

Inside This Issue:

Zika Virus Frequently Asked Questions	1
Outbreak Summary	2
Zika Town Hall Meeting	2
VPD Indicators	3
Quality Indicators	4-5
Zika Virus Disease Investigation Guideline Posted	5

Zika Virus Frequently Asked Questions

by Daniel Neises, MPH

How can patients be tested for Zika virus?

Patients should meet the clinical criteria for Zika virus infection, have an Epidemiologic risk factor, and be within an appropriate timeframe for specimen collection. Asymptomatic pregnant women with a risk factor may also be evaluated for testing. Physicians who wish to conduct testing for Zika virus via the state laboratory (KHEL) should contact the Kansas Department of Health and Environment's epidemiology hotline (877-427-7317) for approval. Some commercial laboratories are able to conduct Zika PCR and IgM MAC ELISA testing. It is important for ordering physicians to follow the CDC's algorithms for Zika virus testing (<http://www.cdc.gov/zika/laboratorieslabguidance.html#algorithm>) to ensure the correct tests are performed.

When should local investigators begin a Zika investigation?

When a patient is approved for Zika virus testing at the KDHE laboratory, KDHE epidemiologists provide a fact sheet with guidance on mosquito avoidance, sexual contact, and pregnancy. Local investigators do not need to initiate an investigation until positive laboratory results are received. The investigation should begin within one day of notification of positive laboratory results.

What is the current situation in Florida? Where can clients go to determine where they should and should not travel within Florida?

As of September 19, 2016, Florida has confirmed active local transmission of Zika virus in a 4.5 square mile area in Miami Beach, Miami-Dade County. This means that mosquitos in that county have been infecting people. Another neighborhood in Miami-Dade County, Wynwood, was considered an area of active Zika virus transmission from June 15 to September 18, 2016. The Florida Department of Health continues to investigate additional areas of local transmission. Because the status of these investigations change frequently, the best place to find up-to-date information is at: <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>. Scroll down to and click the "Active Investigations" header. The Centers for Disease Control and Prevention (CDC) also maintains a list of areas with confirmed local transmission at: <http://www.cdc.gov/zika/geo/index.html>.

Are there special instructions for investigations of pregnant women or infants who test positive for Zika virus?

An epidemiologist at KDHE will be responsible for investigating Zika-positive cases in pregnant women and infants. KDHE will report these cases to the US Zika Pregnancy Registry. Local investigators will have access to the case record in EpiTrax, but will not need to conduct any follow-up.



Source: Centers for Disease Control and Prevention (CDC)

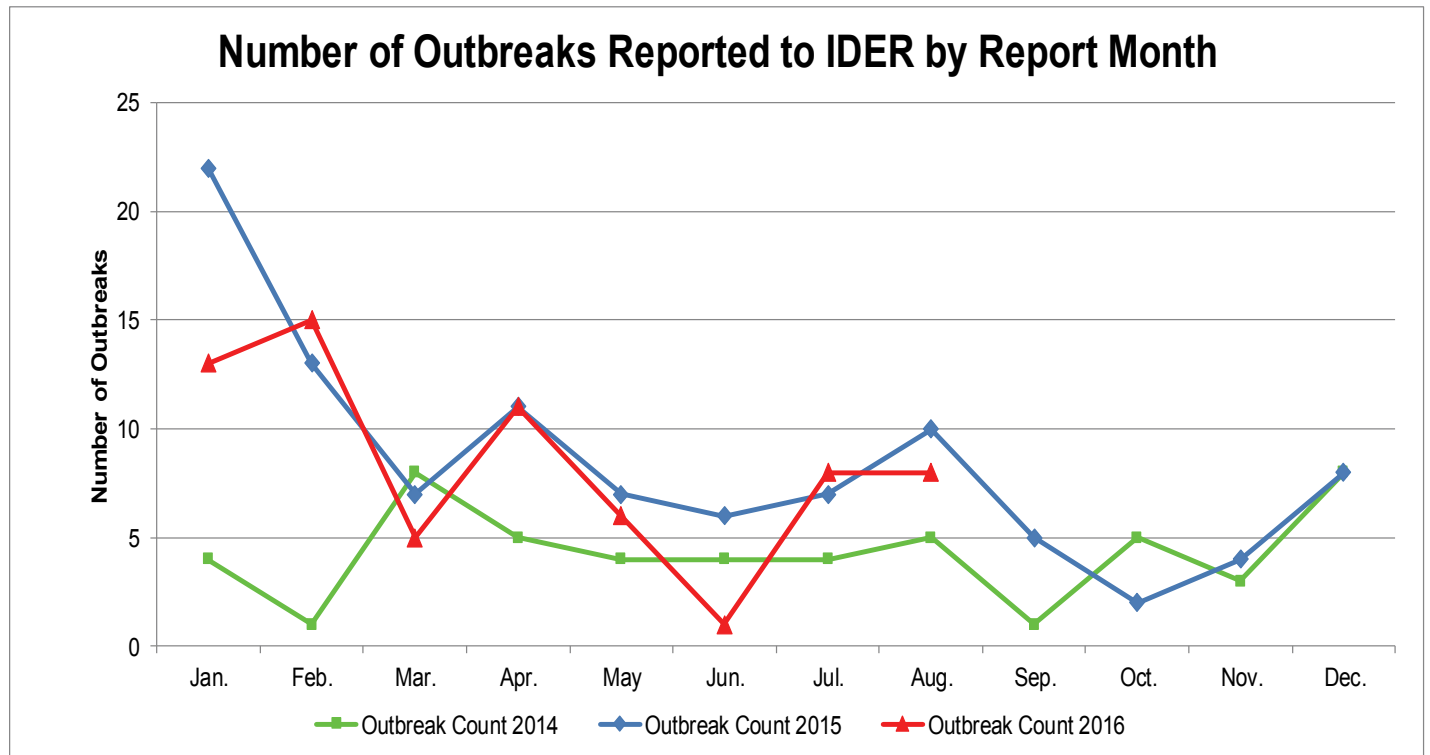
Kansas Department of Health & Environment

