

# EPI UPDATES

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## OPENING ISSUE OF EPI UPDATES

Welcome! This newsletter is a monthly update from the Bureau of Surveillance and Epidemiology (BSE) for our public health partners. Each issue will highlight important news, projects and data that have been the focus of BSE's efforts the previous month.

April was a busy month, as usual. Here are some of the highlights:

Martha Siemsen, Elizabeth Lawlor, and Daniel Neises went to the National Immunization Conference in Atlanta. While there, Martha participated in a panel discussion. Her presentation, *Pertussis Outbreak in an Under-vaccinated Community*, was well received.

Charlie Hunt also made his way to Atlanta last month for the Epidemic Intelligence Service (EIS) Conference. BSE will be welcoming a new EIS Officer, Dr. Amy Peterson, to our staff in August.



Work on the H1N1 pandemic response continued. BSE sent out our Post H1N1 Evaluation Surveys. Thank you to all of our public health partners who participated by providing much appreciated feedback.

Finally, Cheryl Banez Ocfemia, an Senior Epidemiologist who was with KDHE for 11 years, took a position with the CDC in Atlanta. Her last day with BSE was April 9th. We wish her good luck!

## CALANDAR OF UPCOMING

### 2010 CTSE Annual Conference

**When:** June 6-10, 2010

**Where:** Portland, Oregon

The Council of State & Territorial Epidemiologists will hold its annual conference, which will connect over 1000 public health epidemiologists from across the country. Most of the Epidemiologists in BSE will be in attendance.

For more information visit <http://www.cste.org/>

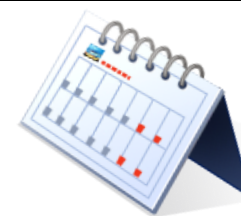
### KALHD Mid-Year Meeting

**When:** June 15-16, 2010

**Where:** Wichita Airport Hilton

The Mid-Year meeting will cover a range of topics including health reform, community health assessment, and an H1N1 hot-wash.

The Multistate Learning Collaborative Learning Session 2 will be held in conjunction with the



KALHD meeting on Monday June 14, 2010.

For more information please visit the KALHD website at <http://www.kalhd.org>.

BREAKDOWN OF THE 648 CASES ENTERED INTO KS-EDSS IN APRIL 2010

Disease	April	Average		
2009 H1N1 Influenza A virus	88	8	Hepatitis C, acute	1 0
Animal Bite, Potential Rabies Exposure	2	1.3	Legionellosis	1 2
Calicivirus/Norwalk-like virus (norovirus)	46	11	Lyme disease	18 13.33
Campylobacter	41	26	Meningitis, other bacterial	2 2.33
Cryptosporidiosis	11	5	Mumps	2 7.33
Ehrlichiosis, Anaplasma phagocytophilum	1	0	Pertussis	26 35.67
E. coli O157:H7	2	3	Q Fever	1 2.33
E. coli shiga toxin + (not serogrouped)	4	1.67	Rabies, Animal	5 13.67
E. coli shiga toxin + (serogroup non-O157)	1	.67	Rubella	1 0
Giardiasis	8	12	Salmonellosis	26 26.67
Haemophilus influenzae, invasive	4	2.33	Shigellosis	20 6
Hantavirus Pulmonary Syndrome (HPS)	1	.67	Spotted Fever Rickettsiosis (RMSF)	9 9
Hepatitis A	48	10	Streptococcal Disease, Inv. Group A	3 6.33
Hepatitis B, acute	6	7.67	Streptococcus pneumoniae, invasive	15 12
Hepatitis B, chronic	29	37.33	Transmissible Spongiform Encephalitis (TSE)	1 0
Hepatitis C virus, chronic	147	187.33	Varicella	59 113
			West Nile, non-neurological	3 .67

WELCOME NEW BSE STAFF MEMBER: HENRI MÉNAGER

Henri Ménager joined the Bureau of Surveillance and Epidemiology at KDHE in January of 2010 to work on the Kansas Environmental Public Health Tracking Program.

Henri received a degree of Doctor in Medicine from the State University of Haiti, School of Medicine and Pharmacy in 1986. He then joined the Save The Children, USA team as the Child Survival Project Director in Maissade, Haiti. In 1990, he completed a postgraduate course in Management Methods for International Health



at the Public Health School of Boston University in Massachusetts. He returned to Haiti later that year to work at Hopital Albert Schweitzer, Deschapelles, Haiti as the Director of the Community Health and Development Program. In 1997 he received a Masters Degree in Public Health from the University of Illinois at Chicago. He also completed several postgraduate courses at the Johns Hopkins Bloomberg School of Public Health. Henri first joined the Kansas Department of Health and Environment (KDHE) in 1998 as

the Community Health Evaluation Coordinator.

