



EPI UPDATES

October
2012

Inside This Issue:

Infection Prevention Week	1-2
Avoiding Colds & Flu	2
Outbreak Summaries	3
Vaccine Preventable Disease Indicators	3-4
Breakdown by Disease	5
EpiTrax Tips & Hints	6-7

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KDHE Celebrates International Infection Prevention Week October 14-20

by Joseph Scaletta

Imagine a healthcare setting where every healthcare professional performs appropriate hand hygiene before and after touching a patient. Imagine a community where every individual uses proper respiratory etiquette by coughing and sneezing into their elbow during cold season. Imagine the impact on preventing the spread of infection. Imagine 14,000 infection preventionists advocating for infection prevention in their facilities and local communities. Then multiply their voices with those of other healthcare professionals and informed consumers. Now that's an infection prevention movement, and one that is entirely possible!

International Infection Prevention Week (IIPW) provides a focal point for infection

preventionists, healthcare professionals, consumers, organizations, and industry partners to shine a light on infection prevention and its power to save lives. This year, Governor Sam Brownback proclaimed Oct. 14-20 as International Infection Prevention Week in Kansas, and following, KDHE will be spreading the word on our Twitter and FaceBook feeds. The Governor encourages all healthcare providers in Kansas healthcare facilities to renew their efforts to prevent healthcare associated infections (HAIs) and to bring attention to the statewide plan to reduce the occurrence of HAIs.

HAIs are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare

(Continued on page 2)



Left to Right: D. Charles Hunt, Robert Geist, Stan Stuckey, Governor Sam Brownback, Joseph Scaletta, Lois Rahal, Joan Jenne, Kim Byers, and Julie Bernal.

(Continued from page 1)

setting. "HAIs are major clinical and public health problems occurring in all healthcare settings," said Robert Moser, M.D., KDHE Secretary and Director of Health. "Fortunately, Kansas has a robust network of skilled specialists and a committed hospital association working tirelessly to protect patient safety. We honor them and their important work this week."

HAIs are a major cause of morbidity, mortality, and excess cost in the United States according to the Centers for Disease Control and Prevention. An estimated five to 10 percent of all hospital admissions are complicated by HAIs. Approximately 1.7 million infections and nearly 100,000 deaths are attributable to HAIs each year. The financial burden of these infections has been estimated at \$33 billion annually, a staggering figure at a time when our economy is suffering and demands on the healthcare system are increasing.

With assistance from a diverse, multidisciplinary Advisory Group, comprised of stakeholders with expertise in infection prevention, KDHE has developed a statewide plan to quantify and reduce the occurrence of HAIs. The HAI Program focuses on supporting HAI surveillance and reporting efforts and promotes adherence to nationally based guidelines and recommendations to reduce the occurrence of HAIs.

All Kansas hospitals have been asked to voluntarily use the National Healthcare Safety Network (NHSN) database and report data on four priority prevention targets: central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections (CAUTI), *Clostridium difficile* infections, and surgical site infections (SSI) for abdominal hysterectomy and colon surgeries. Currently, over 70 facilities, representing more than 95% of staffed ICU beds in Kansas, are reporting data which will be aggregated later this year.

"These types of data have never been comprehensively collected in Kansas," said Joseph Scaletta, KDHE HAI Program Director. "For KDHE, its partners, healthcare facilities and organizations around the state, and nationally, this is an extremely exciting opportunity to quantify the burden of HAIs and will allow us to begin to identify areas where improvements can be made."

Infection Prevention and Control programs have been widely recognized to be clinically effective and cost-effective in preventing and controlling the spread of infections in healthcare settings. Ultimately, the most effective way to prevent the transmission of infection is through hand hygiene and effective environmental cleaning. Everyone can help prevent the spread of infections by being involved, providing input, and initiating change in their own way.

To learn more about the Kansas HAI Program, please contact Joseph Scaletta at (785) 296-4090.

