

EPI UPDATES



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EpiTrax Tips and Hints

By Susan Dickman

As we continue to learn the EpiTrax system, there are some important issues and best practices that users need to be aware:

1. **Accept Your Cases.** Please remember to accept the confidential morbidity reports (CMRs) routed to your local health department's jurisdiction — we are finding a large number of CMRs that have not been accepted. To accept a CMR:
 - a. Click on the "Edit" link under the patient's name to access the CMR.
 - b. Locate the CMR status in the header. It should say "Assigned to Local Health Dept."
 - c. Click the "Accept" radio button to the **LEFT** of "Accept." The status will change from "Assigned to Local Health

Dept." to "Accepted by Local Health Dept."

- d. From here the CMR can be assigned to an investigator in the jurisdiction.
- e. The investigator will need to accept the CMR by clicking the "Accept" radio button to the **LEFT** of "Accept."

Please review **ALL** of your CMRs that have the status "Assigned to Local Health Department" to make sure you are properly investigating all cases in your jurisdiction. If you find a CMR that was migrated over from KS-EDSS that has already been investigated, please accept the CMR, assign it to an investigator, then hit "Complete" to route the case back to the Bureau of Epidemiology and Public Health Informatics (BEPHI) staff for review.

(continued on pg. 2)

CALENDAR OF UPCOMING EVENTS:

2012 CSTE Annual Conference

When: June 3–7, 2012

Where: Omaha, Nebraska at the CenteryLink Center Omaha and Hilton Omaha

Theme: Stand Up And Be Counted

Information: <http://www.csteconference.org/>

EpiTrax Bi-weekly Webinars:

When: Every other Thursday starting April 12, 2012

Time: Meetings will be offered from 9–10:30 a.m. and Noon–1:30 p.m.

Where: GoToMeeting webinar.

What: These EpiTrax training webinars will cover information on topics such as perinatal

hepatitis B investigation, animal rabies investigations, enteric and VPD investigations, and harmful algal bloom investigations. For more information please contact Susan Dickman at (785) 296-7732 or epitraxadmin@kdheks.gov.

2. Deleting CMRs. Please do not delete CMRs from EpiTrax!

Contact the EpiTrax Coordinator if you find a duplicate CMR. A log is kept of duplicates and deletions, which are resolved on a weekly basis. If a few weeks have passed and you see that a deletion has not occurred, please email epitraxadmin@kdheks.gov or give the EpiTrax Coordinator a call at 785-296-7732.

3. Set your “Events” listing to leave out closed CMRs. By doing this your default CMR listing will only include CMRs that require further investigation.

- Click on the “Events” link in the menu.
- Click on “Change View” to open the Events parameters.
- Under “Event Investigation Status” select all of the following:
 - New
 - Assigned to Local Health Dept.
 - Accepted by Local Health Dept.
 - Assigned to Investigator
 - Under Investigation
 - Investigation Complete
 - Approved by Local Health Dept.
 - Reopened by Manager
 - Reopened by State
- Check the box next to “Set as default view” and click “Change View.”

4. Rabies Cases. A webinar regarding Rabies Investigations will be held Thursday, April 26, 2012. When you have an incident where an animal bit a person, a “Rabies, animal” CMR should be created for the animal that bit the person with a “LHD case status” of “Suspect.” The human exposure should then be captured by creating a contact event under the “Contact” tab **NOT** as a separate “Rabies, human” CMR. The “Rabies, human” disease name is only used for a person with symptoms that are suspected to be due to rabies, not a healthy person who had contact with a (possibly) rabid animal.

- Create the CMR for the animal. Use the format last name “Rabid”, first name “Animal Type” (e.g. Skunk, Horse, Dog, etc.)
- Select “Rabies, animal” from the drop down in the “Disease” field on the “Clinical” tab. Click “Save and Continue.”
- Go to the “Contacts” tab and search for the person who came in contact with the animal. If the person is already in the system select the “Add a contact” link in the row containing the person’s demographic information. If the person is not in the system, scroll to the bottom of the page and select the “Add contact” link to enter their information. Hit “Save & Continue.”
- Click on the “Edit Contact” link to add information about the patient who is the contact. There is an “Animal Rabies Contact, Potential Human Exposure” form that should be filled out on the “Investigation” tab of the contact event.

