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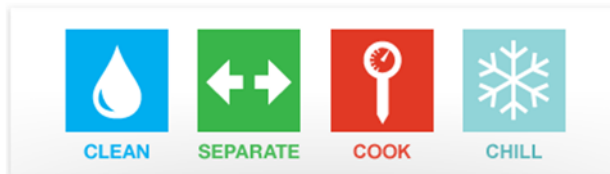
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**Food Safety Tips for the Holidays**

by Lindsey Martin Webb, MPH

As the end of the year approaches, many people will be celebrating the holidays with feasts and festivities. It is important to keep food safety in mind to ensure a happy and healthy holiday season!

Foodborne illness affects one in six Americans every year. Many different disease-causing pathogens can contaminate food and beverages. The most common symptoms of foodborne disease include diarrhea and vomiting, but serious illness and death can also occur. Fortunately, food safety tips and resources are available to aid in preventing foodborne illness during the holiday season.

**4 Simple Steps to Food Safety:**

<https://www.fsis.usda.gov/wps/portal/food-safety-education/teach-others/food-safety-education/campaigns/check-your-steps>

**Clean:**

- Have plenty of soap on hand, and practice [good hand hygiene](#). Handwashing is one of the best ways to prevent the spread of illness.
- Wash hands and food-contact surfaces (such as utensils, cutting boards, and countertops) before and after preparation of each food item.
- Rinse fruits and vegetables thoroughly under cool running water and use a produce brush to remove surface dirt.
- **Do not** rinse raw meat and poultry before cooking. This can cause germs to spread throughout the kitchen and increase the chances of foodborne illness.

**Separate:**

- Keep one cutting board for raw meats and seafood, and a separate cutting board for ready-to-eat foods.
- Keep fruits and vegetables that will be eaten raw separate from raw meat, poultry, or seafood and from kitchen utensils used for those products.
- Do not put cooked meat or other food that is ready to eat on an unwashed plate that has held any raw eggs, meat, poultry, seafood, or their juices.
- Prepare uncooked recipes before recipes requiring raw meat to reduce cross-contamination.

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### Cook:

- Use a food thermometer to ensure that foods reach safe internal temperatures.
- Reheat leftovers to 165°F. Bring sauces, soups, and gravies to a rolling boil when reheating.
- Partial cooking should be avoided because it allows bacteria to grow. Cook meat and poultry completely at one time.
- Avoid consuming anything made with raw eggs or raw flour, such as uncooked cookie dough, cake, or brownie batter, and homemade ice cream or eggnog made with raw eggs.
- Keep hot food hot using chafing dishes or crock pots. Hot items should remain above 140°F.



### Chill:

- Refrigerate leftovers promptly. Divide leftovers into smaller portions so that they will cool more quickly.
- Discard any perishable foods left out at room temperature for two hours or more.
- Never defrost food at room temperature. Food can be defrosted safely in the refrigerator, under cold running water, or in the microwave. Food thawed in cold water or in the microwave should be cooked immediately.
- Leftovers should be used within three to four days.
- Keep cold food cold using ice trays. Cold items should remain below 40°F.

