

EPI UPDATES

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UPDATED RECOMMENDATIONS FOR TDAP

The Advisory Committee on Immunization Practices (ACIP) has come out with updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, or Tdap.

For routine use, adolescents aged 11 through 18 years who have completed the recommended childhood diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP) vaccination series and adults aged 19 through 64 years should receive a single dose of Tdap. Adolescents should preferably receive Tdap at the 11 to 12 year-old preventive health-care visit.

Tdap can be administered regardless of interval

since the last tetanus- or diphtheria-toxoid containing vaccine.

Adults aged 65 and older who have or anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap. Other adults in this age group range may also be given a single dose of Tdap.

Children aged seven through 10 who are not fully vaccinated against pertussis* and for whom no contraindications to pertussis vaccine exists should receive a single dose of Tdap. Those never vaccinated against tetanus, diphtheria, or pertussis or who have unknown vaccination status should receive a series of three vaccinations containing tetanus and diphtheria

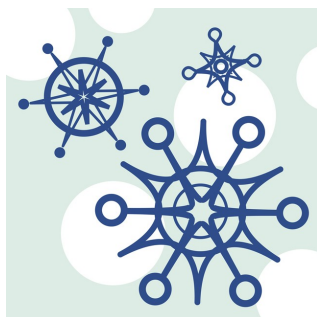
toxoids. The first of these three doses should be Tdap.

More details may be found in the Morbidity and Mortality Weekly Report (MMWR) on the Centers for Disease Control and Prevention website at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e%0d%0a

* Fully vaccinated is defined as five doses of DTaP or four doses of DTaP if the fourth dose was administered on or after the fourth birthday.

- article submitted by Jennifer Schwartz

CALENDAR OF UPCOMING EVENTS:



KS-EDSS Training:

If you are interested in having KDHE staff come to a regional meeting to provide KS-EDSS training, please contact Susan Dickman at (785) 296-7732 or sdickman@kdheks.gov



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

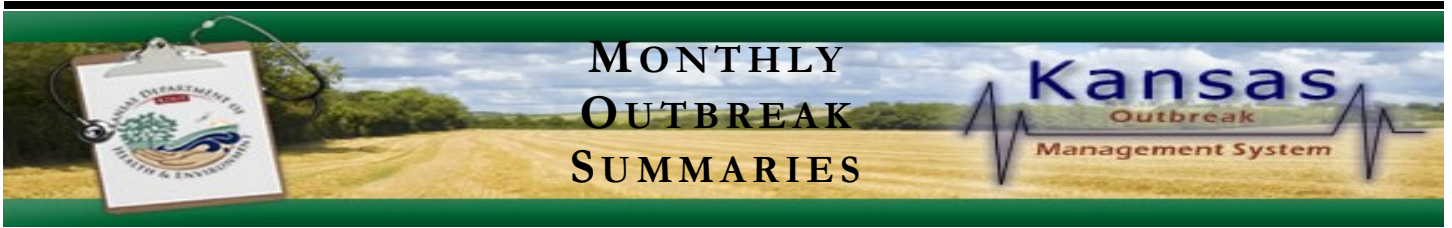
Contact ybarnes@kdheks.gov with details.