PATIENT NAME	DISEASE
Rabid, Skunk <i>Morbidity Event</i>	Rabies, animal
Show Print Delete Add Task Add Attachment Export to CSV Create a new event from this one Events	

[Disable Tabs]

Demographic	Clinical	Laboratory	Contacts	Epidemiological	Reporting	Investigation	Notes
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Contact Information [Hide]

Contacts

Name

Name
↑ Crawley, Gretchen
↓ Phone

Disposition Disposition date

Contact type Remove [Show Contact](#) | [Edit Contact](#)

[Add a contact](#)

[↑ Return to top](#)

- Use this same process to capture information on animals that were exposed as contacts to the suspected animal. For animal contacts use the “Animal Rabies Contact, Potential Animal Exposure Form” on the “Investigation” tab of the contact event.

Route to Local Health Depts.

5. Routing vs. Rejecting a CMR. If a case routed to your jurisdiction belongs to another local health department's jurisdiction, please do not reject the case. Instead, you can route the case to that jurisdiction.

- Click on the "Route to Local Health Depts." link under "Jurisdictions" and select the correct county from the "Investigating Jurisdiction" drop down (not the check boxes) box.
- Whether you are routing a CMR to a new jurisdiction or rejecting a CMR, make sure you add a "Brief note" so that the new jurisdiction or BEPHI staff will know why the CMR is in their event list. "Brief Notes" can be viewed on the "Notes" tab of the CMR.
- If you do chose to reject a CMR when you click "Reject" under "Action required," the system will bring up a pop-up box that says "Are you sure?" to verify that the CMR should be rejected. If you are not sure, hit the cancel button. If you accidentally reject a CMR, please send an email to epitraxadmin@kdheks.gov or call the EpiTrax Coordinator at 785-296-7732 so that the CMR can be routed back to your jurisdiction.
- CMRs the were completed prior to migration from KS-EDSS and CMRs with a case status of "Not a Case" should still be accepted and routed on the BEPHI staff to be closed. **They should not be rejected.**

6. Routing an out of state case.

- For an out of state case, you can update the address under the "Address" section on the "Demographics" tab in the CMR and add a note under "Notes" tab.
- Then in the header under "Jurisdiction" select "Out of State" from the "Investigating Jurisdiction" drop down. Please follow existing protocol for contacting the other state to make them aware of the case.

7. Searching for a Clinician, Diagnostic Facility, Place Type or Reporting Agency.

When searching or adding a clinician, diagnostic facility, place type or reporting agency please remember that we will **NEVER** enter a "Place" using only the initials of the place (i.e., KUMC, SMMC, KDHE, etc.) so you should not search using initials. Please **write out** the name or part of the name of the facility when you search. If you are not sure about how a clinician, diagnostic facility, place type, or reporting agency will appear, or if you cannot locate one that you are fairly certain should already exist (i.e. You search "University of Kansas Medical Center" or "KUMC", but the correct search is actually the "University of Kansas Hospital"), please call or email epitraxadmin@kdheks.gov for assistance.

Additionally, remember you must **always** search for a clinician, diagnostic facility, place type, or reporting agency before adding them into EpiTrax. If you just add the information in because you know it, but do not search, you will create a duplicate 'Place' in the system.

Reporting Information [Hide]

Analysis of the Relationship between Kansas Counties with a Rabies Vaccination Law and Those without Laws — By Chelsea Raybern, MPH

Kansas does not have a statewide rabies vaccination law; however, many counties and municipalities have adopted their own ordinances. The February *Epi Updates* Newsletter provided the results of counties with and without rabies vaccination laws for dogs and cats. This month we will discuss the results of our analysis on the relationship between county laws and rabid animals and county laws and vaccination status of animals.

Rabies test data was obtained for all dogs, cats, and ferrets from Kansas submitted to the Kansas State University Rabies Laboratory from 2006-2010. We evaluated data from counties with a known vaccination law (n = 102) based on rabies test result (positive, negative, unsuitable) and vaccination status (current, out-of-date, not vaccinated). Table 1 shows that 0.5% of dogs submitted from counties with a dog rabies vaccination law were positive for rabies compared to 0.3% of dogs submitted from counties with no dog rabies vaccination law. It also displays that 1% of cats submitted from counties with a cat rabies vaccination law were positive for rabies compared to 2.4% of cats submitted from counties with no cat rabies vaccination law. Table 2 shows that 53.9% of dogs submitted from counties with a dog rabies vaccination law were vaccinated against rabies compared to 35.2% of dogs submitted from counties with no dog rabies vaccination law. It also displays that 21.8% of cats submitted from counties with a cat rabies vaccination law were vaccinated against rabies compared to 11.9% of cats submitted from counties with no cat rabies vaccination law. Among all the dogs and cats submitted to the KSU

Table 1: Test results of dogs and cats submitted from counties with a known vaccination law status from 2006-2010.

