

EPI UPDATES

BSE ANNOUNCES A NEW KANSAS HEALTHCARE ASSOCIATED INFECTIONS STATE SUMMARY PLAN

Healthcare-Associated Infections (HAIs) are a major cause of morbidity, mortality, and excess cost in the U.S. According to the Centers for Disease Control and Prevention (CDC), in 2002 HAIs accounted for an estimated 1.7 million infections and 99,000 deaths. HAIs occur in all settings of care, placing vulnerable populations at higher risk of complications. It is critical for Kansas to develop a sustainable infrastructure that supports surveillance, reporting and improvement by healthcare providers.

Kansas has had limited coordinated activity related to the reduction of HAIs, and does not currently have mandatory reporting of HAI surveillance data. A high level analysis of all Kansas Medicare data in the final quarter of 2008



shows approximately 0.5% or 160 claims totaling an estimated \$8.8 million dollars were spent treating infections from HAI's. This reveals an opportunity to enhance patient quality of life as well as reduce the healthcare resource utilization burden.

Development of an HAI surveillance and prevention program in Kansas is now a high priority. We are pleased to announce that in September, 2009 Kansas received funding as a supplement to its Epidemiology and Laboratory Capacity for Infectious Disease (ELC) cooperative agreement to develop a state-wide plan of action for the prevention of HAIs. Following a template provided by the CDC,

the Kansas Plan is comprised of four major HAI activity areas: State Program Infrastructure; Surveillance, Detection, Reporting and Response; Prevention; and Evaluation and Communications. A summary of the plan details can be found on the BSE website at

http://www.kdheks.gov/epi/download/KS_HAI_Plan_Public.pdf.

State HAI Program Director and Epidemiologist positions have been established within the KDHE-BSE to oversee the program activities. BSE has also convened a group of stakeholders to identify priorities and assist in coordination of HAI Plan activities. The goal is to ensure that future work is practical for applicable providers, collaborative, and is not duplicative of other sources to address HAI surveillance and prevention.

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CALANDAR OF UPCOMING EVENTS:

KS-EDSS User Group Meeting

When: July 8, 2010

Time: 10–11:30 a.m.

This is first meeting of the KS-EDSS User Group. Invite only.

Where: Curtis Building, 1000 SW Jackson Ave., Topeka, KS – Sunflower Conference Room, 3rd floor **OR** a GoToMeeting webinar is set up for those who cannot attend in person.

Registration Contact: Susan Dickman at (785) 296-7732 or sdickman@kdheks.gov

21st Annual Statewide Summer Conference for Kansas School Nurses

When: July 19-23, 2010

Where: Hyatt Regency, Wichita

Martha Siemsen, APRN-BC, Medical Investigator, will be presenting at the New Nurse Orientation on The Role of the School Nurse in Disease Reporting and Surveillance.

For more information please visit <http://www.ksno.org/download/conference10brochure.pdf>



Have an upcoming event you would like included in the July issue?

Contact vbarnes@kdheks.gov with details.

WELCOME NEW BSE STAFF MEMBERS

The Bureau of Surveillance and Epidemiology is growing fast! This month we are excited to introduce three of the new staff members who have joined our team over the last few months. Stay posted for even more introductions in the July issue.



JOSEPH SCALETTA

Joseph Scaletta has been selected to serve as the new Healthcare-associated Infections Program Director.

Joey recently served as the Infection Control Epidemiologist for the Maryland Department of Health and Mental Hygiene. Prior to that, he served in a variety of public health capacities for Maryland, including appointments as Strategic National Stockpile Coordinator and West Nile Virus Surveillance Coordinator, and also as Acting Chief of the Division of Outbreak Investigation. Joey also

served a tour of duty as an Epidemiologist and Peace Corps Volunteer in Jamaica. Joey holds a Master of Public Health degree in Epidemiology from the Tulane School of Public Health and Tropical Medicine and a Certification in Infection Control. Joey will start full-time with KDHE on July 6, following completion of his training as a Registered Nurse.

AUTUMN WISHKENO

Autumn Wishkeno was hired by KDHE on March 29, 2010 as the Senior Administrative Assistant for the Bureau of Surveillance and Epidemiology. She started with BSE in October of 2009 as a temp helping with the data entry of H1N1 cases. During that time she was located at the KHEL. In February Autumn moved to the Curtis building to take her current position on

a temporary basis until her official hire in March. Autumn is a mother of 2 and a graduate of Rossville High School. She holds an Associate's Degree as a Medical Assistant and is working on her Bachelor of Science with an emphasis in Psychology. Prior to joining KDHE Autumn worked as a Para-Educator for USD 321 primarily working with Autistic children.



