



EPI UPDATES

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New Surveillance and Epidemiological Investigation Performance Measures

By Daniel Neises

As part of the Public Health Emergency Preparedness Cooperative Agreement, the Centers for Disease Control and Prevention (CDC) evaluates the Kansas Department of Health and Environment's (KDHE's) ability to detect and respond to cases of infectious disease. The Public Health Surveillance and Epidemiological Investigation Performance Measures include the following assessments:

- 1. Disease Reporting:** Proportion of reports of selected reportable diseases received by a public health agency within the awardee-required timeframe. In other words, are labs and clinics reporting to us in a timely manner?
- 2. Disease Control:** Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate timeframe. In other words, are local health departments (LHD) investigating diseases in a timely manner?

During previous budget periods, only data from a sample of five counties were reported to CDC. In the new budget period (July 1, 2013–June 30, 2014), KDHE will collect and report data from all LHDs regarding these measurements for the following diseases: botulism, measles, meningococcal disease, pertussis, varicella, tularemia, shiga-toxin producing *E. coli*, salmonellosis, shigellosis, and hepatitis A.

Two EpiTrax data fields are especially important for tracking these performance measures:

- 1. Date Diagnosed–Presumptive** This data field only appears for cases of

botulism, measles, meningococcal disease, pertussis, and varicella. It is located within the “Clinical” tab, near the “Disease” and “Onset Date” fields. Input the date when the physician suspects the disease to be the cause of illness, rather than the date the disease is confirmed by final laboratory results.

2. Date LHD Investigation Started

This data field should be completed for all diseases. It is located at the bottom of the “Administrative” tab. It is defined by the CDC as “the first substantive activity by public health staff to prevent or control the spread of disease.” Examples of control measures include identification of source of infection, identification of potentially exposed individuals, contact tracing, and exclusion of cases from child care or food handling. Calling a healthcare provider to discuss a case patient should not be considered the initiation of a control measure. If the disease investigator attempts to initiate a control measure but is unable to do so, the date of that first attempt should be recorded as the “Date LHD investigation started.” For example, the initial date the LHD telephones a case to conduct an interview should be entered as the “Date LHD investigation started,” even if the interview is not completed on that date.

If you have any questions about these performance measures, please contact Daniel Neises (785-296-5585, dneises@kdheks.gov). Thank you for your assistance in meeting our grant requirements!

EpiTrax Updates

By Jodie Smith

As many of you know, there have been many changes in the EpiTrax program. **Types of EpiTrax Changes with the New Vendor**

Virginia Barnes left her position, and Bonnie Liscek is the new Director of Surveillance Systems. Please make sure to remove Virginia Barnes from your contact list for EpiTrax issues. Bonnie can be reached at (785) 296-6543 or bliscek@kdheks.gov.

On September 1, EpiTrax switched vendors for the website hosting and maintenance. As part of this process, we have been reviewing the trouble tickets submitted previously and re-escalating issues under the new vendor.

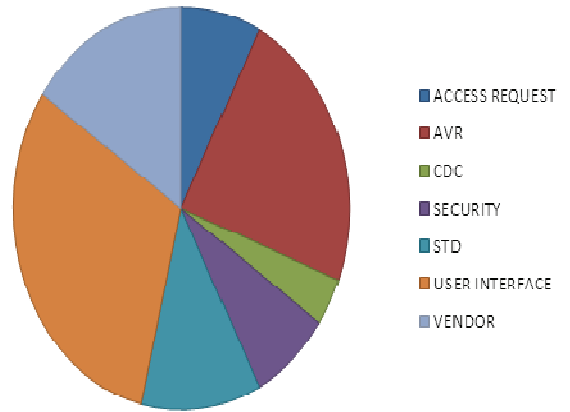
Currently, there are 26 trouble tickets input for the EpiTrax system. The majority of these issues are related to the EpiTrax look, feel, and ease of use. These are items that may make the system appear nicer or easier to use, but do not affect the information input into EpiTrax.

The second highest category consists of issues regarding the Analysis Visualization Reporting (AVR) report feature. KDHE is currently looking at upgrading the AVR portion of EpiTrax to include some new features and user interface that is easier to use.

