

Bureau of Epidemiology & Public Health Informatics



EPI UPDATES

May
2017

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Stool Specimen Test Kit Reminder

By Daniel Neises, MPH

Every local health department should have a supply of stool specimen test kits on-hand. Kits could be needed for:

- Testing patients associated with a possible outbreak of gastrointestinal illness caused by parasites, bacteria, or norovirus.
- Testing patients who need to be excluded from work as a foodhandler, medical care provider, or daycare provider or attendee until they are no longer shedding shiga toxin-producing *E. coli* or *Shigella*.

It is important to periodically check your supply of kits, as they expire over time.

KDHE recommends maintaining a supply of 2 to 5 Bacterial Enteric kits containing Cary Blair media. Due to changes in testing methodologies, maintaining a supply of Parasite O&P kits containing Formalin and PVA is no longer necessary. Each specimen kit includes the category B shipper for transport to the KDHE laboratory. However, each specimen needs an accompanying KDHE Universal Laboratory Specimen Submission Form (Health) to ensure the proper tests are ordered, even if multiple specimens are from a single patient.

To order stool specimen test kits, specimen submission forms, or other supplies from the KDHE laboratory, please call (785) 296-1623, or download an order form from http://www.kdheks.gov/labs/cust_serv/download/specimen_kit_request_form.pdf.

Remember to order one KDHE Universal Laboratory Specimen Submission Form (Health) for every specimen kit your order! Completed forms should be faxed to (785) 296-1641.



KHDL Microbiology

Kansas Department of Health & Environment
Bureau of Epidemiology & Public Health Informatics

Farah Ahmed, MPH, PhD
Environmental Health Officer & Interim Director

Lou Saadi, Ph.D., Deputy
Director & State Registrar

Sheri Tubach, MPH, MS,
Director, IDER

Bonnie Liscek, MPS,
Director, Surveillance Systems & *Epi Updates* Editor

Daniel Neises, MPH
Senior Epidemiologist

Chelsea Raybern, MPH
Senior Epidemiologist

Ingrid Garrison, MPH, DVM,
DACVPM, State Public
Health Veterinarian

Curtis State Office Building
1000 SW Jackson St.
Topeka, KS 66612

Email: epihotline@kdheks.gov
Epi Hotline: 877-427-7317
Fax: 1-877-427-7318

Kansas
Department of Health and Environment

KANSAS HEALTH AND ENVIRONMENTAL LABORATORIES
DEPARTMENT OF HEALTH AND ENVIRONMENT

6810 SE Dwight Street
Fax: (785) 296-1641

Topeka, Kansas 66620
Telephone: (785) 296-1623

REQUISITION FOR LABORATORY SPECIMEN KITS and SUPPLIES

- Forms must be ordered separately.
- Refer to the Manual of Laboratory Tests or call (785) 296-1623 regarding specimen submission.

Enter the quantity needed on the line next to the item.

Health Specimen Submission Forms	
<input type="checkbox"/> Blood Lead (Blood Metals) <input type="checkbox"/> Neonatal Screening <input checked="" type="checkbox"/> Universal Laboratory	<input type="checkbox"/> Neonatal Brochure <input type="checkbox"/> English <input type="checkbox"/> Spanish
Health Specimen Kits	
Serology/Molecular <input type="checkbox"/> Multi-tube Container with Mailing Box (Blood – Ambient) <input type="checkbox"/> Mailing Cooler (Cold shipper) (Serum – Cold, Required for HIV and Rubella) <input type="checkbox"/> Multi-tube Container with Mailing Box	Tuberculosis <input type="checkbox"/> TB Mailer <input checked="" type="checkbox"/> Bacterial Enteric with Cary Blair (Category B) <input type="checkbox"/> Bacterial Isolate (Category B) <input type="checkbox"/> Bacterial Isolate (Category A/IDC)

Tickborne Disease Season is Here!

