

# EPI UPDATES



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## WHAT IS ENVIRONMENTAL PUBLIC HEALTH?

The Kansas Department of Health and Environment envisions healthier Kansans living in safe environments. Our mission addresses this by seeking to protect the health and environment of all Kansans by promoting responsible choices. Environmental epidemiology seeks to explain disease or disability through physical, biological, and social/cultural effects on populations. Examples of environmental public health achievements include identifying the health hazards of tobacco and tobacco smoke, noting the beneficial effects of fluoridating water, eliminating lead from gasoline and paint, and promoting use of personal and vehicular safety devices.

Environmental health issues are cross cutting and require a multi-disciplinary approach. Environmental health issues are primarily addressed by two Bureaus at KDHE; the newly formed Bureau of Environmental Health (BEH) and the Bureau of Surveillance and

Epidemiology. The Bureau of Environmental Health includes the Healthy Homes and Lead Hazard Prevention Program, Radiation Section and the Environmental Public Health Tracking Program (EPHTP). Dr. Ingrid Garrison, Environmental Health

issues or questions that arise from both the public and within the agency. They engage a variety of programs at KDHE as well as state and federal partners to determine what data is available to answer a particular question (i.e. increased cancer or birth defects in a community).

In 2009, KDHE became part of the National Environmental Public Health Tracking Network (EPHTN). The goal of this network is to collect, analyze, interpret, and disseminate data on exposures, hazards and environmental-related health outcomes at the state and county level for Kansas. Data that will be available include: air quality, drinking water, childhood lead poisoning, cancer, reproductive health outcomes, birth defects and hospitalizations for carbon monoxide poisoning, asthma and myocardial infarctions. For more information on EPHTP, visit our website at: [http://www.kdheks.gov/beh/env\\_pub\\_health\\_track.htm](http://www.kdheks.gov/beh/env_pub_health_track.htm).



<http://www.blsmeeetings.net/odctrackingconference/>

Officer, and Dr. Henri Menager, epidemiologist with EPHTP, both within the Bureau of Surveillance and Epidemiology, provide epidemiologic support to address specific environmental health

## CALANDAR OF UPCOMING EVENTS:

### KS-EDSS Quarterly User Training Webinar

**What:** This training will focus on reporting Vaccine Preventable Diseases in KS-EDSS.

**When:** Thursday August 5th from 9–10:30 a.m. or Wednesday August 11th from 12–1:30 p.m. The training will be the same both days, so please only register for one.

**Where:** GoToMeeting  
 Please click on this link:

<https://www1.gotomeeting.com/register/334165057> for the **Thursday, August 5** training.

OR  
<https://www1.gotomeeting.com/register/908715001> for the **Wednesday, August 11** training.



Have an upcoming event you would like included in the August issue?  
 Contact [ybarnes@kdheks.gov](mailto:ybarnes@kdheks.gov) with details.

## WELCOME NEW BSE STAFF MEMBERS

The Bureau of Surveillance and Epidemiology continues to grow! This month we are excited to introduce two of the new staff members who have joined our team over the last few months.



### SUSAN DICKMAN: KS-EDSS COORDINATOR

Susan Dickman began working as KS-EDSS Coordinator May 10, 2010 after working over two years for the Kansas Immunization Registry. She returned to Kansas after living in Colorado for 15 years. Married to Bob for 28 years they have 8 children and 3 grandchildren. Susan has

received an AAS in Legal Assistant, her BS in Business Administration with an emphasis on IT and is currently pursuing her Master's Degree in IT Project Management. In her spare time she enjoys reading, heirloom sewing, gardening, family history and being with her family.

## AMY RICKENBAKER—ADMINISTRATIVE ASSISTANT

Amy Rickenbaker joined BSE on June 14, 2010 to replace Pat McDaniel, who retired, as the surveillance administrative assistant. In this position Amy helps the QA Coordinator enter cases with a laboratory report into KS-EDSS and follows up on unclear laboratory reports. Prior to taking this position Amy worked for BSE entering pandemic H1N1 influenza data

and also spent time as an assistant with the HIV program in the Bureau of Disease Control and Prevention. Amy graduated from Allen County Community College in May with an Associate in Science majoring in Pharmacy Technician. In her free time she likes to read and to spend time with her younger sister.