In January of 2005, he moved to the Cancer Prevention and Control Program, where he spent the next five years working as an epidemiologist providing epidemiological support to the Early Detection Works Program and the Comprehensive Cancer Program.

Henri Ménager has published in the Health Policy and Planning journal, the American Journal of Public Health and contributed to a book entitled Prospective Community Studies in Developing Countries. He is a faculty member at Kaplan University and Highland Community College.

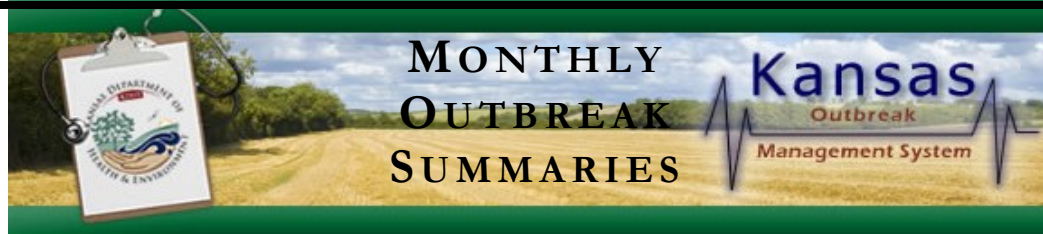
WELCOME NEW BSE STAFF MEMBER: AMIE WORTHINGTON

Amie Worthington began working as a Medical Investigator for the Rotavirus Vaccine Effectiveness study on February 8, 2010. Amie recently graduated from the University of Kansas, School of Education with a major in

Community Health. She completed her internship at Shawnee County Health Agency and was hired on afterward as a H1N1 Education Specialist. During that job, she assisted Shawnee County providers



in getting vaccine and worked all of the public H1N1 clinics. Amie grew up in Silver Lake, KS and is happy to have the opportunity to work in Kansas.



**First Baptist Church**— The Bureau of Surveillance and Epidemiology at the Kansas Department of Health and Environment, the Seward County Health Department, the Oklahoma Department of Health, and the Texas Department of State Health Services are investigating a possible foodborne illness outbreak associated with an event that was held at the First Baptist Church in Liberal, Kansas on April 24, 2010. A cohort study was initiated and

239 individuals that attended the event were interviewed. Of those 122 individuals (51%) reported gastrointestinal illness. The investigation is continuing and a preliminary report will be posted shortly.

**CiCi's Pizza**— On April 28, KDHE and the Sedgwick County Health Department began an outbreak investigation in response to a foodborne illness complaint. Three of 11 individuals became ill with gastrointestinal

symptoms approximately eight hours after eating at Cici's Pizza on April 25. The cause of illness was not determined; no food items were linked to illness.

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

*A foodborne disease outbreak is defined as two or more individuals (from different households) who experience a similar illness after eating a common food OR different food from a common place.*

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

## KC METRO SHIGELLA OUTBREAK UPDATE:

A shigellosis outbreak is ongoing in the Kansas City Metro Area\*. As of 5/3/2010, 331 confirmed and probable cases have been identified. The Kansas Department of Health and Environment, Missouri Department of Health and Senior Services, and the Mid-American Regional Council Public Health

group worked together to issue a regional press release on April 22<sup>nd</sup>. The emphasis of the press release was prevention; with washing your hands frequently and thoroughly with soap and warm, running water being key to stopping transmission. Other prevention messages were: once diagnosed

with shigellosis do not prepare food or drinks for others; dispose of diapers correctly and disinfect changing areas; keep children and adults with diarrhea out of pools, spas, and saunas for at least two weeks after the end of diarrhea; do not wade in public fountains at any time; and do not allow children

in water tables, sand boxes, play with molding clay, or anything else that cannot be cleaned.  
\*KC Metro Area consists of Cass, Clay, Independence, Jackson, Kansas City, and Platte Missouri health departments and the Johnson, Leavenworth, & Wyandotte Kansas health departments.



## REVISIONS TO THE NATIONAL NOTIFIABLE DISEASE CONDITIONS LIST FOR 2010:

The National Notifiable Disease Surveillance System (NNDSS) maintains a list of nationally notifiable infectious diseases that are reported on weekly in the MMWR. This list is periodically updated as new pathogens emerge or incidence of disease decline. CSTE, with input from CDC, makes recommendations annually for additions, deletions and modifications to the list. Here are the updates that have been made for 2010:

**Anthrax:** The case definition has changed due to recommendations by CSTE for immediate (extremely urgent) notification for anthrax when a) source of infection is not recognized, b) a recognized bioterrorism exposure or potential mass exposure exists, c) there is serious illness of naturally-occurring anthrax. CSTE recommends immediate (urgent) notification when there is a natu-

rally-occurring or occupational anthrax, responding to treatment.

