



EPI UPDATES

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Rabid Bits and Bytes – Summer Camps, Wild Animals, and Rabies

By Jamie DeMent

Summer camps are occurring all over the state of Kansas this summer. These camps offer opportunities to experience the great outdoors, learning new skills, having fun, and potential exposure to rabid animals. During the summer of 2010, several counties in Kansas worked to identify individuals that may have been exposed to bats while attending a camp in Barton County. During the investigation we discovered that bats had been sighted during the night while campers slept in cabins and were unreported to the facility. Due to these sightings the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics made recommendations that 88 individuals receive post exposure prophylaxis for a potential rabies exposure.

Local health departments should identify a point-of-contact for each camp facility in their county and provide information on reporting procedures for outbreaks and reportable diseases (i.e. county-specific phone numbers and the Epidemiology Hotline). In addition, provide information regarding rabies prevention, specifically how to avoid exposures to wild animals and bats. Bat education should be a routine part of a camp safety briefing to include information about bat avoidance, reporting bats in facilities and what to do if campers come into direct contact with a bat. If bats are seen in buildings that are occupied by sleeping unattended children, attempts should be made to capture the bat and submit for testing. Testing the bat can reduce the need for PEP.

Providing guidance to clinicians regarding appropriate use of PEP is critical. A risk assessment should be used to determine if an individual was exposed to a potentially rabid animal. Assessing the situation can be difficult; information on the animal, type of exposure (bite or non-bite), the circumstances of the incident, and the vaccination status of the animal should all be taken into account when making the decision to start PEP.

Resources for camping facilities and your community include:

<http://www.cdc.gov/rabiesandkids/> - provides educational information that is kid friendly

http://www.kdheks.gov/epi/human_animal_health.htm - provides Kansas specific guidelines

http://www.kdheks.gov/epi/disease_reporting.html - provides Kansas Disease Reporting information

In addition to these links if you have a facility that is interested in showing a brief informative clip about bats and rabies, please contact Dr. Ingrid Garrison igarrison@kdheks.gov or Jamie DeMent jdement@kdheks.gov and we will get you a copy.

Have a safe and fun summer!

CALENDAR OF UPCOMING EVENTS:



KS-EDSS Case Review Protocol Implementation

When: Monday, August 1, 2011

Details: KDHE and local health department users will implement new protocol for case review when closing cases. This is not retroactive.

Please contact Susan Dickman at 785-296-7732 or ksead@kdheks.gov for more information.

Public Health Informatics 2011 Conference

When: August 21-24, 2011

Where: Atlanta, GA, Hyatt Regency Atlanta— Downtown

Details: The theme this year is *Engaging, Empowering, Evolving...Together*, as the best of the public health and health informatics communities meet in one place to invest in the future of

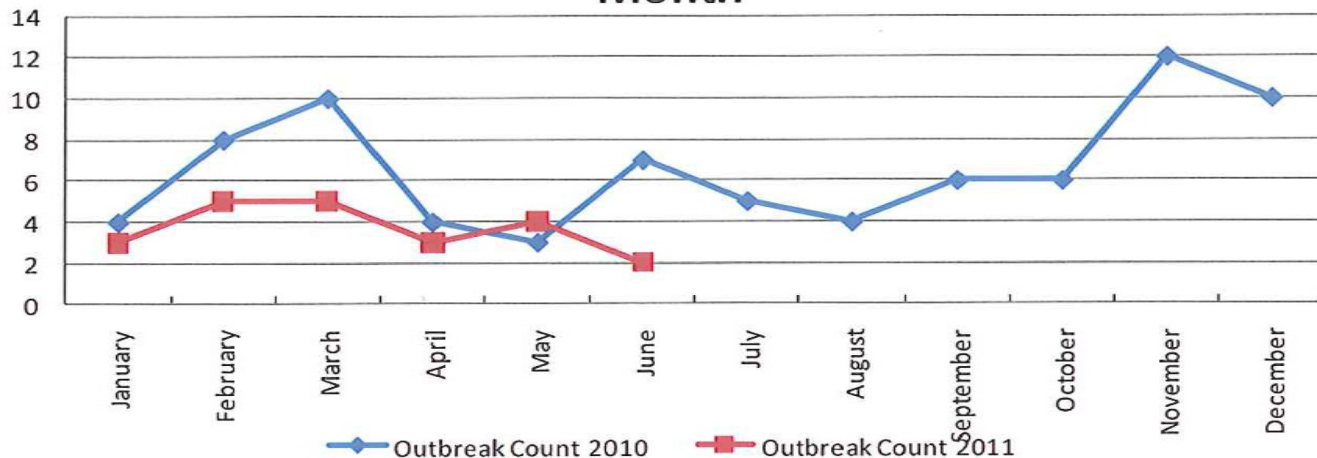
public health informatics and every discipline it may touch. For more information visit <http://www.cdc.gov/phiconference/index.html>