JENA CALLEN



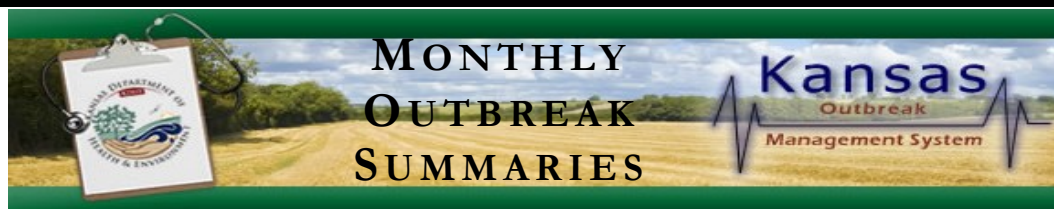
Jena Callen started with the KDHE Bureau of Surveillance and Epidemiology on April 19, 2010 as a Medi-

cal Investigator for the Meningococcal Conjugate Vaccine Effectiveness Study. She will also be helping Martha Siemsen conduct vaccine preventable disease investigations.

Jena completed her undergraduate education at Kansas State University with a Bachelor of Science in Family Studies and Community Service in 2000.

Prior to joining the BSE staff, Jena worked as a Care Manager for the non-profit organization TFI Family Services, Inc. and as a Certified Pharmacy Technician at King Pharmacy.

She is married and has two daughters ages 6 and 2. Jena enjoys anything outdoors, traveling and spending time with her family.



Eggbert's— On May 7, KDHE BSE and Montgomery Co. Health Dept. began investigation a foodborne outbreak as a result of a complaint made against Eggbert's. Five individuals from 3 different households and counties reported gastrointestinal symptoms approximately 36 – 48 hours after eating at Eggbert's. Two individuals from separate households tested positive for norovirus. No food items were linked to the illness. One food-worker reported illness prior to the individuals eating at Eggbert's but the foodworker did not test positive for norovirus.

Greenwood Pertussis/MYCO— The Greenwood Co. Health Dept. reported an increase in the number of pertussis cases in the county beginning May 19, 2010. Investigation revealed that the first reported case became ill at the beginning of April. The age range of these cases is from 18 days - 89

years of age. Seven hospitalizations have occurred. Health department personnel are working closely with the hospital and physicians in the area to identify any suspect cases and to ensure recommended testing, treatment and prophylaxis of contacts is implemented.

SG Cracker Barrel—On May 20, 2010, BSE was notified of a possible outbreak of gastrointestinal illness among individuals who ate a meal from a Cracker Barrel in Wichita, KS. In response an outbreak investigation was initiated by staff from BSE, KDA and the Sedgwick County Health Dept. Four individuals from 3 different households became ill with diarrhea and/or vomiting and nausea. The causative agent of this outbreak was determined to be norovirus.

RO May10 STEC Cluster — On May 21, Rooks Co. Health Dept. and

KDHE began an outbreak investigation in response to a notification from the Rooks County Health Center laboratory of a cluster of three suspect Shiga-toxin producing *Escherichia coli* (STEC) patients identified over a two-day period. *E. coli* serogroup O121 was isolated from two of the initial specimens at the KHEL. Further investigation revealed that two of the cases were from a single household and that the toddler attended a home daycare with the third case. An inspection of the daycare revealed no high risk activities. The child was excluded from the setting until two negative stool cultures were for STEC. No further transmission was reported within the daycare.

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

Keep germs from causing recreational water illnesses (RWIs):

- Don't swim when you have diarrhea. You can spread germs in the water and make other people sick.
- Don't swallow the pool water. Avoid getting water in your mouth.
- Practice good hygiene. Shower with soap before swimming and wash your hands after using the toilet or changing diapers. Germs on your body end up in the water.

Outbreaks of disease, regardless of the source, must be reported to KDHE at (877) 427-7317 within four hours.