DOGS			CATS		
	Counties with Dog Law N=961	Counties with No Dog Law N=708		Counties with Cat Law N=954	Counties with No Cat Law N=1,063
Negative	937 (97.5%)	692 (97.7%)	Negative	932 (97.7%)	1,028 (96.7%)
Positive†	5 (0.5%)	2 (0.3%)	Positive*	10 (1%)	25 (2.4%)
Unsuitable	19 (2%)	14 (2%)	Unsuitable	12 (1.3%)	10 (0.9%)

*Statistically significant at 95% CI level.

†Not statistically significant at 95% CI level.

Table 2: Vaccination status of dogs and cats submitted from counties with a known vaccination law status from 2006-2010.

DOGS			CATS		
	Counties with Dog Law N=503	Counties with No Dog Law N=477		Counties with Cat Law N=349	Counties with No Cat Law N=572
Current*	271 (53.9%)	168 (35.2%)	Current*	76 (21.8%)	68 (11.9%)
Out-of-date	116 (23.1%)	143 (30%)	Out-of-date	82 (23.5%)	96 (16.8%)
Not vacc	116 (23.1%)	166 (34.8%)	Not vacc	191 (54.7%)	408 (71.3%)

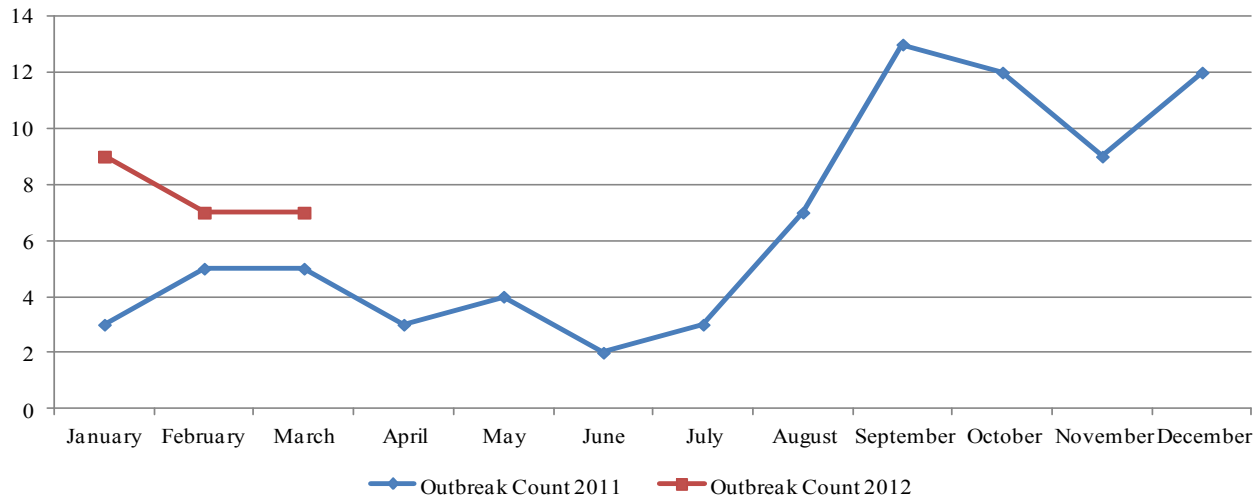
*Statistically significant at 95% CI level.

Rabies Lab from 2006-2010, there were only 75% (446/595) of dogs and 25% (149/595) of cats that were vaccinated against rabies in Kansas. However, it is important to note that a limitation of this particular study includes the source of the data to obtain rabies vaccination rates. These animals were submitted to the KSU Rabies Laboratory because they were suspected to have rabies. Rabies is more likely to be suspected in animals that have never been vaccinated or are not currently vaccinated; therefore, the vaccination rates may be lower in this population.

This study shows that among samples submitted to the KSU Rabies Lab, vaccination rates are much higher in dogs than in cats in Kansas. It shows that there are more dogs vaccinated against rabies and more rabies-positive dogs in counties with a dog rabies vaccination law than in counties with no dog vaccination law, but the latter is not statistically significant. In addition, there are more cats vaccinated against rabies and fewer rabies-positive cats in counties with a cat rabies vaccination law than in counties with no cat vaccination law. A rabies vaccination requirement of all dogs and cats in Kansas would be beneficial in increasing the number of vaccinated animals and reducing the number of rabies-positive domestic animals.