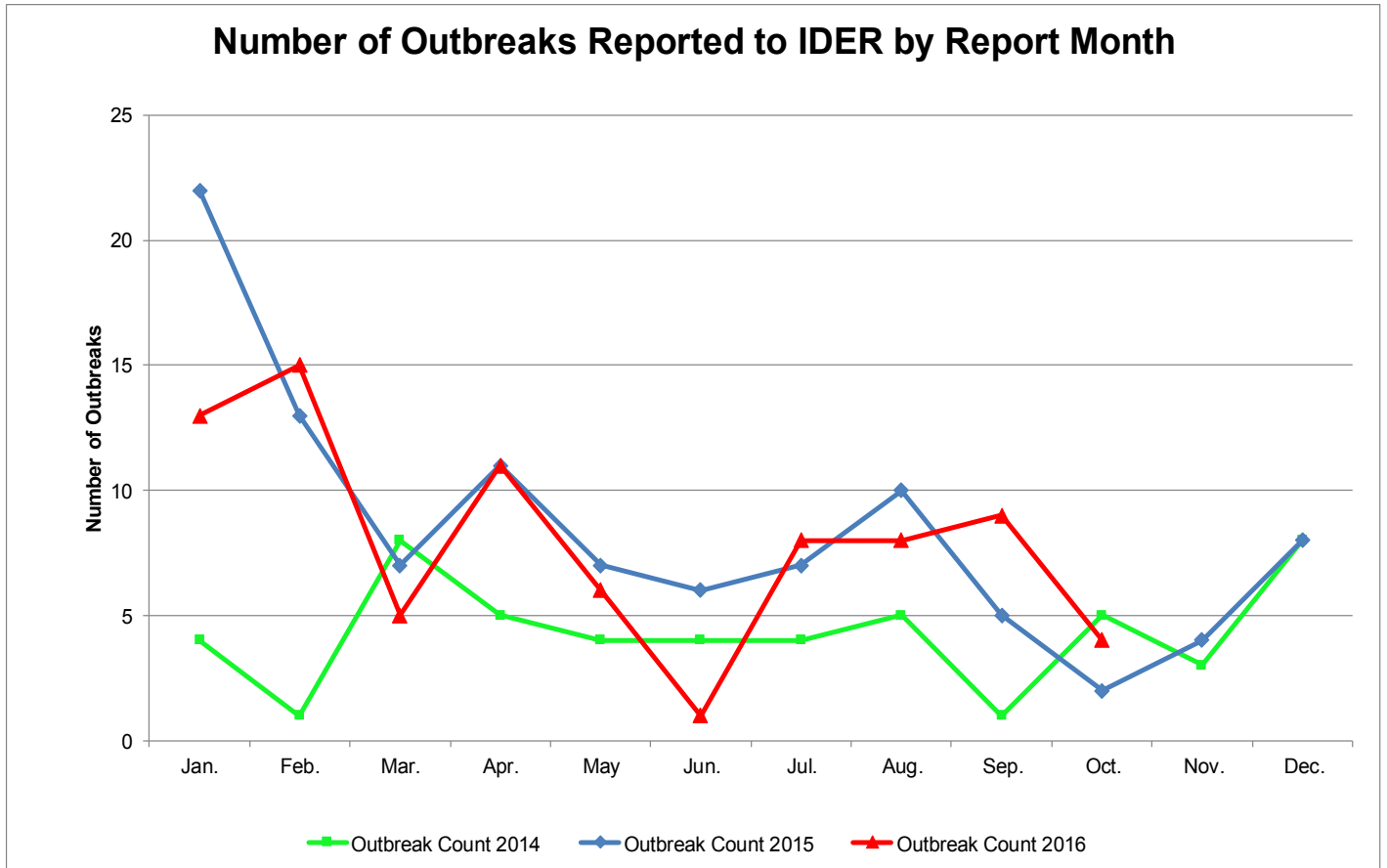
### Safe Shopping:

- Keep raw meat, poultry, and seafood away from other foods in your grocery cart.
- Buy cold foods last.
- Don't purchase canned goods that are dented, leaking, bulging, or rusted, as these may become a breeding ground for harmful bacteria.
- Ask the cashier to place your raw meat, poultry, and seafood in a separate bag.
- Bring foods directly home from the grocery store.
- Always make sure to buy milk, juice, and cider that has been pasteurized. Consuming unpasteurized beverages or food items made with unpasteurized products can lead to foodborne illness.

