

## Bureau of Epidemiology &amp; Public Health Informatics

**EPI UPDATES**

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**Investigating Hepatitis B Pregnancy Cases Just Got Easier**

by Kelly Gillespie, MPH

A hepatitis B pregnancy event case has many moving parts and can take up to two years to complete the investigation; however, updates to the [Kansas Perinatal Hepatitis B Prevention Program \(PHBPP\) website](#) offers ways to make this process less burdensome. A pregnant woman with hepatitis B infection has up to a 90% risk of infecting her infant during delivery; it is this extreme risk that completion of these cases is imperative. The new PHBPP website (pictured to the right) has resources meant for patients, providers, and local health departments.

<http://www.kdheks.gov/immunize/phbpp.htm>

**Resources for local health departments include:**

- Flow chart of case management
  - Link to updated disease investigation guidelines
- Lab codes for post-vaccine serological testing (PVST) to ensure proper tests are ordered
- Patient brochures in multiple languages
  - Brochure explains to patients what PHBPP is, importance of HBIG and PVST
- Notification letters to inform hospitals, prenatal providers, and/or pediatricians of mother's hepatitis B status and additional steps needed to protect her newborn
- Report forms to give to hospitals, prenatal providers, and pediatricians to enable provider reporting to local or state health department

Additionally, PHBPP data for Kansas is available through this website to show the efforts made by local health departments and providers has translated into increased protection for this vulnerable population.

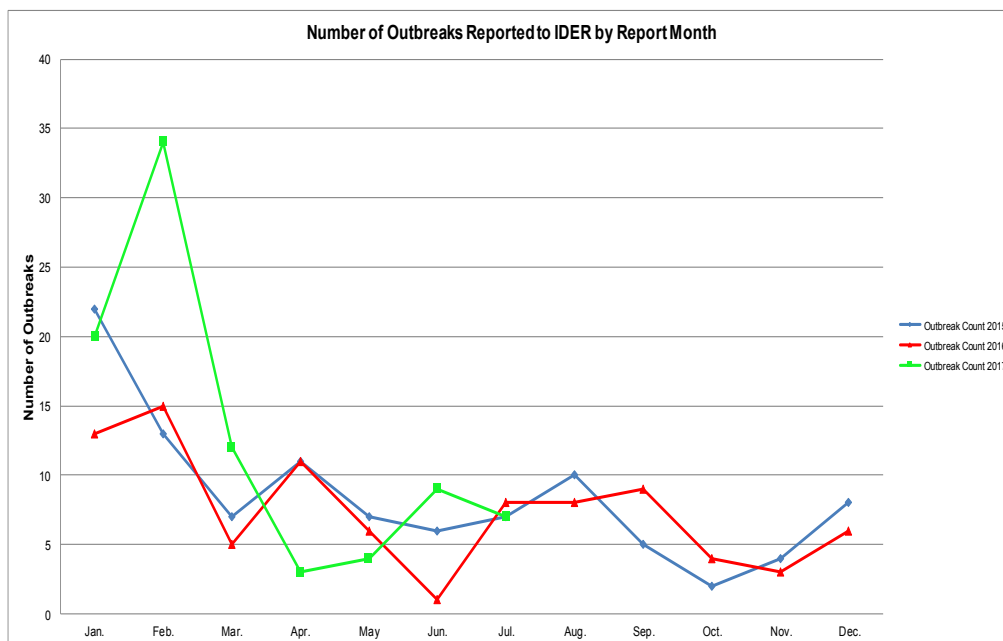
These resources are meant to assist in public education, provider awareness and case investigation. For questions regarding case investigation or resource requests, contact the PHBPP coordinator, Kelly Gillespie, at [Kelly.Gillespie@ks.gov](mailto:Kelly.Gillespie@ks.gov).