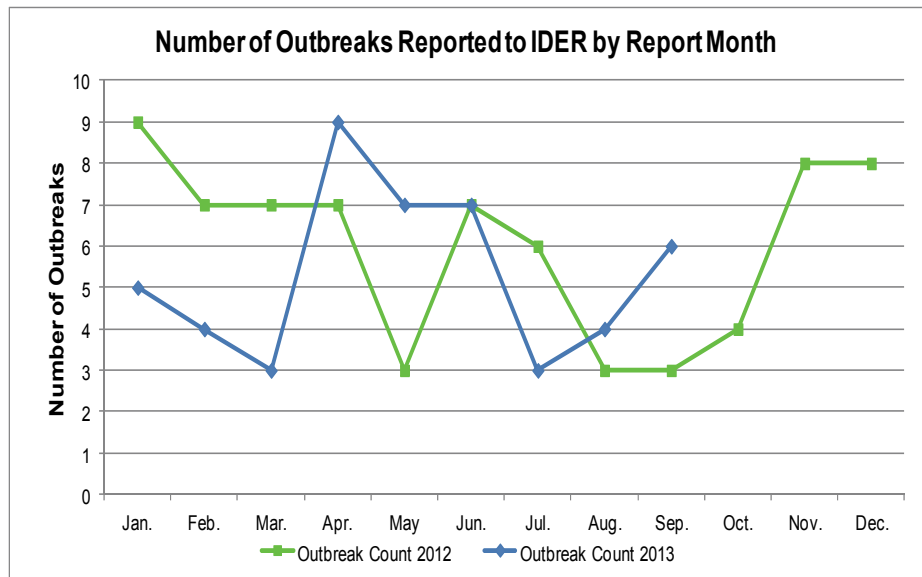
These are followed by vendor submitted tickets regarding improvement opportunities they discovered during the transition, additions from the Sexually Transmitted Diseases (STD) program, access requests, potential security issues, and CDC reporting changes.

The vendor change has been a good one for EpiTrax, and we believe that this transition will allow us to make some much needed and desired changes. Thank you for your patience throughout this process.

As always, if you have any questions, comments or suggestions for the EpiTrax system, please contact Jodie Smith at JBsmith@kdheks.gov or 785-296-7732.



Monthly Outbreak Summaries



Facility Type	Organism	Transmission	County	Reported Date
Child Care Center	Pertussis	Person-to-Person	Stafford	9/6/2013
Restaurant	Salmonellosis	Food	Multi-State	9/6/2013
School or College	Outbreak Case - Unknown Etiology	Person-to-Person	Johnson	9/9/2013
School or College	Pertussis	Person-to-Person	Leavenworth	9/23/2013
Other	Varicella (Chickenpox)	Person-to-Person	Cowley	9/24/2013
Child Care Center	Norovirus	Indeterminate / Other / Unknown	Shawnee	9/25/2013