Breakdown of the 492 Cases* in KS-EDSS by Disease	December 2010	Average 07-09
Calicivirus/Norwalk-like virus (norovirus)	9	2
Campylobacter	29	21
Cryptosporidiosis	6	4
Diphtheria	1	0
Ehrlichiosis, Anaplasma phagocytophilum	1	0
Ehrlichiosis, Ehrlichia chaffeensis	1	0
E. coli O157:H7	6	2
E. coli shiga toxin + (not serogrouped)	2	2
E. coli shiga toxin + (serogroup non-O157)	1	0
Giardiasis	9	11
Haemophilus influenzae, invasive	2	1
Hemolytic Uremic Syndrome, post-diarrheal	1	0
Hepatitis A	37	18
Hepatitis B, acute	5	7
Hepatitis B, chronic	37	35
Hepatitis C virus, chronic	147	127
Hepatitis C, acute	1	1
Influenza, A & B	1	1
Legionellosis	2	2
Lyme Disease	8	10
Malaria	2	1
Meningitis, other bacterial	2	1
Mumps	3	7
Pertussis	54	45
Q Fever	1	0
Q Fever, acute	1	0
Rabies, Animal	1	8
Rubella	2	0
Salmonellosis	20	27
Shigellosis	22	18
Spotted Fever Rickettsiosis (RMSF)	4	8
Streptococcal disease, invasive, Group A	3	3
Streptococcus pneumoniae, invasive	8	11
Tetanus	1	0
Transmissible Spongiform Encephalitis (TSE/CJD)	1	0
Tularemia	1	0
Varicella	55	85
West Nile, non-nurological (included WN Fever)	2	2



** Cases reported include cases with the case classifications of Confirmed, Probable, Suspect, and Not a Case.*





Johnson County Norovirus - On December 22, Johnson County Health Department (JCHD) was alerted to a potential outbreak of gastrointestinal illness at a long term care facility. The investigation revealed 48 cases of vomiting and diarrhea among residents and staff. Three stool specimens were obtained and 2 tested positive for norovirus. Johnson County Environmental Department and the JCHD worked with the facility to ensure proper cleaning and control methods were being utilized, which interrupted the transmission of the disease. -R.G.

Shawnee County Gastroenteritis - On January 5, 2011, The Kansas Department of Agriculture (KDA) was notified of a possible outbreak of gastrointestinal illness among coworkers who ate to-

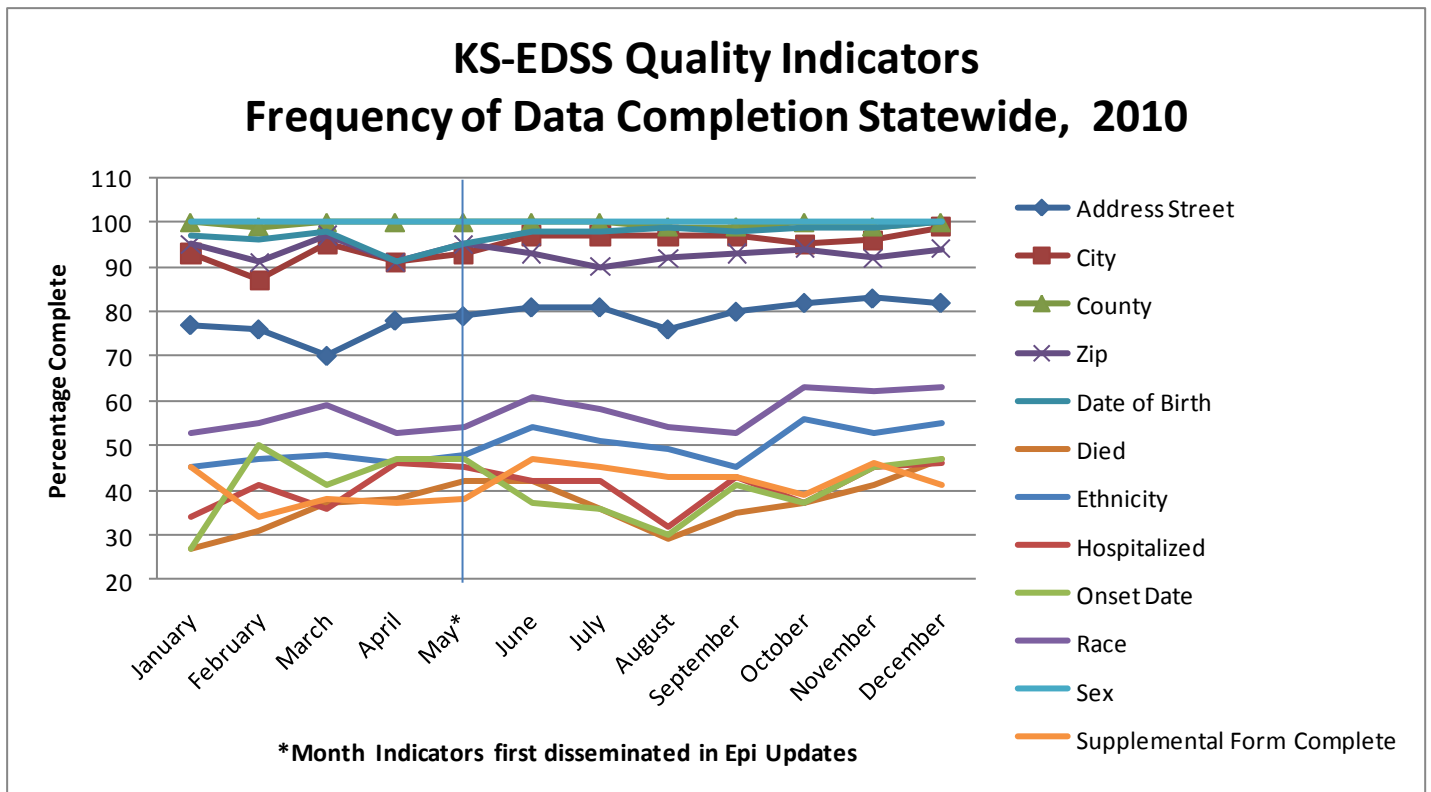
gether at a Shawnee County restaurant. The preliminary complaint indicated that 10 individuals ate lunch on December 22, and later became ill with vomiting and diarrhea. A self-administered questionnaire was distributed to the coworkers; all 10 completed the survey, and all met the case definition of illness (vomiting and/or diarrhea – 3 or more loose stools in 24-hr period – after eating the 12/22 meal). The median incubation period was 35 hours, and the median duration of illness was 61 hours. Due to the delay from the time of the meal to the time the outbreak was reported, no stool specimens could be collected to determine the cause of illness. The symptoms, incubation period, and duration of illness suggest norovirus infection.