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

Contact vbarnes@kdheks.gov with details.

MONTHLY OUTBREAK SUMMARIES

Number of Outbreaks Reported to IDER by Report Month



Outbreaks Reported: 2

Facility Name	Facility Type	Organism	County
Private Home	Private Home	Pertussis	Ford
Private Home	Private Home	Varicella	Sedgwick



Ford County Pertussis — On June 10, 2011, KDHE’s Infectious Disease and Epidemiologic Response (IDER) team was notified of a child that had tested positive for *Bordetella Pertussis* by PCR. Ford County Health Department (FCHD) was notified of this case. After conducting further investigation, 13 cases have been reported since May 5: five confirmed, two probable and six suspect cases. Ages range from one month – 68 years old with a median age of 34 years. To date, two cases have been hospitalized and no deaths have been reported. FCHD has responded by providing treatment and prevention recommendations to the families of the ill children and adults as well as to families of individuals who were identified as susceptible contacts. This investigation is continuing and surveillance for additional cases is ongoing.

Sedgwick County Varicella — On June 29, 2011, KDHE IDER team was notified by a physician’s office of a confirmed varicella case. Sedgwick County Health Department (SCHD) was notified of this case and after further investigation, eight additional cases were identified. All cases were confined to one family consisting of nine children who all were unvaccinated. All children are home schooled and do not attend daycare. The cases ranged from age 21 months to 12 years with onset dates that ranged from April 26, 2011 to May 5, 2011. One child was hospitalized. Due to the delay in reporting, SCHD responded by providing education regarding varicella to the family. There were no other susceptible contacts identified outside of the immediate family.

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

To report an outbreak call the Epi Hotline:
1-877-427-7317

Disease Name Updates in KS-EDSS

There have recently been a few disease names that have been updated in the “Disease Name” drop-down in KS-EDSS:

- “Enterohemorrhagic Escherichia coli O157:H7” has been changed to “Enterohemorrhagic Escherichia coli O157”
- “Enterohemorrhagic Escherichia coli (EHEC)” and “Enterohemorrhagic Escherichia coli (Type Unknown)” should no longer be used
- “Arbovirus, other” has been added to the list
- “Meningococcemia” has been updated to “Meningococcal Disease (Neisseria meningitidis)” and “Meningitis, Neisseria meningitidis” should no longer be used.



KS-EDSS Frequently Asked Questions:



Here are some answers to questions about finding information about labs in KS-EDSS.

Q. How do I find the physician's contact information?

- A.** When looking for physician's contact information there are a number of places that you can look.
1. Under the **Referrer** tab, you can find not only the "Name of Reporting Facility", but information on the primary or attending physician's name, and phone number
 2. Under the **Lab Reports** tab, after the "Lab Report Date", you can find the ordering provider name, phone number and facility
 3. Under the **Notes** tab there may be additional notes placed there regard-

ing the doctor and contact phone number. If after going through these three places, you still cannot find the physician's contact information, please

4. Call Mary Aker, at 785-291-3313.

Q. I received a lab from a doctor's office (or hospital), but the case is not in KS-EDSS, what do I do with it? Do I create a new case?

