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KDHE Healthcare-Associated Infection Program Partners with APIC to Celebrate International Infection Prevention Week

by Joseph Scaletta, MPH, BSN, RN, CIC

In recognition of the importance of infection prevention and the role consumers can play to stay safe when they visit a healthcare facility, KDHE's Healthcare Associated Infections Program has partnered with APIC to promote International Infection Prevention Week ([IIPW](#)), October 18-24.

Established in 1986 by President Ronald Reagan, APIC has spearheaded the annual [IIPW](#) effort to highlight the importance of infection prevention among healthcare professionals, administrators, legislators, and consumers. It is now formally recognized in many areas around the world including the U.S., Australia, the United Kingdom, the Middle East, and Southeast Asia. As IIPW expands, more patients benefit from safer healthcare practices and reduced threat of healthcare-associated infections.

To celebrate IIPW and this year's theme of engaging patients and families, APIC has expanded the resources and activities for both patients and healthcare professionals found on the "Infection Prevention and You" website (www.apic.org/infectionpreventionandyou). The campaign features [new informational materials](#) to encourage dialogue between patients and healthcare professionals regarding hand hygiene.

APIC has also created a pledge for [patients and families](#) and [healthcare professionals](#) that encourages each group to learn more about preventing the spread of infection and the key roles they play.

Everyone is encouraged to visit the "Infection Prevention and You" [website](#), share the [infographic](#), and "Like" the "Infection Prevention and You" Facebook page (www.facebook.com/APICInfectionPreventionandYou). Include #IIPW in tweets, and follow [@APIC](#) on Twitter to learn more.

On October 21 at 12 p.m. EDT/9 a.m. PDT, the American Hospital Association and APIC will host a Twitter chat, which will focus on the role that patients can play in preventing infections, including influenza vaccinations, hand washing and the importance antibiotic resistance. To participate follow the hashtag #IIPChat.



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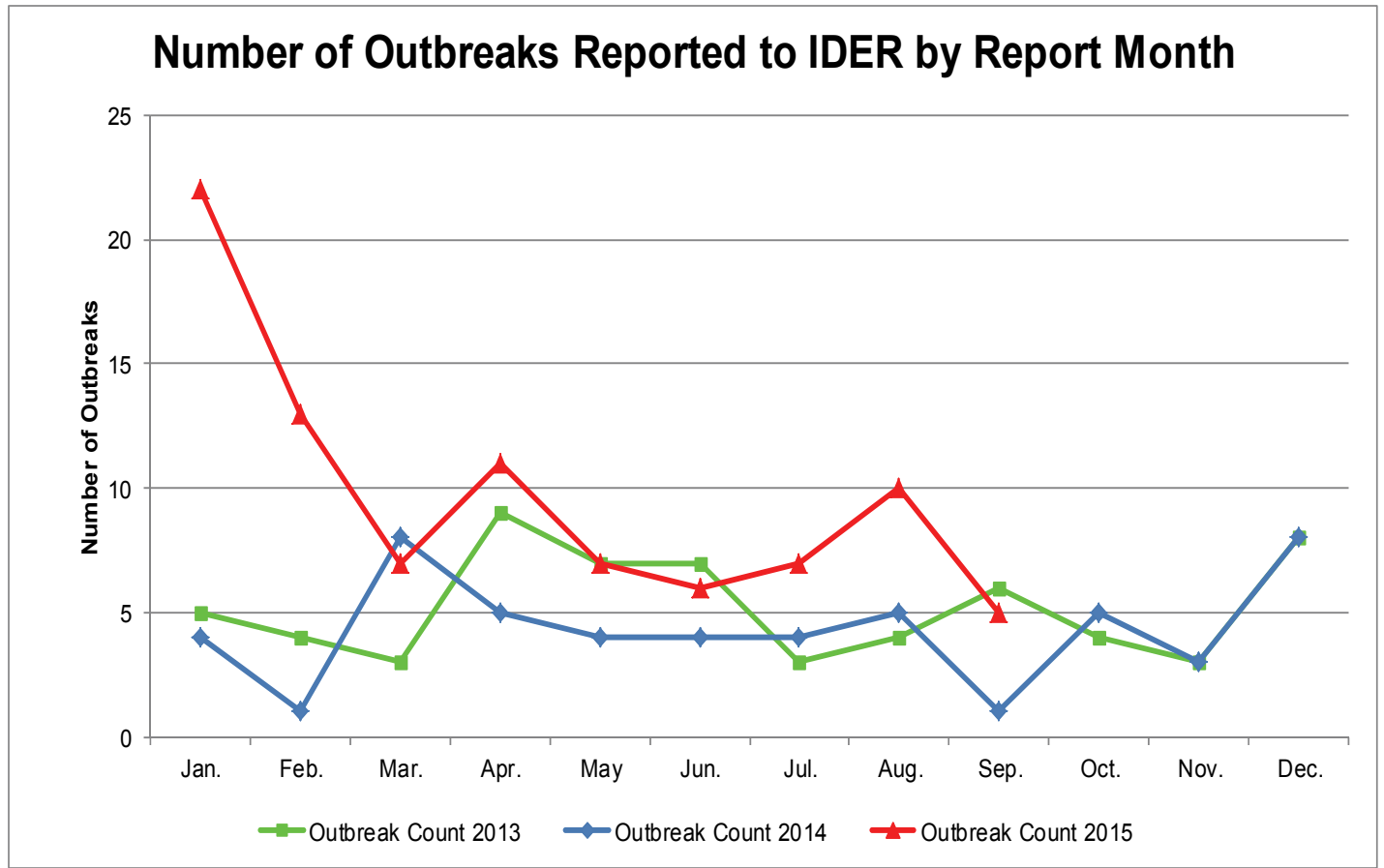
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Date Reported	Facility Type	Transmission	Disease	County
9/3/2015	Private home	Animal Contact	Cryptosporidiosis	Lane
9/16/2015	Other	Person-to-Person	Pertussis	Sumner
9/17/2015	Private home	Unknown	Giardiasis	Greenwood
9/29/2015	Restaurant	Food	Unknown Etiology	Johnson
9/30/2015	Restaurant	Food	Unknown Etiology	Sherman



