

## Bureau of Epidemiology &amp; Public Health Informatics

**EPI UPDATES**September  
2017**Inside This Issue:**

VPD Indicators	1
Outbreaks Report	2
Quality Indicators	3
Disease Targets	4

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Bureau of Epidemiology &amp; Public Health Informatics

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**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 August 1 to August 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 but one disease had an indicator that fell below the 90% benchmark this month. Most indicators reached 100% completion!

**Still room for improvement...**The only indicator that did not meet the 90% completion benchmark was percent of varicella cases with a completed symptom profile. That indicator is 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](mailto:Allison.Zaldivar@ks.gov).

**VPD Indicators Reported from August 1 to August 31, 2017 in Kansas**

Indicators	<i>Haemophilus influenzae</i> , invasive	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	1	1	25	5	10
% of cases with date of birth	100%	100%	96%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	100%	96%	100%	100%
% of cases with ethnicity	100%	100%	100%	100%	100%
% of cases with onset date <sup>‡</sup>	100%	100%	96%	100%	90%
% of cases with hospitalized noted	100%	100%	100%	100%	100%
% of cases with died noted	100%	100%	100%	100%	100%
% of cases with vaccination status*	100%	100%	100%	100%	100%
% of cases with transmission setting <sup>¶</sup>	N/A**	100%	100%	N/A**	100%
% of cases with completed symptom profiles	N/A**	100%	99%	N/A**	<b>78%</b>

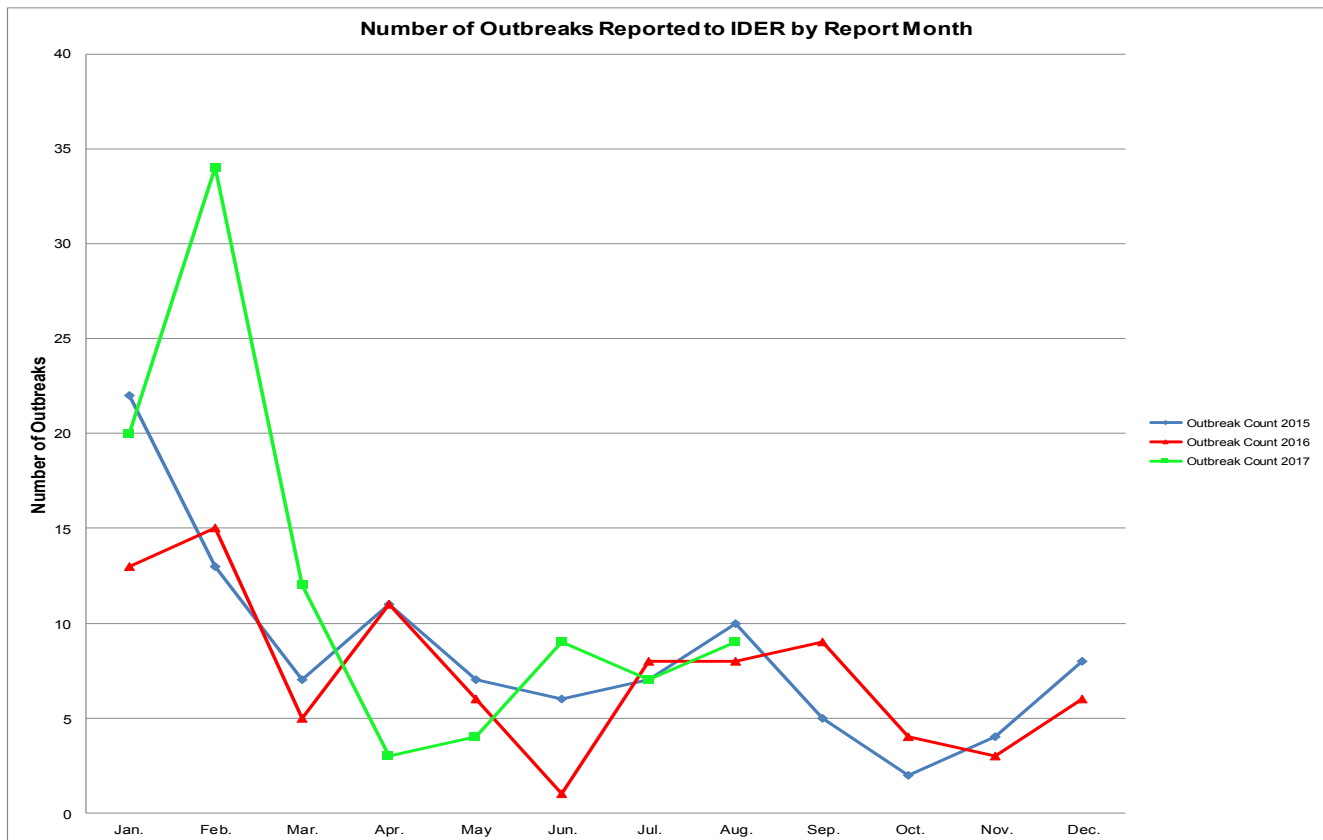
\*Excludes cases with a State Case Status of "Out of State" or "Not a Case."

<sup>‡</sup>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.<sup>§</sup>Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented.<sup>¶</sup>Unknown is considered a valid response for this indicator.

## Outbreaks Report



Date Reported	Facility Type	Transmission	Disease	County
8/4/2017	Hotel or Motel	Water	Legionellosis	Jackson
8/10/2017	Other	Indeterminate / Other / Unknown	Unknown Etiology	Johnson
8/14/2017	Other	Person-to-Person	Pertussis	Douglas
8/15/2017	Other	Animal Contact	Campylobacteriosis	Multi-State
8/17/2017	Other	Indeterminate / Other / Unknown	Enteropathogenic <i>E. coli</i> (EPEC)	Shawnee
8/29/2017	Fast Food Restaurant	Food	Unknown Etiology	Johnson
8/29/2017	Other	Indeterminate / Other / Unknown	Salmonellosis	Marian
8/30/2017	School or College	Person-to-Person	Enteroinvasive <i>E. coli</i> (EIEC)	Shawnee
8/30/2017	Daycare	Person-to-Person	Shigellosis	Shawnee



**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.



## 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. Several indicators are still below 90%, and several are even below 89%. Most notably 26% 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).

August 2017	State's Total Number of Cases* = 315	
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	313	99
Address County	315	100
Address Zip	313	99
Date of Birth	310	98
Died	270	86
Ethnicity†	254	81
Hospitalized	266	84
Occupation	240	76
Onset Date	229	73
Pregnancy††	120	81
Race †	265	84
Sex †	314	100
Date LHD investigation Started	241	77
Date LHD investigation Completed	212	67
Persons Interviewed	212	67
Persons Lost to Follow-Up	17	5
Persons Refused Interview	0	0
Persons Not Interviewed	81	26
	Number of Cases	Percent of Cases
Disease control measures began within the target for each disease <sup>^</sup>	197	63
Case investigations were completed within the target for each disease <sup>^</sup>	141	45

\* 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.

## 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)**