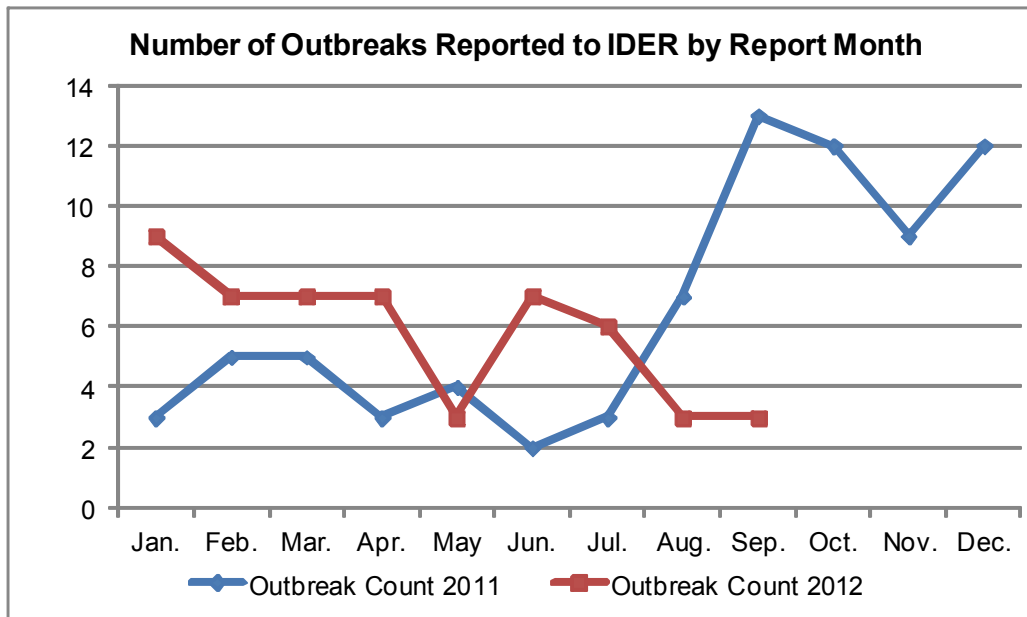
Tips for Avoiding Colds and Flu

by Joseph Scaletta

Here are steps you can take to reduce your chances of becoming infected with a virus that causes cold or flu:

- **Get vaccinated against seasonal influenza.** Flu viruses can change each year. Getting an annual flu shot helps to protect against the strains currently circulating.
- **Wash your hands often.** Frequent hand washing can destroy viruses that you have acquired from touching surfaces used by other people. You can also carry a small tube of hand sanitizer or sanitizing hand wipes.
- **Avoid touching your face,** especially the nose, mouth, and eye areas, if you are around someone with a cold or have been touching surfaces in a public area.
- **Don't smoke.** Cigarette smoke can irritate airways and increase susceptibility to colds and other infections. Exposure to passive smoke can make you more vulnerable to colds.
- **Use disposable items if someone in your family is infected.** This prevents accidental spread of the virus from sharing of cups or glasses.
- **Keep household surfaces and children's toys clean.** Surfaces harbor viruses for hours after their use by an infected person.
- **Use paper towels** in the kitchen and bathroom for hand washing. Germs can live for several hours on cloth towels. Alternatively, have separate towels for each person.
- **Throw tissues away after use.** Used tissues are sources of virus that can contaminate any surface where they are left.
- **Maintain a healthy lifestyle.** Get adequate sleep, good nutrition, and physical exercise to help ensure that your immune system is in good condition.
- **Control stress.** Studies have shown that people experiencing emotional stress have weakened immune systems and are more likely to catch a cold than their calmer counterparts.

MONTHLY OUTBREAK SUMMARIES



Facility Type	Organism	Transmission	County	Outbreak Status	Reported Date
Restaurant	Unknown-GI	Food	Wyandotte	Active	9/13/2012
Restaurant	Unknown-GI	Indeterminate / Other / Unknown	Barber	Closed	9/24/2012
School	Varicella	Person-to-Person	Ellsworth	Active	9/25/2012

Vaccine-Preventable Disease Surveillance Indicators

By Chelsea Raybern

Beginning in October 2012, monthly reports will be published on the completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) in Kansas. These indicators are based on the Centers for Disease Control and Prevention (CDC) Manual for the Surveillance of Vaccine-Preventable Diseases (<http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>), and progress towards these goals is reported to CDC. These indicators are measurable variables that can be used to determine the degree of adherence to a standard or achievement of quality goals. When these variables are collected in a timely manner, they provide a more complete and thorough disease investigation which is beneficial in a number of ways. At the local level, complete investigations will allow users to understand and measure the real burden of VPDs in their communities, and they will better prepare local health departments for the voluntary accreditation process that many intend to go through. In addition, having complete data can be very beneficial in determining how and why VPDs are spreading within certain communities, can provide data that can affect public policy, and can determine the need for new prevention and control recommendations. Lastly, many of these indicators are reported to CDC and are used to guide public policy on a national level.

The completeness of the measured indicators, the percentage of investigations that are completed, and the timeliness of case acceptance will be calculated on the 10th of each month, and the data will reflect information on VPDs reported to public health during the prior month. Data used for this report are from cases reported to the Kansas Department of Health and Environment (KDHE) from September 1—30, 2012. The bolded percentages represent the indicators that

(Continued on page 4)

(Continued from page 3)

have less than 90% completion. Fields in EpiTrax that were left blank or filled in as unknown were considered unanswered for the completeness of indicators expressed in percentages (excluding investigation completed by local health department).