## Varicella (Chickenpox) Reporting Form

by Allison Zaldivar, MPH

Just a friendly reminder—when suspecting/reporting varicella (chickenpox) cases to the Kansas Department of Health and Environment, please fill out the varicella (chickenpox) reporting form instead of the general notifiable disease form, which can be found at: [http://www.kdheks.gov/epi/download/Varicella\\_Reporting\\_Form.pdf](http://www.kdheks.gov/epi/download/Varicella_Reporting_Form.pdf). This form collects additional information specific to varicella that is necessary to correctly classify cases and if filled out completely, should reduce the amount of time spent on a varicella case investigation.

### Outbreaks Report



Date Reported	Facility Type	Transmission	Disease	County
7/10/2017	Restaurant - Sit-down dining	Food	Norovirus	Johnson
7/12/2017	Other	Person-to-Person	Pertussis	Douglas
7/14/2017	Hospital	Indeterminate / Other / Unknown	Non-Reportable Condition	Wyandotte
7/17/2017	Restaurant - Other	Food	Unknown Etiology	Shawnee
7/18/2017	Restaurant - Other	Food	Unknown Etiology	Sedgwick
7/25/2017	Unknown	Indeterminate / Other / Unknown	Salmonellosis	Multi-County
7/27/2017	Private home	Indeterminate / Other / Unknown	Non-Reportable Condition	Leavenworth

## Vaccine-Preventable Disease Surveillance Indicators

by Allison Zaldivar, 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 July 1 to July 31, 2017 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 of the indicators for *Haemophilus influenzae*, pertussis, and varicella exceeded the 90% completion benchmark in July.

**Still room for improvement...** Both measles and mumps had one indicator fall below the benchmark. *Streptococcus pneumoniae* had four indicators that did not reach the goal for completion. The indicators that did not meet the 90% completion benchmark are bolded in the chart below.

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 Allison Zaldivar at (785) 368-8208 or Allison.Zaldivar@ks.gov.

### VPD Indicators Reported from July 1 to July 31, 2017 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Measles	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	3	1	3	30	9	7
% 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%	97%	100%	100%
% of cases with ethnicity	100%	100%	100%	97%	<b>77%</b>	100%
% of cases with onset date‡	100%	100%	100%	100%	<b>88%</b>	100%
% of cases with hospitalized noted	100%	100%	100%	100%	<b>88%</b>	100%
% of cases with died noted	100%	100%	100%	100%	<b>88%</b>	100%
% of cases with vaccination status*	100%	100%	100%	100%	100%	100%
% of cases with transmission setting¶	N/A**	100%	<b>33%</b>	97%	N/A**	100%
% of cases with completed symptom profiles	N/A**	<b>87%</b>	93%	100%	N/A**	95%

\*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.

### Monthly Disease Counts

Please refer to the Cumulative Case Reports of Diseases

([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.



<https://ja.wikipedia.org>

## EpiTrax Data Quality Indicators

by Sheri Tubach, MPH, MS

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. Ten surveillance indicators have dropped in completeness compared to May's report and are noted in red. Most notably 29% of cases have not had an interview attempted. The goal is to have a majority of indicators and performance measures at or above 90%. For questions, contact Sheri Tubach at [sheri.tubach@ks.gov](mailto:sheri.tubach@ks.gov).

July 2017	State's Total Number of Cases* = 375	
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	366	98
Address County	375	100
Address Zip	366	98
Date of Birth	370	99
Died	323	86
Ethnicity†	298	79
Hospitalized	316	84
Occupation	302	81
Onset Date	278	74
Pregnancy††	133	82
Race †	313	83
Sex †	372	99
Date LHD investigation started	281	75
Date LHD investigation Completed	246	66
Persons Interviewed	239	65
Persons Lost to Follow-Up	17	5
Persons Refused Interview	4	1
Persons Not Interviewed	105	29
	Number of Cases	Percent of Cases
Disease control measures began within the target for each disease <sup>^52</sup>	251	67
Case investigations were completed within the target for each disease <sup>^</sup>	186	50

\* 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.

<sup>^</sup> 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, 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); <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) OR (Call Attempt 1 date for Salmonellosis and STEC) - (Date Reported to Public Health)**

\*\***Completed Case Investigation:** Calculated by using EpiTrax fields: **(Date LHD Investigation Completed) - (Date Reported to Public Health)**