### Resources:

- [CDC Foodborne Illness](#)
- [CDC Holiday Food Safety](#)
- [CDC Holiday Food Safety Scenarios](#)
- [FoodSafety.gov Winter Holidays](#)
- [FoodSafety.gov Ask Karen: Your Food Safety Expert](#)
- [USDA Holiday Food Safety Tips](#)
- [FDA Food Safety Tips for the Holidays](#)
- [Cooking for Groups: A Volunteer's Guide to Food Safety](#)





Date Reported	Exposure Setting	Transmission	Disease	County
10/13/2016	Restaurant	Food	Unknown Etiology	Saline
10/21/2016	Fair/Festival	Food	Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Miami
10/24/2016	Other	Indeterminate/Other/Unknown	Norovirus	Barton
10/25/2016	School or College	Person-to-Person	Shigellosis	Wyandotte

## 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 from October 1 to October 31, 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!** The indicators for date of birth, gender, race, and ethnicity were above the 90% benchmark of all VPDs reported from October 1 to October 31, 2016.

**Still room for improvement...** Pertussis cases had three indicators fall below the 90% benchmark. Varicella cases had two indicators fall below the benchmark, and *Streptococcus pneumoniae* cases had two 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 Mychal.Davis@ks.gov.

### VPD Indicators Reported from October 1 to October 31, 2016 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	2	24	12	23
% of cases with date of birth	100%	96%	100%	100%
% of cases with gender	100%	100%	100%	100%
% of cases with race	100%	96%	100%	100%
% of cases with ethnicity	100%	96%	100%	100%
% of cases with onset date <sup>‡</sup>	100%	92%	<b>83%</b>	91%
% of cases with hospitalized noted	100%	92%	100%	96%
% of cases with died noted	100%	92%	92%	96%
% of cases with vaccination status*	100%	<b>86%</b>	<b>85%</b> §	91%
% of cases with transmission setting <sup>¶</sup>	N/A**	<b>67%</b>	N/A**	<b>4%</b>
% of cases with completed symptom profiles	N/A**	<b>54%</b>	N/A**	<b>26%</b>

\*Excludes cases with a State Case Status of "Out of State" or "Not a Case."

‡Data is 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. influenzae* 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 (BEPHI) 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 September 2016 or are below 90%. Over one quarter of cases are still not being interviewed. Occupation is still not consistently being completed.

Also, in January 2016 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 those counties that are still conducting those interviews.

For questions, contact Sheri Tubach at [Sheri.Tubach@ks.gov](mailto:Sheri.Tubach@ks.gov).

October 2016	State's Total Number of Cases* = 268	
EpiTrax Indicators		
	Number of Cases with Field Completed	Percent Completed
Address City	264	99
Address County	268	100
Address Zip	263	98
Date of Birth	267	100
Died	235	88
Ethnicity†	217	81
Hospitalized	236	88
Occupation	158	59
Onset Date	197	74
Pregnancy††	107	86
Race †	225	84
Sex †	267	100
Date LHD investigation started	197	74
Date LHD investigation Completed	183	68
Persons Interviewed	183	70
Persons Lost to Follow-Up	8	3
Persons Refused Interview	3	1
Persons Not Interviewed	69	26
Performance Measures		
	Number of Cases	Percent of Cases
Diseases were reported on time according to disease reporting regulations ***	245	93
Disease control measures began within the target for each disease ^	162	60
Case investigations were completed within the target for each disease ^	98	37

\* 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.

^ See the table on the following page for disease control and case investigation targets.

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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; Meningococemia; 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 <i>Escherichia coli</i> (STEC); Trichinosis; Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue); <i>Haemophilus influenzae</i> , invasive disease; <i>Streptococcus pneumoniae</i> , 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 spongiform 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



### Monthly Disease Counts

The Monthly Disease Counts Report will no longer be part of *Epi Updates*. Please refer to the Cumulative Case Reports of Disease ([http://www.kdheks.gov/epi/case\\_reports\\_by\\_county.htm](http://www.kdheks.gov/epi/case_reports_by_county.htm)) for current case count information.