

Bureau of Epidemiology & Public Health Informatics



EPI UPDATES

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Healthy and Safe Swimming in 2017

by Lindsey Martin Webb, MPH

The start of the summer season is the ideal time to reach out to public pool operators, residential pool owners, the media, and the general public to promote healthy and safe swimming in your community. This year's Healthy and Safe Swimming Week theme is: **Diarrhea and Swimming Don't Mix**. Diarrheal incidents (e.g. *Cryptosporidium* contamination events) in recreational water can lead to outbreaks. Public health and the aquatic sector should collaborate to educate bathers and encourage them to stay out of recreational water if they have diarrhea to help keep their families and friends healthy.

Local health departments are ideally situated to raise awareness of recreational water illnesses, to encourage pool operators to take appropriate action to keep people safe and well, and to advocate for healthy and safe swimming. Health departments can utilize the [Healthy and Safe Swimming Week 2017 Toolkit](#), which includes community outreach suggestions and a list of resources. Posters on [pool safety and swimmer hygiene](#) are available for download from CDC; laminated posters on pool chemical safety can be ordered for free and distributed to swimming pool operators in your community.

Recreational water illnesses (RWIs) are caused by germs spread by swallowing, breathing in mists or aerosols of, or having contact with contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers, or oceans. RWIs can also be caused by chemicals in the water or chemicals that evaporate from the water and cause indoor air quality problems. Diarrhea is the most common RWI, and it is often caused by germs like Crypto (short for *Cryptosporidium*), *Giardia*, norovirus, *Shigella*, and *E. coli* O157:H7. Other common RWIs include skin, ear, respiratory, eye, neurologic, and wound infections. Children, pregnant women, and people with weakened immune systems are most at risk for RWIs. Even when properly treated with chemicals, the water can still have germs. Swimmers should follow these **4 easy steps** to help keep germs out of the water and stay healthy:

1. Stay out of the water if you have diarrhea.
2. Shower before you get in the water.
3. Don't pee or poop in the water.
4. Don't swallow the water.

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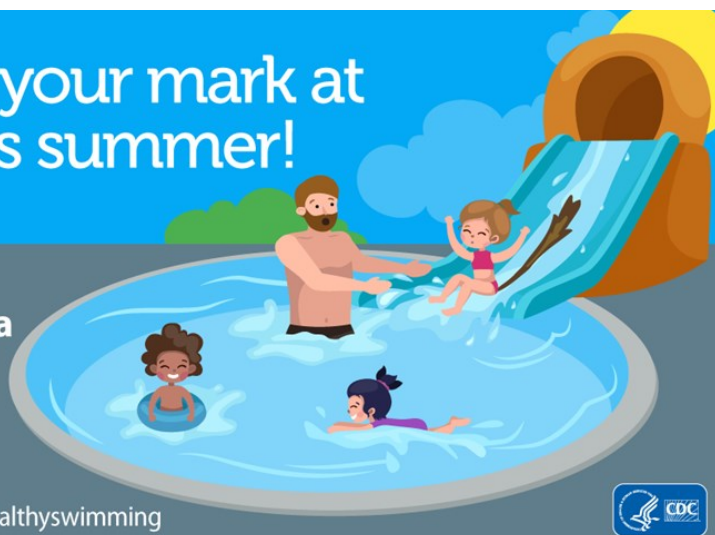
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Don't leave your mark at the pool this summer!

It only takes one person with diarrhea to contaminate the entire pool.



Learn more at www.cdc.gov/healthyswimming



First Annual Kansas Infectious Disease Symposium Explores Bioterrorism, Disease Management

by Jennifer Dunlay

Close to 200 public health, emergency response, and health care leaders met May 9-10 at the first annual Kansas Infectious Disease Symposium to learn how highly infectious disease outbreaks are contained and managed in Kansas and how biological agents are used in terrorist attacks.

The Johnson County Department of Health and Environment hosted the two-day event in Overland Park so local, state, and federal partners could share Kansas-specific information about planning and maintaining readiness in their jurisdictions.

“This event was a great opportunity to develop partnerships with public health and emergency response colleagues from around the state of Kansas and western Missouri,” said Lougene Marsh, director of the Johnson County Department of Health and Environment. “The knowledge gained and the relationships established during this conference will be invaluable should a public health event happen in our state or region.”