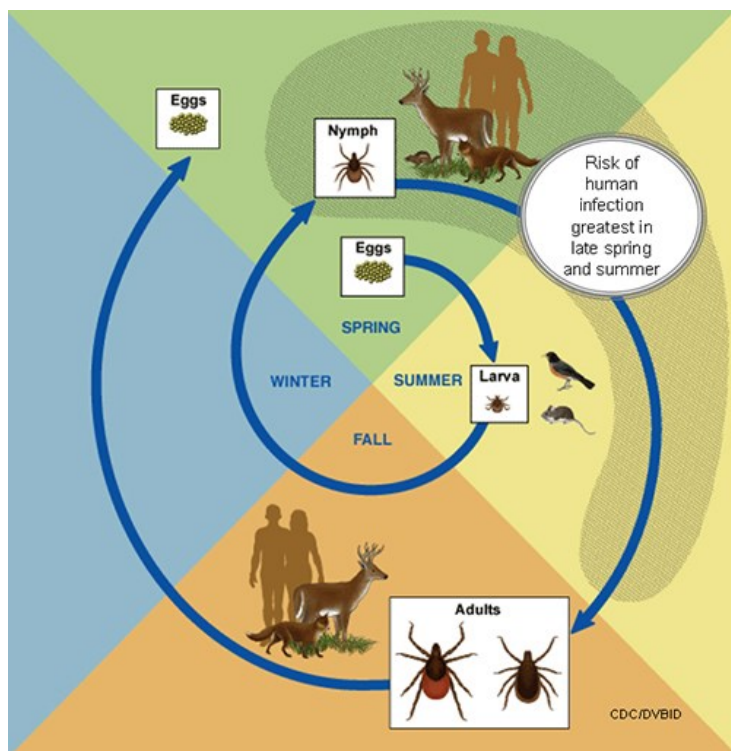
By Daniel Neises, MPH

Tick nymphs and adults are most prevalent from May through July in Kansas; accordingly, we have seen an increase in testing for tickborne illness this spring.

This diagram shows the life cycle of blacklegged ticks that can transmit anaplasmosis, babesiosis, and Lyme disease.

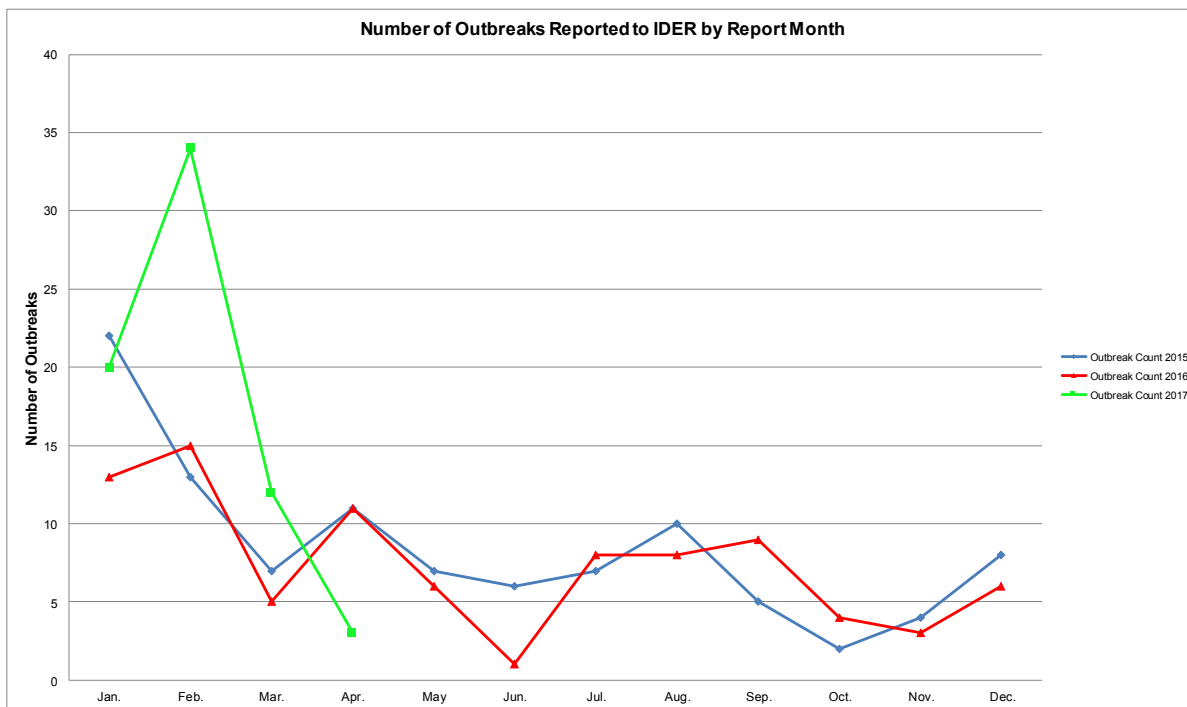
If you would like a refresher on tickborne disease investigations, please visit our disease investigator training website at http://www.kdheks.gov/epi/disease_training.htm, where you can find links to KS-TRAIN courses on [Lyme disease](#), [spotted fever rickettsiosis](#), [ehrlichiosis/anaplasmosis](#), and [tularemia](#).

