

Bureau of Epidemiology & Public Health Informatics



EPI UPDATES

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Food Complaint Reports

by Daniel Neises, MPH

The Kansas Department of Health and Environment (KDHE) and the Kansas Department of Agriculture (KDA) partnered to launch a new food-related complaint website, FoodSafetyKansas.org. It can be used to submit food-related illness (food poisoning) complaints regarding restaurants, events like wedding receptions or potlucks, or food items purchased at a grocery or convenience store. It can also be used to submit complaints about food establishments that did not cause an illness, such as observed problems with pests or lack of employee handwashing.

KDA handles complaints that do not involve illness, and performs inspections of all restaurants for which a complaint was submitted. KDHE processes illness complaints and begins an outbreak investigation if the complaint involves multiple people from multiple households, and those people have nothing else in common that could have caused their illnesses.

The goal of FoodSafetyKansas.org is to improve accessibility and reduce the number of anonymous complaints. Anonymous complaints hurt KDHE's ability to start an investigation and confirm an outbreak.

When local health department staff receive food-related complaints, they may access FoodSafetyKansas.org to file the complaint, or direct the complainant to self-report via the website. KDHE and KDA will receive a notification that the complaint has been filed and investigate as needed.



Clostridium perfringens



Escherichia coli

<https://www.cdc.gov/foodsafety/foodborne-germs.html>

Food Safety Kansas



Fruits and vegetables image courtesy of CDC/Mary Anne Fenley

Report a food-related illness or complaint

- Did you get sick from something you ate?
- Did you attend an event where people became ill?
- Is there a problem with a restaurant you visited or food item you purchased?

Kansas Department of Health & Environment and Kansas Department of Agriculture work cooperatively to investigate foodborne illness outbreaks.



Report illness caused by a restaurant, food item, or event

— Call 877-427-7317

— Or  [File an Online Report](#)



Report a problem with a restaurant or food that **did NOT** cause illness

—  [File an Online Report](#)

— Email kda.fsl@ks.gov

— Or call 785-564-6767



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. Many indicators and performance measures have improved since last month. Great work! Follow up status was unable to be calculated because of the upgrade to the new Pentaho reporting system. We are in the process of updating the investigation forms to capture this information more easily. 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.

November 2017		State's Total Number of Cases* = 236	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	234	99	
Address County	236	100	
Address Zip	230	97	
Date of Birth	236	100	
Died	221	94	
Ethnicity†	213	90	
Hospitalized	217	92	
Occupation	190	81	
Onset Date	196	83	
Pregnancy††	99	85	
Race †	218	92	
Sex †	235	100	
Date LHD Investigation Started	208	88	
Date LHD Investigation Completed	192	81	
Persons Interviewed			
Persons Lost to Follow-Up			
Persons Refused Interview			
Persons Not Interviewed			
	Number of Cases	Percent of Cases	
Disease control measures began within the target for each disease [^]	188	80	
Case investigations were completed within the target for each disease [^]	117	50	

* 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.

[^] See the table on the following page for disease control and case investigation targets.

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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)

Monthly Disease Counts

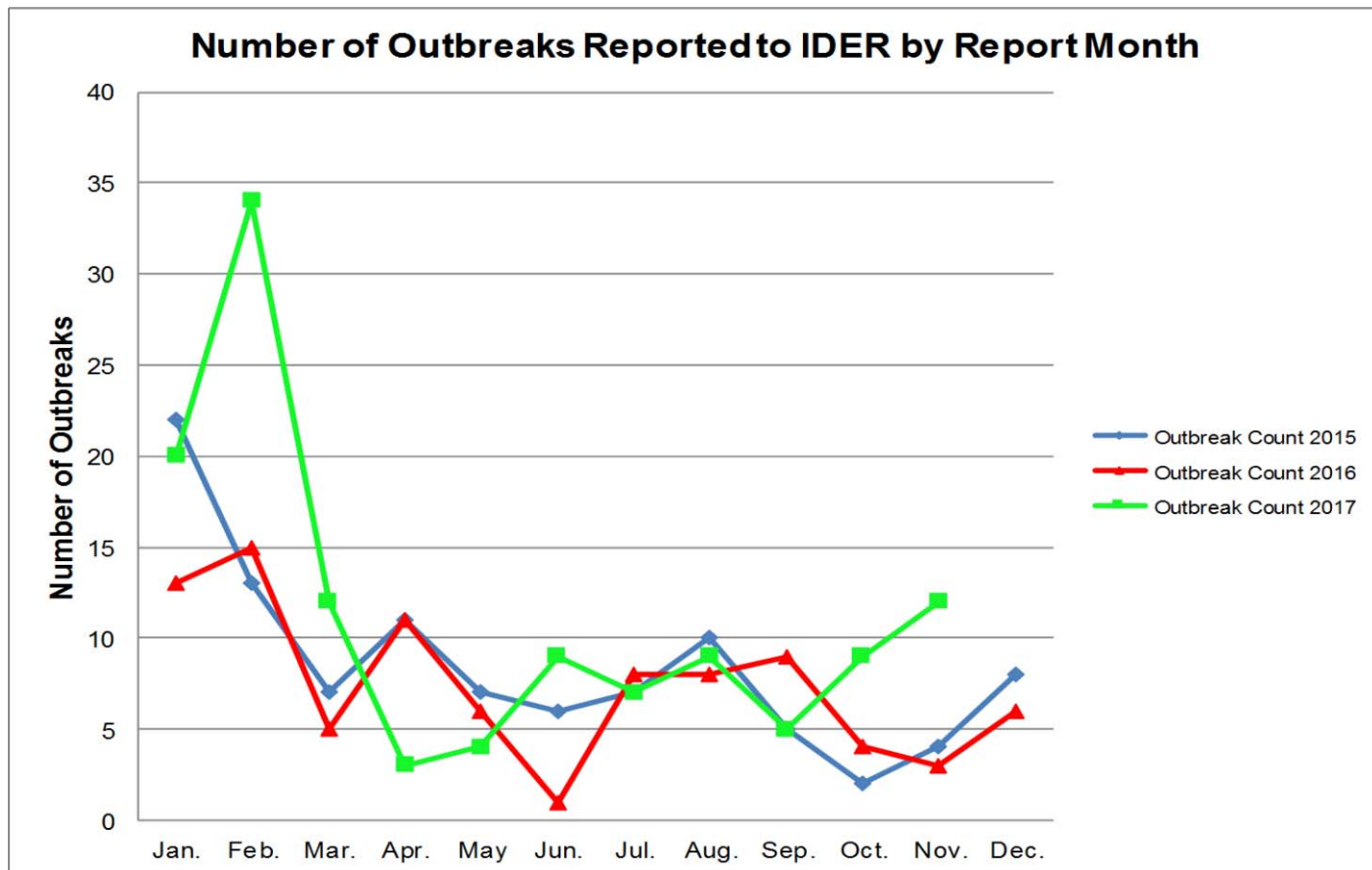
Please refer to the Cumulative Case Reports of Diseases (http://www.kdheks.gov/epi/case_reports_by_county.htm) for current case count information.