- A.** All labs are entered by KDHE personnel. Please fax the lab to KDHE at 1-877-427-7318. You can create a case, however, under case classification, the case is considered **Suspect** until the lab is entered. KDHE personnel will change the "Case Classification" depending upon the lab results they enter into KS-EDSS and will notify you of the change.

Q. How do I view a lab result in KS-EDSS?

- A.** To view a lab result, click on the **Lab Reports** tab. Click on the "Edit" button that is to the right of the lab report you want to view. Scroll clear to the bottom of the page to view the Test Results.



If at any time you have additional questions or need help with KS-EDSS, please give Susan Dickman, the KS-EDSS Coordinator, a call at 785-296-7732 or email her at ksedssadmin@kdheks.gov.

Kindergarten Immunization Coverage Survey Summary

The Kansas Certificates of Immunizations (KCIs) and other immunization records for children enrolled in a kindergarten class in Kansas public and private schools during the 2010-2011 school year were collected and evaluated for immunization coverage. Vaccination coverage levels were calculated for children at the time of school entry and 30 days following school entry. Children who were between the ages of five and seven years on the first day of the school year were included in the study. Two types of exemptions from school immunization requirements – medical and religious – are permitted in Kansas, and only those who were not exempt were included in the analysis. In total, there were 792 schools, 690 public and 102 private, included in the analysis, which consisted of a representative sample of 14,449 children from both public and private schools.

Coverage at Kindergarten Entry

The statewide coverage levels at school entry (i.e., on the first day of school for the 2010-2011 academic year) for all vaccinations required for school entry (DTaP5, Polio4, MMR2, Var2, HepB3) were above 87%, with HepB3 having the highest coverage at 97%. HepB3 was the only vaccine to meet the Healthy People 2010 goal of at least 95% coverage for kindergarten immunizations. Vaccination coverage levels of most immunizations increased within the first 30 days of school. Children enrolled in public schools had

significantly higher coverage levels than children enrolled in private schools throughout Kansas for required vaccines; MMR2 and Var2 are the exceptions, with no significant difference in coverage levels for kindergartners in public and private schools.

The 105 counties were grouped into 3 categories based on population density, and coverage levels were compared among these groups. Counties that were "sparsely populated" (<20 persons per square mile) had the lowest coverage levels for Var2 compared to "moderately populated" (20 – 149.9 persons per square mile) and "urban" (≥150 persons per square mile) counties. DTaP5, Polio4, and MMR2 showed no significant variation in coverage levels between population density groups. Two counties had 100% coverage for all 5 required vaccinations; both were sparsely populated.

To view the whole report, please visit the KDHE Immunization Program website at

http://www.kdheks.gov/immunize/kindergarten_coverage.htm



Breakdown of the 745 Cases* in KS-EDSS by Disease	June 2011	Average 08-10
Animal Bite, Potential Rabies Exposure	1	2
Anthrax (<i>Bacillus anthracis</i>)	11	0
Brucellosis (<i>Brucella</i> spp.)	1	1
Campylobacter Infection (<i>Campylobacter</i> spp.)	67	78
Clostridium perfringens food intoxication†	133	0
Coccidioidomycosis	2	0
Diphtheria (<i>Corynebacterium diphtheriae</i>)	1	0
Ehrlichiosis, <i>Anaplasma phagocytophilum</i>	2	2
Ehrlichiosis, <i>Ehrlichia chaffeensis</i>	6	6
Enterohemorrhagic <i>Escherichia coli</i> O157	9	5
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (not serogrouped)	4	3
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (serogroup non-0157)	8	5
Giardiasis (<i>Giardia lamblia</i>)	19	12
Haemophilus influenzae, invasive	5	2
Harmful Algal Bloom Illness - Human	2	0
Hepatitis A**	38	16
Hepatitis B, acute	9	8
Hepatitis B, chronic	39	37
Hepatitis C virus infection, chronic	144	150
Hepatitis C, acute	1	0
Legionellosis	6	2

