Leavenworth
4/13/2016	Adult Care Facility	Unknown	Unknown Etiology	Shawnee
4/15/2016	Adult Care Facility	Unknown	Norovirus	Sedgwick
4/19/2016	Restaurant	Food	Unknown Etiology	Johnson
4/21/2016	Other	Person-to-Person	Cryptosporidiosis	McPherson

http://www.cdc.gov/healthywater/observances/hss-week/index.html

Vaccine-Preventable Disease Surveillance Indicators

by Mychal Davis, MPH

The completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) reported to the Kansas Department of Health and Environment (KDHE) from April 1 to April 30, 2016 can be found in the table below. The bolded percentages represent the indicators that have less than 90% completion. The case counts presented in this report are preliminary numbers and are subject to change.

Keep up the good work! All of the vaccine preventable diseases reported this month met the benchmark for date of birth, gender, race, and ethnicity.

Still room for improvement... Pertussis cases had four indicators fall below the 90% benchmark. *Haemophilus influenzae* and varicella cases had three indicators fall below the benchmark**.**

Please continue to focus on completing these fields in EpiTrax for all VPDs as the goal is to reach 90% or higher completion on all indicators. For questions regarding this data, please contact Mychal Davis at (785) 368-8208 or mdavis@kdheks.gov.

VPD Indicators Reported from April 1 to April 30, 2016 in Kansas

Indicators	*Haemophilus influenzae,* invasive	Pertussis	*Streptococcus pneumoniae,* invasive	Varicella	Meningococcal disease (*Neisseria meningitidis*)
Number of reported cases	8	30	24	11	1
% of cases with date of birth	100%	93%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	97%	100%	100%	100%
% of cases with ethnicity	100%	97%	96%	91%	100%
% of cases with onset date‡	**86%**	**83%**	**80%**	91%	100%
% of cases with hospitalized noted	**86%**	93%	92%	91%	100%
% of cases with died noted	100%	97%	92%	**82%**	100%
% of cases with vaccination status*	**86%**	**80%**	**75%§**	91%	100%
% of cases with transmission setting¶	N/A**	**77%**	N/A**	**9%**	**0%**
% of cases with completed symptom profiles	N/A**	**37%**	N/A**	**46%**	100%

*Excludes cases with a State Case Status of “Out of State” or “Not a Case.”

‡Data are pulled from onset date field within the clinical tab, not the investigation tab.

*Unknown is considered a valid response if patient is older than 18 years of age.

**Indicator field is not included in supplemental disease form; *S. pneumoniae* and *H. influenza* do not have clinical case definitions.

§Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented.

¶Unknown is considered a valid response for this indicator.

EpiTrax Data Quality Indicators

by Sheri Tubach, MPH, MS

The Bureau of Epidemiology and Public Health Informatics has implemented a set of monthly quality indicators and performance measures to encourage data quality improvement in EpiTrax and timeliness of investigations. The first column is the EpiTrax field. The second column represents the number of cases with data in the field, and the third column, Percent Completed, represents the frequency of completion of the data field in EpiTrax. In order to align with preparedness targets for initiation of disease control measures and to set goals for case investigation completeness, targets for these measures are shown in the table below. We hope that these targets will help local health departments prioritize case investigations. County level indicators are now emailed to each local health department monthly. Percentages noted in red indicate a decrease in completeness compared to March 2016. There has been improvement in all but two surveillance indicators and performance measures in April.

Starting in January 2016 an additional performance measure has been added, timeliness of disease reporting. This performance measure is reflective of how timely health care providers and laboratories are reporting diseases according to KAR 28-1-2 (http://www.kdheks.gov/epi/download/KAR_28.1.2.pdf). The performance measure, timeliness of disease control measure, for cases of Salmonellosis and cases of Shiga-toxin *Escherichia coli* (STEC) are now calculated using the date for "Call Attempt 1" in the "Interview Information" tab in EpiTrax. For questions, contact Sheri Tubach at stubach@kdheks.gov.

