

Bureau of Epidemiology & Public Health Informatics



EPI UPDATES

February
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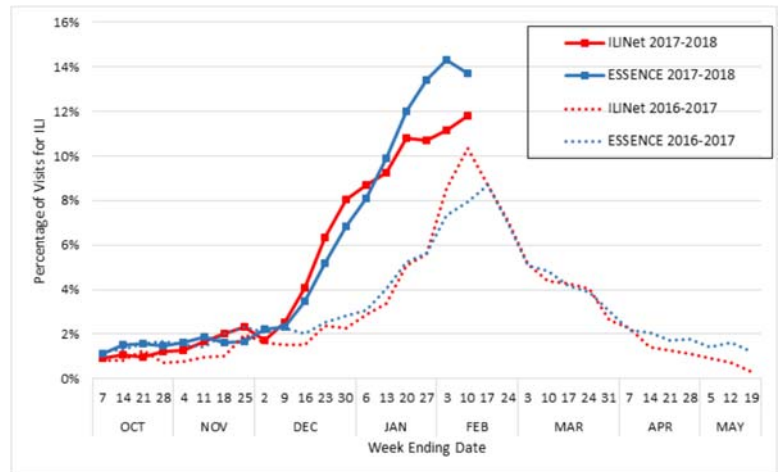
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Influenza Activity in Kansas

by Amie Worthington, MPH; Kelly Gillespie, MPH

There have been 45 influenza outbreaks reported to the Kansas Department of Health and Environment (KDHE) so far during the 2017-2018 flu season. Individual cases of influenza are not reportable in Kansas; however, participating surveillance sites submit influenza data weekly to KDHE to determine the burden of disease. KDHE utilizes two surveillance systems to monitor influenza; ILINet which records visits due to influenza-like illness (ILI) from family practices, student health centers, and hospitals and syndromic surveillance (ESSENCE) which provides emergency department activity. ILI has steadily increased from December 2017 through February 2018. During the week of February 10th, 11.8% and 13.7% of visits were due to ILI as reported by ILINet sites and ESSENCE, respectively.

The percentage of visits due to ILI in this current flu season has already exceeded those during the H1N1 pandemic in 2009-2010. Severity of the 2017-2018 influenza season has yet to be determined as several more weeks of influenza and influenza-like illness (ILI) activity is anticipated.



Specimens sent from ILINet sites to the Kansas Health and Environmental Laboratories indicate Influenza A/H3N2 to be the predominant circulating strain this season; however, Influenza A/H1N1 and Influenza B strains are also circulating.

Vaccination still remains the first and best step in influenza prevention. CDC [currently](#) estimates the 2017-2018 influenza vaccine effectiveness to be 25% against the predominate influenza strain, H3N2. However, vaccination can make influenza symptoms milder and reduce the number of associated complications. This is especially true for high risk populations including those with a respiratory medical condition, pregnant women, children under five years of age, and adults over 65 years. Kansas is experiencing high influenza activity that will likely continue for many weeks so it is not too late to get vaccinated. For persons who already have had influenza this season, but have not been vaccinated, it is still recommended to get the flu vaccine to provide protection from other influenza strains. In addition, CDC recommends pneumococcal vaccination for all adults over 65 years because having influenza increases the risk of developing pneumococcal disease. While the pneumococcal vaccine is not needed annually, it is recommended persons receive the flu vaccine every season. Patients can call their doctor, or use the flu vaccine finder (<https://vaccinefinder.org>), to find where vaccine is available in their community.

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UPDATE 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. For 2018 there have been some notable changes. I have now included four additional surveillance indicators; food handler, group living, health care worker, and daycare attendee or worker. These four fields are on the Epidemiological Tab in EpiTrax. Additionally, I am no longer utilizing the fields 'Date LHD investigation started' or Date LHD investigation completed' to calculate the performance measures of disease control measures implemented or case investigation completed. Instead I am calculating percent of cases that have the first interview attempted by the disease target and the percent of cases that have the interview completed by the disease target. Disease targets can be found in the table below. I hope that these performance measures will be more helpful in prioritizing case investigations.

I will be sending out county specific indicators and performance measures next week after two webinars discussing these new changes. An email was sent out with the details of the webinar.

For questions, contact Sheri Tubach at sheri.tubach@ks.gov

January 2018		State's Total Number of Cases* = 233	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	231	99	
Address County	233	100	
Address Zip	229	98	
Date of Birth	233	100	
Daycare Attendee or Worker†	219	94	
Died	218	94	
Ethnicity†	209	90	
Food handler†	189	81	
Group living†	155	67	
Healthcare worker†	110	47	
Hospitalized	98	42	
Occupation	175	75	
Onset Date	198	85	
Pregnancy††	108	92	
Race †	219	94	
Sex †	232	100	
Persons Interviewed	131	56	
Persons Lost to Follow-Up	17	7	
Persons Refused Interview	3	1	
Persons Not Interviewed	82	35	
	Number of Cases	Percent of Cases	
Interview was attempted within the target for each disease ⁵²	132	57	
Case investigations were completed within the target for each disease [^]	111	58	

*Calculations do not include Hepatitis B - chronic, Hepatitis C - Chronic or acute, or Animal 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 below for interview attempt and completed case interview 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; Meningococcemia; 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) OR (Date Reported to KDHE)**

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

Monthly Disease Counts

Please refer to the Cumulative Case Reports of Diseases (http://www.kdheks.gov/epi/case_reports_by_county.htm) for current case count information.