Keep up the good work!—Two indicators, date of birth and gender, were completed for all (100%) reported VPDs from September 1—30, 2012. The variable for death was completed for at least 95% of all reported VPDs. The case of meningococcal disease had all indicator variables completed except onset date and vaccination status. This case was accepted for investigation by the local health department the same day it was entered into EpiTrax, and this investigation has been completed and approved by the local health department. All the indicators for the case of *Streptococcus pneumoniae*, invasive disease have been completed; the case was accepted very quickly by the local health department. However, this investigation has not been completed and approved by the local health department. Many indicators for varicella case investigations were completed including, race (90%), ethnicity (93%), hospitalized (95%), and vaccination status (90%). Also, the median number of days for local health departments to accept a varicella case was one day; although, the range was from 0 to 20 days.

Room for improvement—Several indicators for several diseases were below 90%. The reported *Haemophilus influenzae*, invasive disease case took 13 days for the local health department to accept this case for investigation. As of October 10, 2012, the investigation for this case has not been completed. Even though a majority of the indicators for varicella were above 90%, transmission setting was only 41%, and so far, the investigation has only been completed and approved by the local health departments for 61% of cases. For pertussis, six of the nine indicators are much lower than 90%; these include race (85%), ethnicity (78%), onset date (69%), hospitalized (79%), vaccination status (66%), and transmission setting (10%). The median number of days for acceptance of pertussis cases by local health departments is four days with a range of 0 to 15 days. Local health departments are notified as soon as a case of pertussis is entered into EpiTrax.

Please focus on completing the indicators listed in the table below for all VPDs in EpiTrax to reach 90% or higher completion for all these fields. To improve the timeliness of case investigation initiation, work towards accepting cases and initiating the investigation as soon as possible after notification. For questions regarding this data, please contact Chelsea Raybern at (785) 296-0339 or craybern@kdheks.gov.

VPD Indicators Reported from September 1—30, 2012 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Meningococcal disease	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	1	1	117	1	41
% of cases with date of birth	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	0%	100%	85%	100%	90%
% of cases with ethnicity	0%	100%	78%	100%	93%
% of cases with onset date	0%	0%	69%	100%	88%
% of cases with hospitalized noted	0%	100%	79%	100%	95%
% of cases with died noted	100%	100%	98%	100%	95%
% of cases with vaccination status	0%	0%	66%	50%*	90%
% of cases with transmission setting	N/A [§]	N/A [§]	10%	N/A [§]	41%
% of investigations completed by local health departments [†]	0%	100%	66%	0%	61%
Median # of days from report to start of investigation (range) [‡]	13 (13)	0 (0)	4 (0-15)	0 (0)	1 (0-20)

*Vaccination history asks for both polysaccharide and conjugate pneumococcal vaccine information and only one was filled out

§Indicator field not included in supplemental disease form

†Status includes when local health department completes investigation, approves the case, or when the case is closed by state

‡Time from public health report date to when local health department accepts case

Disease	Month reported to EpiTrax - September 2012						
	State Case Status					Grand Total	Average 2009—2011
	Confirmed	Probable	Suspect	Not a Case	Not Yet Classified		
Count	Count	Count	Count	Count	Count	Count	
Amebiasis (<i>Entamoeba histolytica</i>)	0	0	0	0	3	3	0
<i>Anaplasma phagocytophilum</i> (f. HGE)	0	0	0	0	2	2	2
Brucellosis	0	0	0	0	1	1	1
Campylobacteriosis	5	0	10	1	29	45	69
Coccidioidomycosis	0	0	0	0	1	1	0
Cryptosporidiosis	3	0	0	0	4	7	43
Dengue	0	0	0	2	0	2	1
Ehrlichiosis, <i>Ehrlichia chaffeensis</i> (f. HME)	0	1	0	0	3	4	2
Giardiasis	4	0	0	0	7	11	23
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	0	0	0	0	1	1	1
Hantavirus Pulmonary Syndrome (HPS)	0	1	0	0	0	1	0
Hepatitis A	0	4	0	12	35	51	40
Hepatitis B Pregnancy Event	0	0	0	0	4	4	NA
Hepatitis B virus infection, chronic	0	11	0	0	17	28	35
Hepatitis B virus infection, perinatal	0	0	0	0	1	1	0
Hepatitis B, acute	0	4	0	1	1	6	6
Hepatitis C virus, past or present	114	1	2	5	34	156	158
HUS-Hemolytic Uremic Syndrome postdiarrheal	0	0	0	0	2	2	0
Legionellosis	0	0	0	1	1	2	3
Lyme Disease (<i>Borrelia burgdorferi</i>)	1	1	1	9	20	32	26
Meningococcal disease (<i>Neisseria meningitidis</i>)	0	0	0	0	1	1	1
Mumps	0	0	0	6	1	7	5
Parapertussis	0	0	0	0	2	2	NA
Pertussis	9	32	12	48	78	179	41
Q Fever (<i>Coxiella burnetii</i>), Acute	0	0	1	0	0	1	3
Rabies, animal	3	0	2	2	9	16	7
Salmonellosis	54	0	0	0	3	57	61
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	3	0	0	0	11	14	9
Shigellosis	9	0	0	0	2	11	10
Spotted Fever Rickettsiosis (RMSF)	0	4	0	6	37	47	25
Streptococcal disease, invasive, Group A	2	0	0	0	2	4	1
<i>Streptococcus pneumoniae</i> , invasive disease	0	0	0	0	1	1	6
Tularemia (<i>Francisella tularensis</i>)	0	0	0	0	2	2	3
Typhoid Fever (<i>Salmonella typhi</i>)	1	0	0	0	1	2	0
Varicella (Chickenpox)	2	17	0	5	23	47	58
Vibriosis (non-cholera <i>Vibrio</i> species infections)	0	0	0	0	1	1	0
West Nile virus neuroinvasive disease	1	3	1	0	4	9	2
West Nile virus non-neuroinvasive disease	0	2	13	16	45	76	20
Grand Total	211	81	42	114	389	837	