Breakdown of the 745 Cases* in KS-EDSS by Disease	June 2011	Average 08-10
<i>* Cases reported include cases with the case classifications of Confirmed, Probable, Suspect, and Not a Case</i>		
Listeriosis (<i>Listeria monocytogenes</i>)	1	0
Lyme Disease (<i>Borrelia burgdorferi</i>)	36	23
Measles (Rubeola)	2	1
Meningitis, other bacterial	5	2
Mumps	7	4
Pertussis (<i>Bordetella pertussis</i>)(Whooping cough)	31	39
Rabies, Animal	5	14
Rubella (German measles)	1	1
Salmonellosis (<i>Salmonella</i> spp.)	37	66
Shigellosis (<i>Shigella</i> spp.)	7	26
Spotted Fever Rickettsiosis (RMSF)	43	33
Streptococcal Disease, Invasive, Group A (<i>Streptococcus pyogenes</i>)	6	4
Streptococcus pneumoniae, invasive	14	6
Tetanus (<i>Clostridium tetani</i>)	1	0
Toxic Shock Syndrome, staphylococcal	1	1
Tularemia (<i>Francisella tularensis</i>)	4	2
Varicella (Chickenpox)	34	24
West Nile, non-neurological (includes WN Fever)	2	15

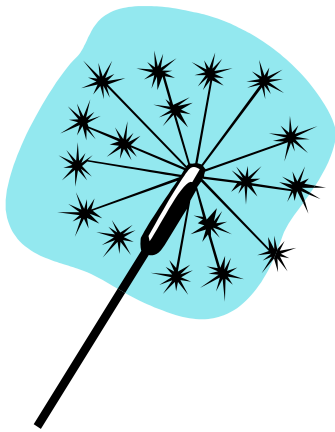
**Cases reported include cases with the case classifications of Confirmed, Probable, Suspect, and Not a Case*

*** Increase in Hepatitis A, Total laboratory reports submitted to KDHE, not an increase in actual cases of Hepatitis A*

† Increase of clostridium perfringens food intoxication cases due to an outbreak

KS-EDSS DATA QUALITY INDICATORS

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



KDHE BEPHI emailed local health department users and administrators their county level quality indicator data this month. The Bioterrorism Regional Coordinators also received a copy of the regional breakdown of the quality indicators. At this time the report included the counties preliminary data for the previous month. We hope to improve this process by adding a second report that will compare preliminary month data with final data. For example, for August local health departments would receive one report that includes preliminary numbers for July data and a second report with June preliminary completion data side-by-side with June final data (We will pull a June report August 1st with the assumption that all June cases should have the basic quality indicator fields completed at this point.) Please email vbarnes@kdheks.gov if you received an incorrect report, have questions, or believe you should have received a report but did not.

Fields in **bold blue** have improved since the previous month. Frequency of completion has declined in *italic brown* fields. All other fields in have not changed since the previous month. - Virginia Barnes

*Calculations do not include Hepatitis B, chronic or Hepatitis C, chronic (denominator: 562 cases).

** Out-of-state cases not included in this calculation.

Animal rabies not included in this calculation (den: 745 cases).

† Unknown considered incomplete.

†† Only diseases with supplemental forms included in this calculation (den: 585 cases)

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.

JULY 2011	State's Total Case = 745	
KS-EDSS Indicator	Field Completed:	Percent Complete:
<i>Address Street</i>	517	69% **, #
Address City	730	98% **
Address County	745	100% **
<i>Address Zip</i>	587	79% **
<i>Date of Birth</i>	699	94% #
Died	434	58% †
Ethnicity	419	56%, #, †
Hospitalized	428	58%, #, †
<i>Imported</i>	171	23%
Onset Date	292	42% *, #
<i>Race</i>	464	62%, #, †
Sex	745	100%, #, †
<i>Supplemental Form Complete</i>	183	31% ††
<i>Supplemental Form Partial</i>	50	9% ††