## ENHANCED MUMPS SURVEILLANCE PROJECT

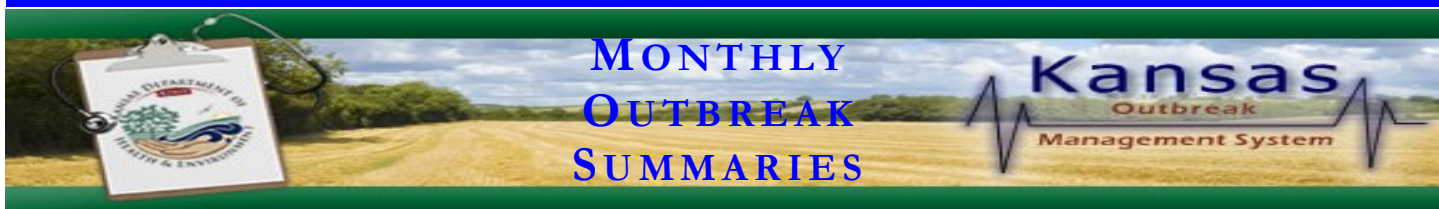
The Bureau of Surveillance and Epidemiology (BSE) is collaborating with CDC on an enhanced mumps surveillance project and needs your help. Mumps virus is the only agent known to cause epidemic parotitis, though sporadic cases can be caused by other viral pathogens. Current mumps diagnostic serology tests are difficult to interpret in previously vaccinated persons; thus negative laboratory results for mumps cannot rule out disease.

The purpose of this project is to determine the etiology of these sporadic cases of parotitis. Identifying parotitis cases not caused by mumps would reduce the case investigation and follow-up efforts by health departments. CDC is requesting three (3) specimens be obtained for testing from eligible persons: blood, buccal swab and oropharyngeal (OP) throat swab specimens. All specimens should be shipped to the Kansas Health and Environment Laboratories (KHEL) by usual methods.

Persons eligible to be included in enhanced surveillance must

- be swabbed within 3 days of the onset of parotid/other salivary gland swelling, and
- be epidemiologically linked to fewer than 3 cases of parotitis, and not be epidemiologically linked to a mumps case confirmed by viral detection.

For more information please contact Jena Callen at [jcallen@kdheks.gov](mailto:jcallen@kdheks.gov)



**Cowtown Club Wedding**— On June 4, BSE and Ford County began an investigation in response to eight individuals from five separate households experiencing vomiting, diarrhea, and nausea after a wedding reception at the Cowtown Club in Dodge City on May 29. It was identified that cake and other food items were brought to the reception by family members. Similar illness had been occurring among the family prior to and during the event. The causative agent was not determined.

**Crawford Respiratory Illness**— On June 7<sup>th</sup>, the Crawford County Health Dept. reported an outbreak of respiratory illness in a nursing home. Primary symptoms

included cough, fever, congestion and sore throat with some developing pneumonia. Some of the control measures implemented during the outbreak included cohorting of ill residents and no new admissions. There were four hospitalizations and three deaths. Approximately 60% of residents were ill and six staff were symptomatic. Rhinovirus (the common cold virus) was cultured from three patients. Rhinovirus can cause severe disease in people with compromised respiratory function (e.g. COPD, asthma) or general immunocompromised system.

**Laboratory-acquired Brucellosis**— On June 7<sup>th</sup>, BSE was notified of a case of brucellosis in a laboratorian at a large hospital in the Kansas City metropolitan area. Exposed in November 2009, the laboratorian became symptomatic in May, 2010. Specimens were collected and submitted to a reference laboratory. Laboratory staff at both the hospital and reference laboratory were potentially exposed. An investigation is being conducted by KDHE BSE and CDC to identify ill lab workers, the source patient, and address lapses in prompt notification.

**Jackson County Meningococemia**— On June 7, Jackson County was notified by concerned parents of a meningococemia case in a child who attended a home-based daycare. No notification had been received from medical providers. Prompt investigation and follow-up resulted in ten daycare children, a daycare provider and her three household members, and seven family and close contacts of the case being treated with rifampin. No further disease transmission was identified.

For reports of recently conducted outbreak investigations, please visit our website at <http://www.kdheks.gov/epi/outbreaks.htm>