No food item could be conclusively associated as the cause of illness.—D.N.

Johnson County Norovirus— On December 28, 2010, the KDA notified KDHE about a possible foodborne disease outbreak. Johnson County, KDA, and KDHE initiated an outbreak investigation. Fifteen individuals had eaten dinner together at a restaurant on December 26, 2010. Eight individuals reported becoming ill with gastrointestinal illnesses within 4 - 16.5 hours (median 4 hours) of consuming food at the restaurant. Common symptoms included vomiting, diarrhea, and abdominal pain. Six individuals had recovered by the time of interview. Duration of illness was 3.5 - 40 hours (median 23 hours). No clinical specimens

were collected so the etiologic agent could not be determined. JCED inspected the restaurant and eight critical violations were observed, including inadequate hot and cold holding of foods, open drinking cup next to the cooking line, improper glove use, dirty food contact surfaces, no proper date marking, no hot water in dish area, and demonstration of food safety knowledge because of receiving more than five critical violations. A follow-up inspection is scheduled. No employees reported any illnesses. - S.A.

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



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

B EPHI has implemented a set of monthly quality indicators to encourage data quality improvement in KS-EDSS. A table of the previous month's state-wide percentages will be included in this newsletter each month. Eventually, 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. Fields in bold green have improved since the previous month. Frequency of completion has declined in italic blue fields. All other fields in have not changed since the previous month.

- V.B.

*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.

†† This frequency will be available for 2011 data.

DECEMBER 2010

KS-EDSS Indicator	Percentage complete
Address Street	82% **, #
Address City	99% **
Address County	100% **
Address Zip	94% **
Date of Birth	100% #
Died	47% †
Ethnicity	55%, †
Hospitalized	46%, #, †
Imported	n/a ††, #
Onset Date	47% *, #
Outbreak Associated	n/a ††
Race	63%, †
Sex	100%, †
Supplemental Form Complete	41%