BREAKDOWN OF THE 623 CASES REPORTED* IN KS-EDSS IN MAY

Disease	May 2010	Average 07-09		
2009 H1N1 Influenza A virus	37	292.33**	Legionellosis	1 1.67
Amebiasis	1	.33	Lyme disease	33 25.67
Brucellosis	2	.33	Measles	1 .67
Calicivirus/Norwalk-like virus (norovirus)	45	6.33	Meningitis, other bacterial	2 1
Campylobacter	40	30.67	Mumps	5 4.67
Cryptosporidiosis	10	7.33	Pertussis	36 24.67
Ehrlichiosis, Ehrlichia chaffeensis	7	.33	Q Fever	1 2.67
Ehrlichiosis, Anaplasma phagocytophilum	1	0	Rabies, Animal	4 7.67
E. coli O157:H7	1	3.33	Rubella	1 .33
E. coli shiga toxin + (not serogrouped)	10	1.33	Salmonellosis	24 33.33
E. coli shiga toxin + (serogroup non-O157)	3	3	Shigellosis	32 11.67
Foodborne Disease Outbreak	2	0	Spotted Fever Rickettsiosis (RMSF)	16 19.67
Giardiasis	24	10.33	Streptococcal Disease, Inv. Group A	2 3
Haemophilus influenzae, invasive	1	4	Streptococcus pneumoniae, invasive	7 11
Hepatitis A	29	9.33	Transmissible Spongiform Encephalitis	1 1.67
Hepatitis B, acute	3	8.67	Tularemia	2 1.67
Hepatitis B, chronic	36	42.33	Varicella	50 92.33
Hepatitis C virus, chronic	146	189	West Nile, non-neurological	2 2.67
Hepatitis C, acute	2	0	Yersiniosis	1 0
Influenza, A&B	1	.33		

* Reported cases include Case Classifications Confirmed, Probable, Suspect, & Not a Case. ** H1N1 Cases only include numbers after April 2009.

Please visit us at:
www.kdheks.gov/epi

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.

KS-EDSS DATA QUALITY INDICATORS

BSE 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. Reporting improved in all categories except 'Hospitalized' and 'Supplemental Form Complete' from April to May. **Correction:** Died was incorrectly reported as 91% last month. It was actually 38%.

*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 before frequency can be properly calculated.

MAY 2010	
KS-EDSS Indicator	Percentage complete
Address Street	79% **, #
Address City	93% **
Address County	99.83% **
Address Zip	94% **
Date of Birth	91% #
Died	42% †
Ethnicity	47%, †
Hospitalized	45%, #, †
Imported	n/a ††, #
Onset Date	47% *, #
Outbreak Associated	n/a ††
Race	54%, †
Sex	100%, †
Supplemental Form Complete	38%

MENINGOCOCCAL CONJUGATE VACCINE EFFECTIVENESS STUDY

KDHE is very excited to be participating in the Meningococcal Conjugate Vaccine Effectiveness study, which is funded through the 2009-2011 American Recovery and Reinvestment Act (ARRA).

Neisseria meningitidis is the leading cause of bacterial meningitis and sepsis in the United States. Of the over 250 cases that occur annually among 11-18 year-olds, 10-15% are fatal and an additional 10-15% have long-term sequelae.

In 2005, a new tetravalent meningococcal conjugate vaccine (MCV4) was licensed by FDA for persons aged 11-55 years. MCV4 was licensed based on safety and immunogenicity data, without data on clinical efficacy. In February 2005, MCV4 was recommended by the Advisory Committee on Immunization Practices (ACIP) of the CDC for routine use among young adolescents aged 11-12 years, for those adolescents who have not previously received the MCV4 before high school entry, college freshmen living in dormito-

ries, and other populations at increased risk (i.e. military recruits, travelers to areas in which meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates, and patients with terminal complement deficiency).



Meningococcal bacteria image from: <http://www.meningitisuk.org/assets/images/>

The Meningococcal Conjugate Vaccine Effectiveness studies objectives are to conduct post-licensure evaluation of the effectiveness of

MCV4 against vaccine preventable serogroups (A,C, Y, W-135) of meningococcal disease among adolescents and also to evaluate serogroup-specific effectiveness of MCV4 against serogroup C and serogroup Y meningococcal disease among adolescents. Therefore, our goal is to enroll persons aged >11 years and born on or after January 1, 1986 identified as having meningococcal disease caused by a vaccine-preventable serogroup. Once identified, BSE staff will contact cases and controls, and after obtaining informed consent, will interview participants using a standardized questionnaire to assess vaccination history and any potential confounding factors. After the interview, we will contact health providers to confirm vaccination status. Data will be sent to CDC where it will be aggregated and checked for completeness. At the time of this article, 4 Kansas cases have been identified that meet the criteria for the study.