MONTHLY OUTBREAK SUMMARIES

Number of Outbreaks Reported to IDER by Report Month



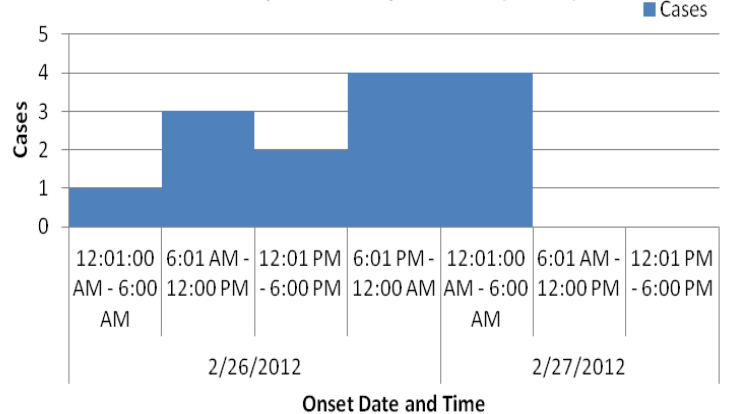
Facility Type	Organism	Transmission	County	Outbreak Status	Reported Date
Adult care facility	Norovirus	Person-to-Person	Sedgwick	Closed	3/1/2012
Other	Unknown-GI	Person-to-Person	Seward	Closed	3/1/2012
School or college	Pertussis / Parapertussis	Person-to-Person	Nemaha	Active	3/7/2012
Other	Norovirus	Indeterminate / Other / Unknown	Johnson	Active	3/14/2012
School or college	Norovirus	Indeterminate / Other / Unknown	Riley	Closed	3/15/2012
Adult care facility	Norovirus	Person-to-Person	Johnson	Active	3/22/2012
Child care center	Unknown-GI	Indeterminate / Other / Unknown	Johnson	Active	3/28/2012

Private Home Norovirus Outbreak – Douglas County

Douglas County Health Department (DCHD) was notified on February 27 about a potential outbreak associated with attending a private party on February 25. In response to this report the DCHD and the Kansas Department of Health and Environment (KDHE) initiated an investigation. Information was collected from all 22 attendees of the private party. A case was defined as an individual who attended the private party on February 25 and subsequently developed vomiting or diarrhea. Fifteen individuals reported being ill and 14 met the case definition. - Jamie DeMent

- One individual reported being ill prior to attending party (excluded from analysis)
- No food items were statistically associated with illness
- Incubation period ranged from 11.5 – 38 hours with a median of 28 hours
- Duration was reported by four individuals and ranged from 12-17 hours with median of 13.5 hours and 9 individuals reported still being ill at time of the interview
- Age of cases ranged from 1-59 years of age with a median of 9.5 years of age
- 50% of cases were female
- One stool specimen was submitted and tested at the Kansas Health and Environmental Laboratories and was positive for Norovirus

Onset Information for Cases Associated with Attending Private Party on February 25, 2012 (n = 14)



	EpiTrax Breakdown of Disease for March 2012					Count	Average 09-11
	Not Yet Classified	Confirmed	Not a Case	Probable	Suspect		
Disease	Count	Count	Count	Count	Count	Count	Average 09-11
Amebiasis (<i>Entamoeba histolytica</i>)	-	-	-	1	-	1	2
<i>Anaplasma phagocytophilum</i> (f. HGE)	-	-	-	-	1	1	1
Babesiosis	-	-	-	-	1	1	0
Campylobacteriosis	1	15	-	-	28	44	38
Cryptosporidiosis	1	3	-	5	1	10	7
Giardiasis	1	3	-	1	5	10	15
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	1	3	-	-	-	4	2
Hantavirus Pulmonary Syndrome (HPS)	-	-	1	-	2	3	0
Hepatitis A	2	1	2	8	38	51	27
Hepatitis B Pregnancy Event	3	-	-	-	-	3	n/a
Hepatitis B virus infection, chronic	1	4	2	28	1	36	36
Hepatitis B, acute	2	-	-	3	-	5	4
Hepatitis C virus, past or present	2	174	-	-	28	204	172
Hepatitis C, acute	-	-	-	1	-	1	1
Hepatitis, viral other	-	1	-	-	-	1	n/a
Legionellosis	-	-	-	2	-	2	2
Listeriosis	-	-	-	-	1	1	0
Lyme Disease (<i>Borrelia burgdorferi</i>)	-	-	2	1	9	12	8
Measles (rubeola)	-	-	-	-	1	1	0
Meningitis, Bacterial Other	-	-	-	-	4	4	2