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 September 1 to September 30, 2015, 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 but one indicator had at least 90% completion for all Mumps cases reported, the only exception being transmission setting information. The gender indicator was 100% for all of the VPDs reported in the month of September.

Still room for improvement... Pertussis and Varicella symptom profile indicators fell below the 90% benchmark, being in the 50% range. The majority of indicators for *Streptococcus pneumoniae* were far from achieving the 90% benchmark, ranging from 33%-67%.

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 data, please contact Mychal Davis at (785) 368-8208 or mdavis@kdheks.gov.

VPD Indicators Reported from September 1 to September 30, 2015 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	2	2	38	6	49
% of cases with date of birth	50%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	100%	95%	100%	88%
% of cases with ethnicity	100%	100%	87%	50%	89%
% of cases with onset date [‡]	50%	100%	79%	50%	84%
% of cases with hospitalized noted	50%	100%	95%	50%	96%
% of cases with died noted	100%	100%	92%	67%	96%
% of cases with vaccination status*	50%	100%	89%	33% [§]	88%
% of cases with transmission setting [¶]	N/A**	50%	79%	N/A**	84%
% of cases with completed symptom profiles	N/A**	N/A**	50%	N/A**	51%

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

¶Unknown is considered a valid response for this indicator.

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

§§ Status is calculated based on when local health department completes investigation.

¶¶ Time is from public health report date to when local health department accepts case.

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. The indicators in red text represent a decrease in the percent complete since last month. 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. For questions, contact Sheri Tubach at stubach@kdheks.gov.

September 2015		State's Total Number of Cases* = 422	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	414	98	
Address County	422	100	
Address Zip	410	97	
Date of Birth	417	99	
Died	368	87	
Ethnicity†	355	84	
Hospitalized	371	88	
Occupation	165	39	
Onset Date	320	76	
Pregnancy††	125	59	
Race †	378	90	
Sex †	420	100	
Date LHD Investigation Started	316	75	
Date LHD Investigation Completed	283	67	
Persons Interviewed	295	71	
Persons Lost to Follow-Up	9	2	
Persons Refused Interview	30	7	
Persons Not Interviewed	84	20	
Performance Measures			
	Number of Cases	Percent of Cases	
Disease control measures began within the target for each disease [^]	231	55	
Case investigations were completed within the target for each disease [^]	112	27	

* Calculations do not include Hepatitis B - chronic, Hepatitis C – past or present, 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.