2018 Kansas Infectious Disease Conference

Plans are underway for the [2018 Kansas Infectious Disease Symposium](#) to be held May 10-11, 2018 at the Embassy Suites by Hilton Kansas City/Olathe Hotel & Conference Center in Olathe, Kan.

Nearly 300 public health leaders, first responders, law enforcement and health care providers from around the region are expected to attend and learn how infectious diseases are contained and managed in the state of Kansas and the Midwest. The Kansas Department of Health and Environment will offer pre-conference surveillance training on May 9.

If you're interested in exhibiting or being a sponsor at next year's conference, contact Tiffany Wallin at 913-826-1252 or send an email to Tiffany.Wallin@jocogov.org. Registration for this event has begun on Kansas TRAIN.



New Surveillance Team Member

Please join us in welcoming Cory Brockman to the Infectious Disease Surveillance Team! Cory is our new EpiTrax Coordinator and is responsible for password resets, AVR/Pentaho questions, and system troubleshooting.



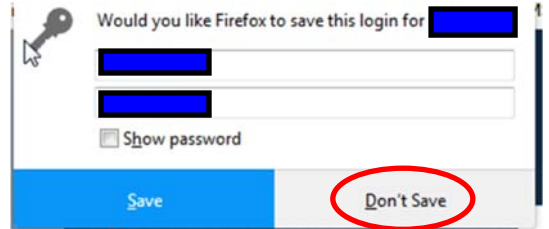
You can contact Cory at KDHE.EpiTraxAdmin@ks.gov or (785) 296-6543.

An Introduction from Cory:

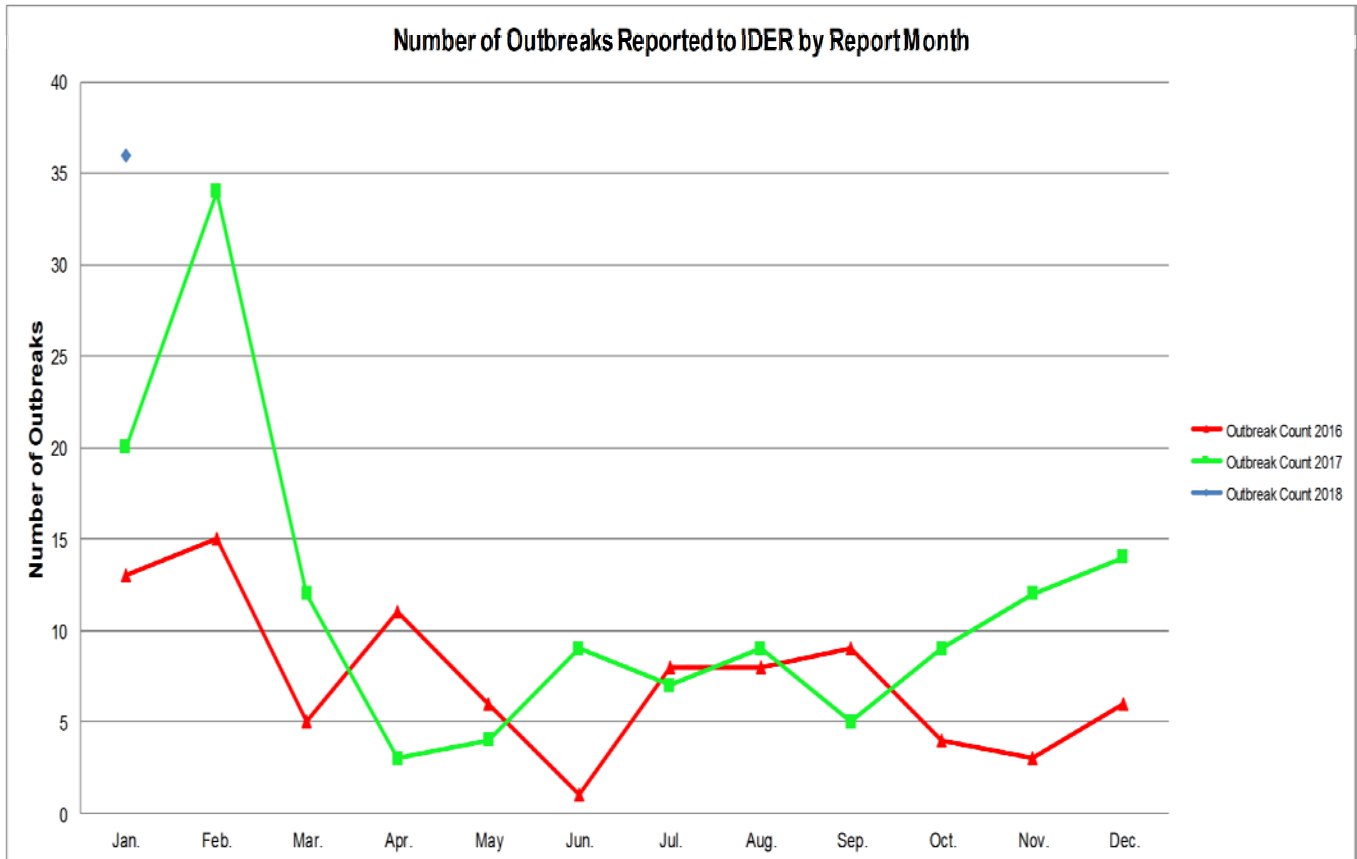
I was born in Missouri but moved to Topeka as a wee little baby. Growing up in the woods granted me the gift of learning how to hunt and climb things during the day and the time to fix computers and play video games during the night. This makes me 1-part country and 2-parts nerd which led me to pursue a career into Information Technology. I graduated from Washburn Institute of Technology and have worked in the IT field in Kansas, Missouri and Florida. My roommate is a vicious cat by the name of O'Malley who is constantly scheming and plotting.