New KDHE Universal Laboratory Specimen Submission Form and KS-TRAIN Course

by Daniel Neises, MPH

The KDHE Laboratories (KHEL) recently updated its universal laboratory specimen submission form. The new form includes test options that were not previously listed, such as new molecular testing options. The new form also makes it easier to indicate when a specimen is associated with a patient that is being excluded from work or daycare. For more information, please see the KS-TRAIN course, "KHEL: New Universal Sample Submission Form Overview (1073306)" at <https://www.train.org/ks/course/1073306/>.

Outbreaks Report



Date Reported	Facility Type	Transmission	Disease	County
11/3/2017	Child care center	Indeterminate / Other / Unknown	Unknown Etiology	Saline
11/9/2017	Hospital	Food	Listeriosis	Sedgwick
11/9/2017	Adult care facility	Person-to-Person	Influenza	Finney
11/10/2017	School or college	Person-to-Person	Norovirus	Sedgwick
11/14/2017	Child care center	Person-to-Person	Pertussis	Sedgwick
11/14/2017	Restaurant - Sit-down dining	Food	Unknown Etiology	Sedgwick
11/15/2017	School or college	Person-to-Person	Pertussis	
11/20/2017	Hospital	Person-to-Person	Carbapenem-resistant Enterobacter species	Sedgwick
11/20/2017	Hotel or motel	Water	Legionellosis	Logan
11/21/2017	Hospital	Person-to-Person	Meningitis, Bacterial Other	Sedgwick
11/29/2017	Hospital	Person-to-Person	Methicillin- resistant Staphylococcus (MRSA)	Sedgwick
11/30/2017	Restaurant - Sit-down dining	Food	Unknown Etiology	Reno

Kansas Disease Investigation Guideline Updates



The following disease guidelines have been reviewed and updated. The disease guidelines can be accessed at www.kdheks.gov/epi/disease_investigation_guidelines.htm.

- Meningococcal Investigaiton Guideline
- Tularemia Investigation Guideline

ARE YOU GETTING THE MOST RECENT DISEASE INVESTIGATION GUIDELINE?

When opening the updated guideline, make sure that the “Revised” date listed on the webpage matches the “Current version” date of the guideline. You will find the version date listed on the cover page of the document and in the lower, left had corner of every page of the document.

Meningococcal Investigation Guideline (Revised 11/17)	Effective Date: 03/2009	Published Date: 12/01/2017
	Current version: 11/2017	Last Updated: 11/30/2017

If you are not loading the most current version, you may need to clear your browser's cache, also known as temporary internet files. Each browser has a different process for clearing their cache. Internet and local IT resources should be able to assist you with this issue.

2018 Kansas Infectious Disease Conference

Plans are underway for the [2018 Kansas Infectious Disease Symposium](#) to be held May 10-11, 2018 at the Embassy Suites by Hilton Kansas City/Olathe Hotel & Conference Center in Olathe, Kan.

Nearly 300 public health leaders, first responders, law enforcement and health care providers from around the region are expected to attend and learn how infectious diseases are contained and managed in the state of Kansas and the Mid-west. The Kansas Department of Health and Environment will offer pre-conference surveillance training on May 9.

If you're interested in exhibiting or being a sponsor at next year's conference, contact Tiffany Wallin at 913-826-1252 or send an email to Tiffany.Wallin@jocogov.org. Registration for this event will begin in early 2018 on Kansas TRAIN.