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); Haemophilus influenza, invasive disease; Streptococcus pneumoniae, invasive	3	7
Ehrlichiosis / Anaplasmosis; Lyme disease; Malaria; Spotted Fever Rickettsiosis	3	14
Hepatitis B, chronic; Hepatitis C, past or present; 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)**

Please Join us for our October Webinar:

Ebola Active Monitoring Updates : October 27th at 9:00 am CST and October 29th at 1:00 pm CST

Please look for your invitation in your email inbox. If you do not receive an invitation, please contact Shannon Sandall, EpiTrax Coordinator, at ssandall@kdheks.gov.



	Reported Disease Counts - September 2015							3 Year Avg. 2012- 2014
	Not Available	Confirmed	Not a Case	Probable	Suspect	Unknown	Grand Total	
Disease	Count	Count	Count	Count	Count	Count	Count	Count
<i>Anaplasma phagocytophilum</i> (f. HGE)	1	0	3	0	0	0	4	2
Arboviral, other	0	1	0	0	0	0	1	0
Babesiosis	0	0	1	0	0	0	1	0
Botulism, infant	0	1	0	0	0	0	1	0
Brucellosis	0	0	2	0	0	0	2	1
Campylobacteriosis	35	23	0	15	0	0	73	65
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	2	4	6	2
Chikungunya Fever	0	0	0	1	0	0	1	1
Cryptosporidiosis	9	18	0	14	1	0	42	12
Dengue	0	0	0	1	0	0	1	2
Ebola Active Monitoring	3	0	0	0	0	0	3	0
Ehrlichiosis, <i>Ehrlichia chaffeensis</i> (f. HME)	1	1	3	2	0	0	7	7
Ehrlichiosis/Anaplasmosis, undetermined	1	0	0	0	0	0	1	0
Giardiasis	7	9	1	0	0	0	17	14
HUS - Hemolytic Uremic Syndrome postdiarrheal	1	0	0	0	0	0	1	1
<i>Haemophilus influenzae</i> , invasive disease	0	2	1	0	0	0	3	3
Hepatitis A	0	1	2	2	0	0	5	21
Hepatitis B virus infection, chronic	3	3	175	17	0	0	198	40
Hepatitis B, acute	1	0	3	3	0	0	7	6
Hepatitis C virus, past or present	99	47	80	0	5	0	231	188
Influenza	1	0	1	0	0	0	2	0
Legionellosis	7	0	0	0	0	0	7	2
Lyme Disease (<i>Borrelia burgdorferi</i>)	9	1	5	2	0	0	17	37
Measles (rubeola)	0	0	1	0	0	0	1	2
Meningitis, Bacterial Other	5	0	2	0	0	0	7	1
Mumps	1	0	3	0	2	0	6	4
Non-Reportable Condition	0	0	3	0	0	0	3	0
Norovirus	0	0	2	0	0	0	2	1
Pertussis	24	2	15	10	3	0	54	101
Rabies, animal	7	3	0	3	1	0	14	16
Relapsing Fever	0	0	0	0	1	0	1	0
Rubella	0	0	30	0	0	0	30	16
Salmonellosis	10	67	1	0	1	0	79	56
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	7	6	2	5	2	0	22	10
Shigellosis	2	8	0	0	0	0	10	6
Spotted Fever Rickettsiosis (RMSF)	22	0	19	9	0	0	50	43
Streptococcal disease, invasive, Group A	1	2	1	0	0	0	4	3
<i>Streptococcus pneumoniae</i> , invasive disease	1	4	1	0	0	0	6	3
Transmissible Spongiform Enceph (TSE / CJD)	1	0	0	0	0	0	1	1
Tularemia (<i>Francisella tularensis</i>)	5	0	0	2	2	0	9	3
Varicella (Chickenpox)	19	5	24	24	0	0	72	59
Vibriosis (non-cholera <i>Vibrio</i> species infections)	1	1	0	0	0	0	2	1
West Nile virus neuroinvasive disease	1	0	0	4	0	0	5	13
West Nile virus non-neuroinvasive disease	16	1	23	2	0	0	42	78
Yersiniosis	0	1	0	0	0	0	1	0
Grand Total	301	207	404	116	20	4	1,052	821