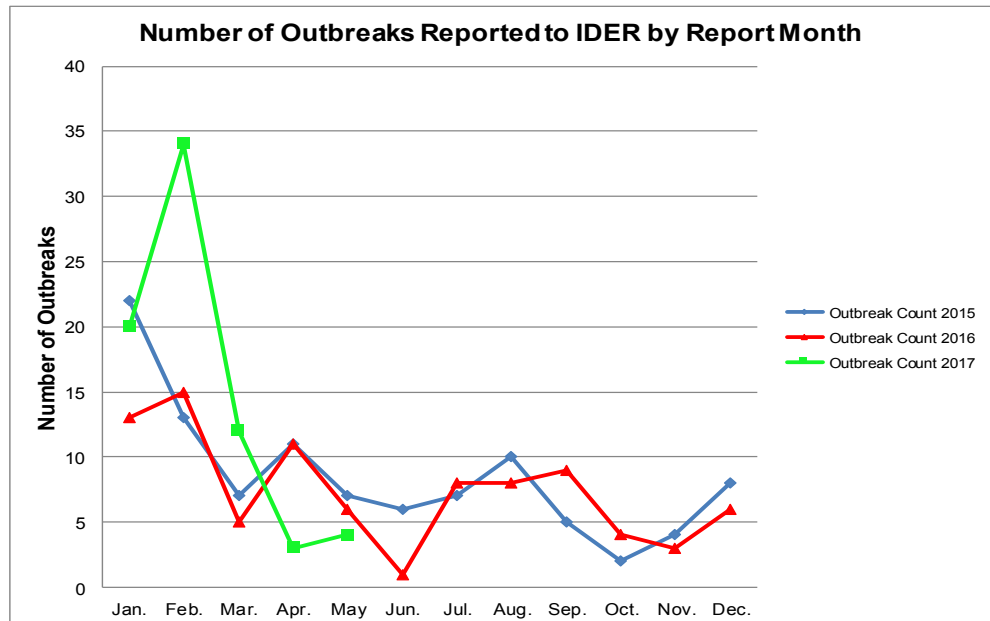
Captain Kyle Burtch, Sedgwick County EMS, shows attendees the inside of the only ambulance in Kansas equipped to transport a highly infectious disease patient.

Jennifer Dunlay

Keynote speakers included Dr. David Franz, Dr. Leonard Cole, Col. Randall Larsen (United States Air Force, Retired) and Dr. Lee Norman. This year’s agenda can be found here: <http://www.jocogov.org/sites/default/files/documents/DHE/PBH/KIDS%20Agenda.pdf>.

Conference organizers received positive feedback and are in the early planning stages for the May 2018 conference. If you’re interested in speaking at the conference next year or attending as an exhibitor or sponsor, contact Tiffany Wallin at tiffany.wallin@jocogov.org.

Outbreaks Report



Date Reported	Facility Type	Transmission	Disease	County
5/3/2017	Doctor's Office	Person-to-Person	Mumps	Johnson
5/4/2017	School or College	Person-to-Person	Unknown Etiology	Coffey
5/19/2017	Multi-State	Animal Contact	Salmonellosis	Multiple Counties
5/22/2017	Restaurant - Sit-down Dining	Food	Unknown Etiology	Johnson

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 May 1 to May 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! The indicators for date of birth, gender, race, and ethnicity were above the 90% benchmark of all VPDs reported from May 1 to May 31, 2017.

Still room for improvement... *Haemophilus influenzae* and pertussis cases had four indicators fall below the benchmark. Varicella cases had two indicators, and mumps cases had one indicator fall below the benchmark. 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 Chelsea Raybern at (785) 296-0339 or Chelsea.Raybern@ks.gov.

VPD Indicators Reported from May 1 to May 31, 2017 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Meningococcal disease	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	6	1	7	24	21	17
% 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%	92%	100%	100%
% of cases with ethnicity	100%	100%	100%	96%	95%	100%
% of cases with onset date‡	83%	100%	100%	83%	95%	88%
% of cases with hospitalized noted	83%	100%	100%	88%	100%	94%
% of cases with died noted	83%	100%	100%	92%	100%	94%
% of cases with vaccination status*	83%	100%	100%	96%	95%	94%
% of cases with transmission setting¶	N/A**	N/A**	78%	75%	N/A**	94%
% of cases with completed symptom profiles	N/A**	N/A**	100%	79%	N/A**	59%

*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) for current case count information.



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. Seven surveillance indicators have dropped in completeness compared to April's report. The fields noted in red are still below 90% completion. 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.

May 2017	State's Total Number of Cases* = 302	
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	296	98
Address County	302	100
Address Zip	295	98
Date of Birth	301	100
Died	261	86
Ethnicity†	254	84
Hospitalized	258	85
Occupation	166	55
Onset Date	234	77
Pregnancy††	132	83
Race †	262	87
Sex †	300	99
Date LHD Investigation Started	244	87
Date LHD Investigation Completed	223	74
Persons Interviewed	196	67
Persons Lost to Follow-Up	19	6
Persons Refused Interview	5	2
Persons Not Interviewed	73	25
	Number of Cases	Percent of Cases
Disease control measures began within the target for each disease ^{^52}	186	62
Case investigations were completed within the target for each disease [^]	140	46

* 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.

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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)**