April 2016	State's Total Number of Cases* = 260	
EpiTrax Indicators		
EpiTrax Field	**Number of Cases with Field Completed**	**Percent Completed**
Address City	259	100
Address County	260	100
Address Zip	259	100
Date of Birth	259	100
Died	238	92
Ethnicity†	226	87
Hospitalized	237	91
Occupation	134	52
Onset Date	209	80
Pregnancy††	104	85
Race †	236	91
Sex †	260	100
Date LHD Investigation Started	206	**73**
Date LHD Investigation Completed	190	**73**
Persons Interviewed	153	61
Persons Lost to Follow-Up	7	3
Persons Refused Interview	5	2
Persons Not Interviewed	85	34
Performance Measures		
	Number of Cases	**Percent of Cases**
Diseases were reported on time according to disease reporting regulations***	231	89
Disease control measures began within the target for each disease^	167	64
Case investigations were completed within the target for each disease^	113	43

* Calculations do not include Hepatitis B - chronic, Hepatitis C – chronic, or Rabies.
** Out-of-state, discarded, deleted, or those deemed to be not a case are not included in this calculation.
† Unknown considered incomplete.
†† Pregnancy completeness calculated on females only.

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Disease Targets

Diseases	Disease Control (Days)*	Completed Case Investigation (Days)**
Anthrax; Botulism; Brucellosis; Cholera; Diphtheria; Hantavirus Pulmonary Syndrome; Hepatitis A; Influenza deaths in children <18 years of age; Measles; Meningitis, bacterial; Meningococcemia; Mumps; Plague; Poliomyelitis; Q Fever; Rabies, human; Rubella; Severe acute respiratory syndrome (SARS); Smallpox; Tetanus; Tularemia; Viral hemorrhagic fever; Yellow fever	1	3
Varicella	1	5
Pertussis	1	14
Campylobacter infections; Cryptosporidiosis; Cyclospora infection; Giardiasis; Hemolytic uremic syndrome, postdiarrheal; Hepatitis B, acute; Legionellosis; Listeriosis; Salmonellosis, including typhoid fever; Shigellosis; Shiga-toxin *Escherichia coli* (STEC); Trichinosis; Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue); *Haemophilus influenzae*, invasive disease; *Streptococcus pneumoniae*, invasive	3	7
Ehrlichiosis / Anaplasmosis; Lyme disease; Malaria; Spotted Fever Rickettsiosis	3	14
Hepatitis B, chronic; Hepatitis C, chronic; Hepatitis C, acute; Leprosy (Hansen disease); Psittacosis; Streptococcal invasive, drug-resistant disease from Group A Streptococcus; Toxic shock syndrome, streptococcal and staphylococcal; Transmissible spongioform encephalopathy (TSE) or prion disease	N/A	N/A

*__Disease Control:__ Calculated by using EpiTrax fields: **(Date LHD Investigation Started) – (Date Reported to Public Health)**

__Completed Case Investigation:__ Calculated by using EpiTrax fields: **(Date LHD Investigation Completed) – (Date Reported to Public Health)

***__Disease Reporting__: Calculated by using EpiTrax fields: (**Lab Test Date, Date Diagnosed – Presumptive, or Date Diagnosed whichever date is earlier**) – (**Date Reported to Public Health**) ≤ KDHE-required disease reporting timeframe