**Brucellosis:** CSTE recommends immediate (urgent) notification for multiple cases that are temporally or spatially clustered and standard notification for cases that are not.

**Cyclosporiasis:** Case definition changed.

**Dengue fever (DF):** Added to NNDL in 2010 and reported through ArboNet. Initially referred to as 'dengue fever' and the subsequently referred to as 'dengue'. Dengue fever is readopted as the preferred terminology as of January 1, 2010.

**Dengue hemorrhagic fever (DHF):** Added to NNDL in 2010 and reported through ArboNet.

**Hantavirus (HPS):** Case definition changed.

**Hepatitis C virus infection, chronic:** Renamed. Previously referred to as *Hepatitis C virus infection, past or present*.

**Malaria:** Case definition changed.

**Psittacosis (Ornithosis):** Case definition changed.

**Rabies, human:** Case definition changed. CSTE recommends immediate (urgent) notification.

**Silicosis:** Added case definition to NNDSS website. Cases are not reported via NETSS/NEDSS.

**Streptococcal disease, invasive, Group A:** Deleted from the NNDL.

**Streptococcal toxic-shock syndrome:** Case definition changed.

**Streptococcus pneumoniae, invasive disease (IPD) (all ages):** Added to NNDL. Replaced *Streptococcus pneumoniae, invasive, drug-resistant (DRSP)* and *Streptococcus pneumoniae, invasive disease non-drug resistant (IPD), in children less than 5 years of age*, which were removed from the NNDL.

**Viral hemorrhagic fever:** Added to NNDL. CSTE recommends immediate (extremely urgent) notification for suspected intentional cases & standard notification for cases other than those that are suspected intentional.

To see the complete list of nationally notifiable disease, please visit <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis2010.htm>

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.

\*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.

APRIL 2010	
KS-EDSS Indicator	Percentage complete
Address Street	78% **, #
Address City	91% **
Address County	100% **
Address Zip	91% **
Date of Birth	91% #
Died	91% †
Ethnicity	45%, †
Hospitalized	57%, #, †
Imported	n/a ††, #
Onset Date	33% *, #
Outbreak Associated	n/a ††
Race	53%, †
Sex	100%, †
Supplemental Form complete	46%

***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.*

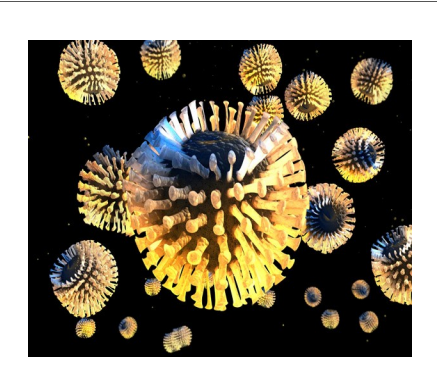
## ROTAVIRUS VACCINE EFFECTIVENESS STUDY

**I**n September of 2009, KDHE and Children's Mercy Hospital (CMH) in Kansas City, MO were selected to be a part of The New Vaccine Surveillance Network's (NVSN) acute gastroenteritis surveillance project. The NVSV was established by the Centers for Disease Control and Prevention (CDC) in 1999 to evaluate the impact of new vaccines and vaccine policies through active surveillance.

KDHE and CMH joined the three original sites, The University of Rochester in Rochester, NY, Vanderbilt University in Nashville, TN, and Cincinnati Children's Hospital Medical Center in Cincinnati, OH along with two additional sites that are funded from 2009-2011 through the American Recovery and Reinvestment Act (ARRA). Together the six-site surveillance system is known as the NVSN-Extended System.

The sites conduct population-based inpatient and enhanced outpatient surveillance for vaccine-preventable disease outcomes, applied epidemiologic and health

virus vaccines in the U.S. and capture the rotavirus disease burden in the Midwestern United States. As rotavirus is not a nationally reportable disease, active surveillance for rotavirus gastroenteritis will be very useful to the public health community.



Rotavirus particles.  
 Image from <http://www.carlgoodman.co.uk/>

Through this study KDHE and CMH are conducting systematic, active surveillance to enroll patients hospitalized at CMH with symptoms of AGE; collecting, managing, and analyzing the data; collecting vaccination histories on cases and controls; collecting stool specimens for rotavirus; and reporting demographic and socioeconomic data on children <5 years of age.

service research, and investigator-initiated studies to achieve the goals of the Network. KDHE and CMH have partnered to more completely and accurately assess the effectiveness of the licensed rota-

KDHE is very excited to be a part of this collaboration with Children's Mercy Hospital and the New Vaccine Surveillance Network-Extended System.