Bureau of Epidemiology & Public Health Informatics

D. Charles Hunt, MPH,
State Epidemiologist
& Director, BEPHILou Saadi, Ph.D., Deputy
Director & State RegistrarSheri Tubach, MPH, MS,
Director, IDERDaniel Neises, MPH
Senior EpidemiologistFarah Ahmed, MPH, PhD
Environmental Health OfficerIngrid Garrison, MPH, DVM,
DACVPM, State Public
Health VeterinarianBonnie Liscek, MPS,
Director, Surveillance Systems
& Epi Updates EditorCurtis State Office Building
1000 SW Jackson St.
Topeka, KS 66612Email: epihotline@kdheks.gov

Epi Hotline: 877-427-7317

Fax: 1-877-427-7318



Date Reported	Exposure Setting	Transmission	Disease	County
8/5/2016	Restaurant	Food	Unknown Etiology	Sedgwick
8/17/2016	Child care center	Person-to-Person	<i>Campylobacteriosis</i>	Osage
8/18/2016	Other	Person-to-Person	<i>Clostridium difficile</i>	Douglas
8/19/2016	School or college	Person-to-Person	Staphylococcus aureus	Shawnee
8/24/2016	School or college	Unknown	Unknown Etiology	Riley
8/29/2016	Adult care facility	Person-to-Person	Norovirus	Harvey
8/29/2016		Person-to-Person	Norovirus	Cloud
8/31/2016		Food	Unknown Etiology	Sedgwick

Zika Virus Town Hall Meeting

The Kansas Department of Health and Environment is hosting virtual town hall meeting for our partners in Kansas to discuss important information on Zika virus planning and response. The meeting will be held at the Topeka Shawnee County Public Library on October 3, 2016 from 9:30 am to 12:00 pm. There will be room for some people to attend in person, and there will be a link sent to those that register to participate virtually.

The agenda will include:

- Welcome and Opening Remarks
- Zika Virus – Background and Situation Update
- Laboratory Approval and Testing
- Mosquito Surveillance, Control, and Capacity: Past, Present, and Future
- US Zika Pregnancy Registry and Birth Defects Surveillance
- Communications and Prevention Messaging
- Preparedness Activities

There will be plenty of time for questions and discussion. To attend this meeting please register on KS-Train for this course: [KDHE: Zika Virus Town Hall Meeting - The Kansas Response \(1065477\)](#).

We are looking forward to this meeting and hope that it provides some useful information for you and your agencies as well as a discussion on the Kansas response to Zika virus. Please feel free to pass this invitation to others that may want to attend.

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 August 1 to August 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! All cases were above the 90% benchmark for the date of birth and gender indicators.

Still room for improvement... Pertussis cases had eight indicators fall below the 90% benchmark. Varicella had three indicators fall below the benchmark, while the *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 mdavis@kdheks.gov.

VPD Indicators Reported from August 1 to August 31, 2016 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Meningococcal disease	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	4	2	1	11	14	19
% of cases with date of birth	100%	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%	100%
% of cases with race	100%	100%	100%	82%	100%	100%
% of cases with ethnicity	100%	100%	100%	82%	100%	90%
% of cases with onset date [‡]	100%	100%	100%	64%	86%	95%
% of cases with hospitalized noted	100%	100%	100%	73%	93%	80%
% of cases with died noted	100%	100%	100%	73%	93%	95%
% of cases with vaccination status*	100%	0%	100%	73%	86% §	95%
% of cases with transmission setting [¶]	N/A**	N/A**	100%	64%	N/A**	5%
% of cases with completed symptom profiles	N/A**	N/A**	0%	27%	N/A**	21%

*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 July 2016. 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 stubach@kdheks.gov.

August 2016		State's Total Number of Cases* = 314	
Epi Trax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	306	97	
Address County	314	100	
Address Zip	301	96	
Date of Birth	314	100	
Died	268	85	
Ethnicity†	262	83	
Hospitalized	260	83	
Occupation	171	54	
Onset Date	247	79	
Pregnancy††	111	79	
Race †	271	86	
Sex †	313	100	
Date LHD Investigation Started	226	72	
Date LHD Investigation Completed	220	70	
Persons Interviewed	199	65	
Persons Lost to Follow-Up	22	7	
Persons Refused Interview	1	0	
Persons Not Interviewed	84	27	
Performance Measures			
	Number of Cases	Percent of Cases	
Diseases were reported on time according to disease reporting regulations***	295	94%	
Disease control measures began within the target for each disease^	170	54%	
Case investigations were completed within the target for each disease^	109	35%	

* 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.

Continued on Page 5

Continued from Page 4

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, post-diarrheal, 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 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 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) for current case count information.

Zika Virus Disease Investigation Guideline Posted to KDHE Website

KDHE created a Disease Investigation Guideline (DIG) for Zika virus, and the DIG was posted to KDHE's website in mid August. It can be downloaded at: http://www.kdheks.gov/epi/disease_investigation_guidelines.htm#Z

A Zika-specific investigation form is now available in EpiTrax, and is automatically attached to each Zika CMR. A pdf version of the investigation form can be downloaded at: http://www.kdheks.gov/epi/Report_Forms/Zika_Report_Form.pdf.