The CDC has a great resource for physicians and patients, "Tickborne Diseases of the United States: A Reference Manual for Health Care Providers, Second Edition", which can be downloaded from <http://www.cdc.gov/lyme/resources/TickborneDiseases.pdf>. It is a particularly useful tool to share with physicians who have questions about treatment or the interpretation of laboratory results.



http://www.cdc.gov/ticks/life_cycle_and_hosts.html

Outbreaks Report



Date Reported	Facility Type	Transmission	Disease	County
4/1/2017	Hotel or Motel	Person-to-Person	Norovirus	Crawford
4/11/2017	Restaurant—Sit-down Dining	Food	Norovirus	Sedgwick
4/24/2017	School or College	Person-to-Person	Pertussis	Labette

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 April 1 to April 30, 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, ethnicity, hospitalized, and died noted were above the 90% benchmark of all VPDs reported from April 1 to April 30, 2017.

Still room for improvement...Mumps, pertussis, *Streptococcus pneumoniae*, and varicella cases had two indicators 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 Mychal Davis at (785) 368-8208 or Mychal.Davis@ks.gov.

VPD Indicators Reported from April 1 to April 30, 2017 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Tetanus (<i>Clostridium tetani</i>)	Varicella
Number of reported cases	2	32	26	26	100%	22
% 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%	96%	96%	100%	100%
% of cases with ethnicity	100%	100%	96%	92%	100%	100%
% of cases with onset date‡	100%	100%	89%	92%	100%	96%
% of cases with hospitalized noted	100%	100%	92%	96%	100%	96%
% of cases with died noted	100%	100%	96%	100%	100%	100%
% of cases with vaccination status*	100%	97%	96%	89%	100%	96%
% of cases with transmission setting¶	N/A**	78%	92%	N/A**	N/A	82%
% of cases with completed symptom profiles	N/A**	72%	89%	N/A**	N/A	56%

*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. Most surveillance indicators are at or above 90%. 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%. While many of the indicators have improved since last month, there are still indicators that are below 90%. For questions, contact Sheri Tubach at sheri.tubach@ks.gov.

April 2017		State's Total Number of Cases* = 286	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	283	99	
Address County	286	100	
Address Zip	282	99	
Date of Birth	286	100	
Died	260	91	
Ethnicity†	245	86	
Hospitalized	256	90	
Occupation	188	66	
Onset Date	237	83	
Pregnancy††	122	84	
Race †	255	89	
Sex †	284	99	
Date LHD investigation started	233	81	
Date LHD investigation Completed	216	76	
Persons Interviewed	135	72	
Persons Lost to Follow-Up	13	5	
Persons Refused Interview	5	2	
Persons Not Interviewed	60	22	
	Number of Cases	Percent of Cases	
Disease control measures began within the target for each disease ^{^52}	216	68	
Case investigations were completed within the target for each disease [^]	194	47	

* 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); 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)**

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



New Version of EpiTrax

by Bonnie Liscek, MPS

The Utah Department of Health (UDH) is wrapping-up the development of the new version of EpiTrax, which is written in the Java programming language. The EpiTrax Java version has the same look and feel as the current version of EpiTrax with additional processing to improve workflow and functionality to adapt to the future trends in public health. UDH anticipates that they will be ready for Kansas to assist with use case testing over the summer. Barton, Cowley, Douglas, Johnson, Lyon, and Reno County Health Departments have volunteered to help KDHE with testing the new software.