EpiTrax Security Reminder

Some EpiTrax users save their username and password in their web browser for easy access. Although convenient, this can result in a breach of security. If you leave the login page on your screen while unattended, your system is vulnerable and anyone may access your EpiTrax account. If you have saved your username and password in your browser, please delete them, clear your history and select the option to not save the username and password for your EpiTrax login. Please contact KDHE.EpiTraxAdmin@ks.gov with any questions.



Outbreaks Report



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Outbreaks Report

Date Reported	Facility Type	Transmission/Exposure	Disease/Condition	County
1/3/2018	Adult care facility	Person-to-Person	Influenza	Johnson
1/3/2018	Adult care facility	Person-to-Person	Unknown Etiology	Shawnee
1/5/2018	Adult care facility	Person-to-person	Influenza	Sheridan
1/5/2018	Adult care facility	Person-to-person	Influenza	Shawnee
1/8/2018	Adult care facility	Person-to-Person	Influenza	Ellsworth
1/8/2018	Adult care facility	Person-to-Person	Influenza	Johnson
1/8/2018	Adult care facility	Person-to-Person	Influenza	Marion
1/10/2018	School or college	Person-to-Person	Influenza	Douglas
1/11/2018	Adult care facility	Person-to-person	Influenza	Crawford
1/11/2018	Adult care facility	Person-to-Person	Influenza	Franklin
1/11/2018	Adult care facility	Person-to-Person	Influenza	Sedgwick
1/14/2018	Restaurant	Food	Unknown Etiology	Douglas
1/16/2018	Adult care facility	Person-to-Person	Influenza	Johnson
1/16/2018	Adult care facility	Person-to-Person	Respiratory Syncytial Virus(RSV)	Reno
1/17/2018	Hospital	Unknown	Non-Reportable Condition	Wyandotte
1/18/2018	Travel	Unknown	Salmonellosis	Johnson
1/19/2018	Child care center	Person-to-person	Influenza	Saline
1/19/2018	Child care center	Person-to-person	Influenza	Saline
1/19/2018	Child care center	Person-to-person	Influenza	Saline
1/19/2018	Adult care facility	Person-to-Person	Influenza	Shawnee
1/22/2018	Adult care facility	Person-to-person	Influenza	Harvey
1/22/2018	School or college	Person-to-person	Influenza	Marion
1/22/2018	School or college	Person-to-person	Influenza	Marion
1/22/2018	School or college	Person-to-person	Influenza	Shawnee
1/23/2018	Shelter or group home	Person-to-person	Shigellosis	Wyandotte
1/25/2018	School or college	Person-to-person	Influenza	Leavenworth
1/25/2018	Adult care facility	Person-to-person	Influenza	Leavenworth
1/26/2018	Adult care facility	Person-to-person	Influenza	Smith
1/26/2018	Restaurant	Food	Unknown Etiology	Wyandotte
1/29/2018	Child care center	Person-to-person	Influenza	Saline
1/29/2018	Adult care facility	Person-to-person	Influenza	Barton
1/29/2018	Adult care facility	Person-to-person	Influenza	Sedgwick
1/30/2018	School or college	Person-to-person	Influenza	Johnson
1/30/2018	Adult care facility	Person-to-person	Norovirus	Johnson
1/30/2018	Adult care facility	Person-to-person	Influenza	Sedgwick
1/30/2018	Adult care facility	Person-to-person	Influenza	Cowley
1/31/2018	School or college	Person-to-person	Influenza	Sumner