Reported Disease Counts - September 2013

Disease	State Case Status					Grand Total	3 Year Avg. 2010-2012
	Not Available	Confirmed	Not a Case	Probable	Suspect		
	Count	Count	Count	Count	Count	Count	Count
<i>Anaplasma phagocytophilum</i> (f. HGE)	1	0	1	0	0	2	1
Anthrax	0	0	1	0	0	1	0
Babesiosis	0	0	0	0	1	1	0
Campylobacteriosis	18	33	0	0	22	73	65
Cryptosporidiosis	0	15	0	2	0	17	40
Dengue	1	0	1	1	0	3	1
Ehrlichiosis, <i>Ehrlichia chaffeensis</i> (f. HME)	4	0	2	6	0	12	2
Ehrlichiosis, <i>Ehrlichia ewingii</i>	0	0	0	1	0	1	0
Giardiasis	3	15	0	0	0	18	20
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	0	0	2	0	0	2	1
Harmful Algal Bloom Illness—Animal	0	0	0	1	0	1	0
Hepatitis A	2	5	3	0	0	10	49
Hepatitis B virus infection, chronic	9	0	11	18	0	38	34
Hepatitis B, acute	1	0	3	1	0	5	6
Hepatitis C virus, past or present	48	104	39	3	10	204	149
Hepatitis C, acute	2	0	0	0	0	2	1
Legionellosis	0	1	2	0	0	3	3
Listeriosis	0	1	0	0	0	1	2
Lyme Disease (<i>Borrelia burgdorferi</i>)	25	2	38	2	0	67	23
Measles (rubeola)	0	0	1	0	0	1	0
Meningitis, Bacterial Other	0	1	2	0	0	3	0
Mumps	0	0	2	0	0	2	7
Pertussis	24	18	14	11	5	72	83
Q Fever (<i>Coxiella burnetii</i>), Acute	0	0	3	0	1	4	2
Rabies, animal	2	5	5	3	1	16	11
Salmonellosis	0	46	1	0	1	48	63
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	0	7	0	0	3	10	8
Shigellosis	0	4	0	0	0	4	10
Spotted Fever Rickettsiosis (RMSF)	15	0	20	19	1	55	32
St. Louis encephalitis virus non-neuroinvasive disease	0	0	1	0	0	1	0
Streptococcal disease, invasive, Group A	0	3	1	0	0	4	2
<i>Streptococcus pneumoniae</i> , invasive disease	1	2	0	0	0	3	4
Transmissible Spongiform Enceph (TSE / CJD)	0	0	2	0	0	2	2
Tularemia (<i>Francisella tularensis</i>)	1	0	1	2	0	4	3
Varicella (Chickenpox)	16	5	15	30	0	66	57
West Nile virus neuroinvasive disease	2	0	0	10	0	12	4
West Nile virus non-neuroinvasive disease	33	3	33	17	9	95	38
Grand Total	208	270	204	127	54	863	724

Vaccine-Preventable Disease Surveillance Indicators—Quarterly Report

by Chelsea Raybern, MPH

The completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) reported to the KDHE from July 1 to September 30, 2013, can be found in the table below. The bolded percentages represent the indicators that have less than 90% completion. Changes have been made in how the completeness of two indicators are calculated: transmission setting and vaccination status. Initially, for completeness of indicators, fields that were marked as unknown or left blank were considered unanswered. Beginning with the surveillance indicators published in April for cases that were reported in March, unknown is considered a valid response for transmission setting and for vaccination status if the patient is older than 18 years. It is important to note that data reflected for the onset date indicator is pulled from the onset date field within the clinical tab in EpiTrax, not within the investigation tab. The case counts presented in this report are preliminary numbers and are subject to change.

Keep up the good work! The indicators date of birth, gender, race, and death were completed for at least 90% of all VPDs reported from July 1 to September 30, 2013. Local health departments completed all indicators for the five *Haemophilus influenzae* cases except for onset date and completed at least 90% of all indicators for varicella cases except for vaccination status and completed investigations. More than half of the pertussis indicators (date of birth, gender, race, ethnicity, hospitalization, death) were at least 93% complete. Some indicators have improved in completeness when compared to the previous quarter. The percentages and numbers highlighted in **red** represent improvement.

Still room for improvement...Completeness of transmission setting was 84% and 78% for pertussis and varicella cases, respectively. Completed investigations were below 90% for all reported diseases except for *Haemophilus influenzae*. Half of the indicators (ethnicity, onset date, hospitalization, vaccination status, and completed investigations) for *Streptococcus pneumoniae* cases were less than 90% complete. Onset date was only completed for 40% of *Streptococcus pneumoniae* cases.

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 Chelsea Raybern at (785) 296-0339 or craybern@kdheks.gov.

VPD Indicators Reported from July 1 to September 30, 2013 in Kansas[‡]

Indicators	<i>Haemophilus influenzae</i> , invasive	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	5	137	10	121
% of cases with date of birth	100%	100%	100%	100%
% of cases with gender	100%	99%	100%	100%
% of cases with race	100%	93%	90%	96%
% of cases with ethnicity	100%	95%	80%	95%
% of cases with onset date	80%	88%	40%	94%
% of cases with hospitalized noted	100%	95%	80%	96%
% of cases with died noted	100%	98%	90%	99%
% of cases with vaccination status	100%	85%	80%*	90%
% of cases with transmission setting	N/A [§]	84%	N/A [§]	78%
% of investigations completed by local health departments [¶]	100%	75%	80%	88%

[‡]Indicator regarding median (range) number of days from report to case acceptance is not included in this quarterly report due to some discrepancies that occurred during data extraction for the multiple months. This problem is being addressed.

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

[§]Indicator field is 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.