EpiTrax Help and Hints

By Susan Dickman

1) **Ordering TB Medications.** When you have a patient who is to receive medications for treatment, please do the following:

- a. List the medications in EpiTrax under the “Clinical” tab
 - i. Click on the “Clinical” tab.
 - ii. Scroll down to the “Treatment” section, and using the **drop down** list, select the treatments that are to be given to the patient.

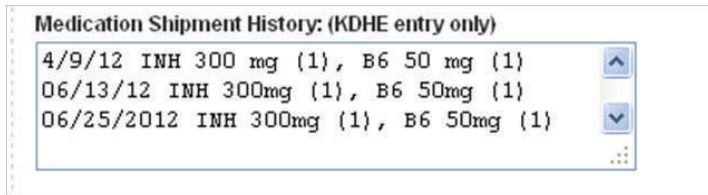
iii. If the medication, dosage, and frequency is not in the drop down list, email the TB program’s nurse at GDowell@kdheks.gov to request it be added to the drop down list.

- iv. To add additional treatments, click “Add a treatment.”
- v. You do not need to enter the “Date of treatment” until the patient receives the medications.

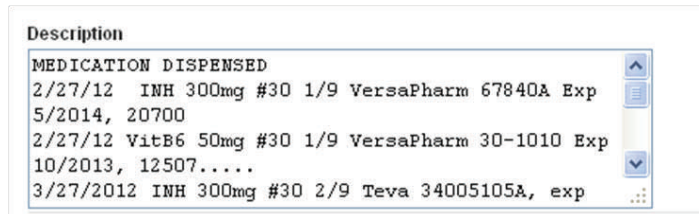
b. To **order** medications, go to the ordering section (Request for Anti-Tuberculosis Medications) for TB on the KDHE website, print the order form, fill out the form, and fax it to the TB program at 785-291-3732. Here is the link for the order form: http://www.kdheks.gov/tb/download/request_for_basic_anti_tb_medications.pdf.

(Continued from page 6)

- c. To view whether the order has been shipped, log into EpiTrax, click on the “Clinical” tab and scroll past treatments to the box that shows when medications have shipped.



- d. When the patient receives their medication, please document this in the “Encounters.”
NOTE: You do not need to enter the medications again in the “Encounter.” Adding the notation “Medication Dispensed” and the date is acceptable.



2) Pertussis contact form. There is now a pertussis contact form in EpiTrax that will be associated to the contacts entered into EpiTrax. Once you have created a contact, click on “Edit contact.” Additional questions will be found in the “Investigation tab” of the contact. Please fill out as much information as possible for the contact event.

Jane Hawley Parent Patient: Jess

Show | Create new contact event

[Clickable Tabs]

Demographic Clinical Laboratory Epidemiological **Investigation** Notes

Investigative Information [Hide]

Forms in Use

Pertussis Contact Form

Add/Remove forms for this event

Forms

Pertussis Contact Form

Date of first exposure: September 3, 2012 Date of final exposure:

High risk contact? No Yes

Cough? Yes No

Cough onset date:

Pertussis vaccination up-to-date? Yes No Unknown

Vaccination recommended? Yes No

Date of vaccination post-exposure:

Was PEP recommended by public health? Yes No

Was PEP started? Yes No

Who made the final recommendation on PEP?

Health care provider Local health department Local health officer Other

CALENDAR OF UPCOMING EVENTS:
KALHD Annual Conference
When: Nov. 13-15
Where: Capital Plaza Hotel & Expocentre, Topeka, KS.
 For more information: <http://www.kalhd.org>