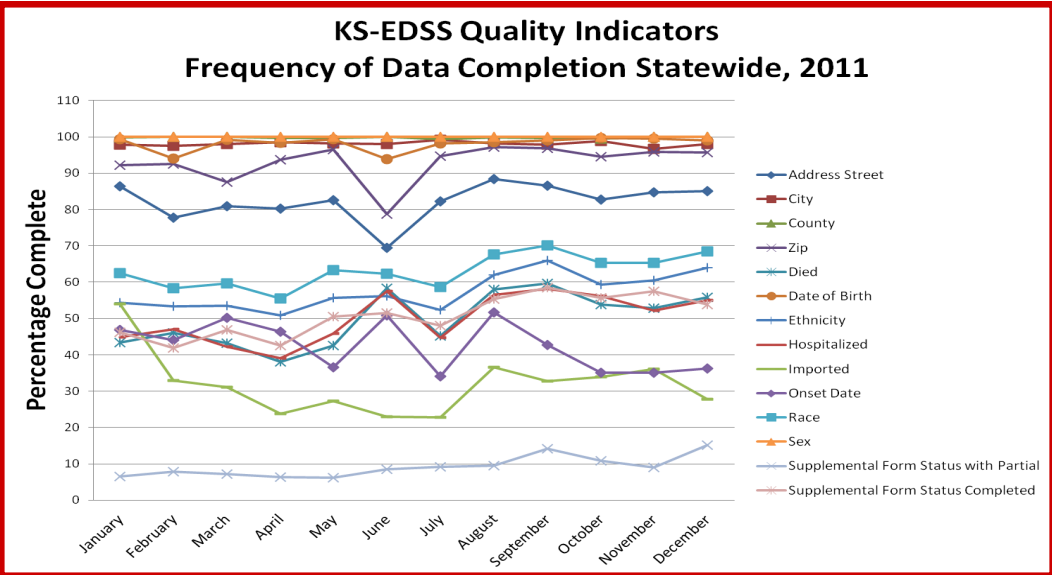
EpiTrax Breakdown of Disease for March 2012							
	Not Yet Classified	Confirmed	Not a Case	Prob-able	Suspect		
Disease	Count	Count	Count	Count	Count	Count	Average 09-11
Meningococcal disease (<i>Neisseria meningitidis</i>)	-	1	-	-	-	1	1
Mumps	2	-	-	-	3	5	5
Norovirus	1	5	-	22	7	35	34
Outbreak Case - Unknown Etiology	-	-	-	-	2	2	14
Parapertussis	-	3	-	-	-	3	n/a
Pertussis	1	6	3	2	40	52	54
Q Fever (<i>Coxiella burnetti</i>), Acute	-	-	1	-	2	3	0
Q Fever (<i>Coxiella burnetti</i>), Chronic	-	-	-	-	2	2	0
Rabies, animal	2	7	-	-	2	11	11
Salmonellosis	1	19	-	-	-	20	21
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	1	4	-	-	1	6	4
Shigellosis	2	7	-	-	-	9	16
Spotted Fever Rickettsiosis (RMSF)	1	-	-	-	7	8	4
Streptococcal disease, invasive, Group A	-	6	-	-	-	6	4
<i>Streptococcus pneumoniae</i> , invasive disease	1	11	-	-	1	13	14
Transmissible Spongiform Enceph (TSE / CJD)	-	-	1	-	-	1	3
Tularemia (<i>Francisella tularensis</i>)	-	-	-	-	1	1	0
Varicella (Chickenpox)	23	3	1	15	10	52	70
West Nile virus non-neuroinvasive disease	-	-	2	-	-	2	3
Grand Total	59	276	15	89	198	637	

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



DATA QUALITY INDICATORS

KDHE BEPHI has been emailing local health department users and administrators their county level quality indicator. The Bioterrorism Regional Coordinators also received a copy of the regional breakdown of the quality indicators. The report includes the county's preliminary data for the previous month. Now that EpiTrax has replaced KS-EDSS, we plan to revisit this quality indicator report and determine what changes and improvements should be made. No indicators will be emailed for March until this process has occurred. Below are two charts showing the 2011 monthly data completeness for each indicator and the 2011 average data completeness by indicator at the state level. Please email vbarnes@kdheks.gov if you have questions.



KDHE Mission:
To Protect and Improve the Health and Environment of all Kansans

Our Vision
Healthy Kansans living in safe and sustainable environments.