BREAKDOWN OF THE 764 CASES REPORTED\* IN KS-EDSS IN JUNE

Disease	May 2010	Average 07-09		
2009 H1N1 Influenza A virus	32	318**	Measles	2 1
Animal Bite: Potential Rabies Exposure	1	5	Meningitis; Cryptococcal	1 .33
Brucellosis	3	2	Meningitis; Neisseria meningitidis	1 .33
Campylobacter	104	57.67	Mumps	1 6.33
Cryptosporidiosis	15	8.33	Pertussis	60 25.67
Ehrlichiosis, Anaplasma phagocytophilum	6	.67	Q Fever	5 3
Ehrlichiosis, Ehrlichia chaffeensis	8	3.67	Rabies, Animal	12 9.67
E. coli (EHEC)	2	0	Salmonellosis	50 61.33
E. coli O157:H7	5	4	Shigellosis	44 13.67
E. coli shiga toxin + (not serogrouped)	7	2.67	Spotted Fever Rickettsiosis (RMSF)	42 38
E. coli shiga toxin + (serogroup non-O157)	2	5.33	Streptococcal Disease, Inv. Group A	2 4
Foodborne Disease Outbreak	8	0	Streptococcus pneumoniae, invasive	6 4.33
Giardiasis	16	12.67	Transmissible Spongiform Encephalitis	1 1.67
Haemophilus influenzae, invasive	1	1.67	Tularemia	2 2.33
Hepatitis A	24	11.33	Varicella	24 27
Hepatitis B, acute	4	8.33	West Nile, non-neurological	8 13.67
Hepatitis B, chronic	46	39.33	Yersiniosis	1 0
Hepatitis C virus, chronic	173	148.67		
Legionellosis	3	1.67		
Lyme disease	39	20.67		

\* Reported cases include Case Classifications Confirmed, Probable, Suspect, & Not a Case.

\*\* Cases only include numbers from June 2009.

Please visit us at:  
[www.kdheks.gov/epi](http://www.kdheks.gov/epi)

## KS-EDSS DATA QUALITY INDICATORS

**B**SE has implemented a set of monthly quality indicators to encourage data quality improvement in KS-EDSS. A table of the previous month's statewide percentages will be included in this newsletter each month. A separate breakdown of data completeness will be provided directly to individual county administrators at both the regional and county levels. The percentage complete column represents the frequency of completion of the corresponding data field in KS-EDSS. H1N1 cases are not included, as these cases do not require investigation at the county level.

We are continuing to see improvement in completion for most indicators, though there was a drop in Address Zip, Hospitalized, and Onset Date field completion from May to June.

\*Calculations do not include Hep B, chronic Hep C, chronic.  
 \*\* Out-of-state cases not included in this calculation.  
 # Animal rabies not included in this calculation.  
 † Unknown considered incomplete.  
 †† The default setting of this field must be updated in KS-EDSS

JUNE 2010	
KS-EDSS Indicator	Percentage complete
Address Street	81% **, #
Address City	96% **
Address County	100% **
Address Zip	93% **
Date of Birth	98% #
Died	42% †
Ethnicity	54%, †
Hospitalized	42%, #, †
Imported	n/a ††, #
Onset Date	37% *, #
Outbreak Associated	n/a ††
Race	61%, †
Sex	100%, †
Supplemental Form Complete	47%

**KDHE Mission:**  
 To Protect the Health and Environment of all Kansans by Promoting Responsible Choices

**Our Vision**  
 Healthy Kansans living in safe and sustainable environments.

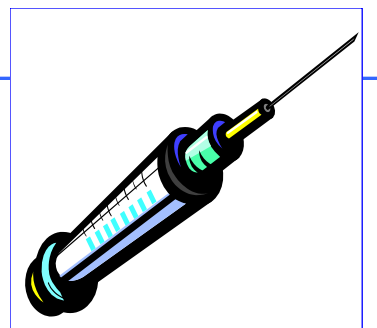


## COCOON PILOT PROGRAM

**S**tudies have shown that in eastern Kansas to vaccinate infant pertussis cases where a source was identified, approximately 70% of the infants acquired the infection from an immediate family member (a source was defined as a person with an acute cough illness who had contact with the case-infant 7 to 20 days before the infant's onset of cough). In 2001, the Global Pertussis Initiative was implemented, with a key strategy of "cocooning" (vaccinating family members and close contacts of the newborn) and in 2008, the Advisory Committee on Immunization Practices (ACIP) mirrored these same recommendations. This recommendation is what led to the Cocoon Pilot Program which began in January 2010.

KDHE has partnered with four hospitals and their associated county health departments in

eastern Kansas to vaccinate close contacts of newborn infants, including postpartum mothers. As part of the Cocoon Pilot Program, KDHE has encouraged all hospitals to include on their standing orders Tdap vaccination of postpartum women prior to discharge. Studies have shown when hospitals have standing orders, vaccination rates of eligible women increase to more than 80%. In addition to offering postpartum mothers Tdap vaccine, one family member, a primary caregiver to the infant, has the opportunity receive a Tdap vaccination at the local health department. The pilot program has provided vaccine at no cost to the participating hospitals and local health departments. Our goal is to reduce barriers for Tdap vaccination, thus enabling the mother and one family member



to be vaccinated.

The hospitals and associated local health departments that have been invited to participate in the pilot program are Ransom Memorial Hospital (Ottawa, KS) with Franklin County Health Department, Coffeyville Regional Medical Center (Coffeyville, KS) and Mercy Hospital (Independence, KS) with Montgomery County Health Department, and Memorial Hospital (Abilene, KS) with Dickinson County Health Department.