http://www.cdc.gov/healthywater/swimming/resources/apps.html

http://www.cdc.gov/healthywater/swimming/pools

	Reported Disease Counts - April 2016							
	Not Available	Confirmed	Not a Case	Probable	Suspect	Unknown	Grand Total	3 Year Avg. 2013-2015
Disease	Count	Count	Count	Count	Count	Count	Count	Count
Acute Flaccid Myelitis	1	0	0	0	0	0	**1**	**0**
Amebiasis (*Entamoeba histolytica)*	0	1	0	0	0	0	**1**	**0**
Anaplasma phagocytophilum (f. HGE)	1	0	3	0	0	0	**4**	**1**
Botulism, other unspecified	1	0	0	0	0	0	**1**	**0**
Campylobacteriosis	17	9	26	18	0	0	**70**	**44**
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	1	5	**6**	**1**
Chagas Disease	1	0	0	0	0	0	**1**	**0**
Coccidioidomycosis	1	0	0	0	0	0	**1**	**0**
Cryptosporidiosis	4	6	0	4	1	0	**15**	**9**
Ehrlichiosis, *Ehrlichia chaffeensis (f. HME)*	4	0	2	0	0	0	**6**	**4**
Ehrlichiosis/Anaplasmosis, undetermined	0	0	2	0	0	0	**2**	**0**
Giardiasis	0	7	1	0	2	0	**10**	**9**
Haemophilus influenzae, invasive disease (Including Hib)	1	7	0	0	0	0	**8**	**4**
Hepatitis A	4	1	3	0	0	0	**8**	**4**
Hepatitis B virus infection, chronic	2	4	197	29	0	0	**232**	**129**
Hepatitis B, acute	0	1	3	1	0	0	**5**	**7**
Hepatitis C, Chronic	0	123	212	67	0	0	**402**	**209**
Influenza	0	33	7	0	0	0	**40**	**4**
Legionellosis	1	1	0	0	0	0	**2**	**2**
Listeriosis	0	1	0	0	0	0	**1**	**5**
Lyme Disease *(Borrelia burgdorferi)*	12	0	7	2	3	0	**24**	**14**
Measles (rubeola)	1	0	0	0	0	0	**1**	**1**
Meningitis, Bacterial Other	5	0	0	0	0	0	**5**	**1**
Meningococcal disease (*Neisseria meningitidis)*	0	0	0	0	1	0	**1**	**1**
Methicillin- or oxicillin- resistant Staphylococcus aureus coagulase-positive (MRSA a.k.a. ORSA)	0	0	0	0	0	3	**3**	**0**
Mumps	0	0	2	0	0	0	**2**	**1**
Norovirus	4	5	0	0	0	0	**9**	**4**
Outbreak Case - Unknown Etiology	0	1	0	0	0	0	**1**	**11**
Pertussis	14	6	4	4	6	0	**34**	**34**
Poliovirus infection, nonparalytic	0	0	1	0	0	0	**1**	**0**
Rabies, animal	2	9	56	2	3	0	**72**	**22**
Rubella	0	0	30	0	0	0	**30**	**42**
Salmonellosis	0	21	1	1	4	0	**27**	**34**
Shiga toxin-producing *Escherichia coli (STEC)*	0	6	2	1	9	0	**18**	**12**
Shigellosis	0	13	0	3	1	0	**17**	**4**
Spotted Fever Rickettsiosis (RMSF)	11	1	5	0	0	0	**17**	**18**
Streptococcal disease, invasive, Group A	2	5	0	0	0	0	**7**	**6**
Streptococcus pneumoniae, invasive disease	6	18	1	0	0	0	**25**	**20**
Transmissible Spongioform Enceph (TSE / CJD)	2	0	0	0	0	0	**2**	**2**
Tularemia (*Francisella tularensis)*	2	0	0	1	1	0	**4**	**2**
Varicella (Chickenpox)	4	0	14	7	0	0	**25**	**46**
Vibriosis (non-cholera Vibrio species infections)	1	1	0	0	0	0	**2**	**0**
West Nile virus non-neuroinvasive disease	0	0	9	0	0	0	**9**	**4**
Yersiniosis	0	0	1	0	0	0	**1**	**0**
Zika Virus	13	0	2	0	0	0	**15**	**0**
Grand Total	**117**	**280**	**591**	**140**	**32**	**8**	**1,168**	**711**