Bureau of Epidemiology & Public Health Informatics

Kansas Department of Health and Environment

Epi Updates

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Kansas Department of Health and Environment

Bureau of Epidemiology and Public Health Informatics

D. Charles Hunt, MPH, State Epidemiologist and Director, BEPHI

Lou Saadi, Ph.D., Deputy Director and State Registrar

Jennifer Schwartz, MPH, Deputy State Epidemiologist

Ingrid Garrison, DVM, MPH, DACVPM State Public Health Veterinarian, Environmental Health Officer

Farah Ahmed, PhD, MPH Environmental Health Officer

Virginia Barnes, MPH Director, Surveillance Systems. Epi Updates Editor

CSOB
1000 SW Jackson St.
Topeka, KS 66612
Phone: 1-877-427-7317
Fax: 1-877-427-7318
Email: epihotline@kdheks.gov
Epi Hotline: 877-427-7317

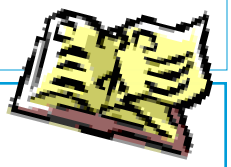
Giardia Lamblia Undergoing Name Change

Over the past few years *Giardia lamblia* has been undergoing a name change to *Giardia intestinalis*. This change has been in the literature for awhile and is becoming more widely accepted. The Centers for Disease Control and Prevention (CDC) recently recommended to the Kansas Health and Environment Laboratory (KHEL) that they adopt this name change when reporting out test results. In June 2011 KHEL began using the *intestinalis* name instead of *lamblia* on their laboratory reports. Initially, reports will contain a brief explanation of the change in the comments section.

Currently, the Bureau of Epidemiology and Public Health Informatics has not applied this name change to the 'Disease Name' field for Giardiasis in the Kansas Electronic Disease Surveillance System (KS-EDSS). It is still listed as "Giardiasis (*Giardia lamblia*)" in the system. However, laboratory reports that are received using the name *Giardia intestinalis* will be accurately reflected in the KS-EDSS "Organism Species" field on the "Lab Reports" screen.

Giardiasis is an illness caused by the protozoan *Giardia intestinalis* that has two forms: trophozoites and cysts. The trophozoites is the active form of the parasite that causes symptoms. Illness is characterized by diarrhea, abdominal cramps, bloating, weight loss, or malabsorption. Cysts are the infectious form which sometimes develops in the lower intestine, though infected persons will be asymptomatic. Infected persons may shed both trophozoites and cysts in stool.

Calendar of Upcoming Events:



KS-EDSS User Group

When: Thursday, June 30, 2011

Time: 9:00 a.m. – 10:30 a.m.

Where: CSOB, Prairie Conference Room or GoToMeeting webinar

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

22nd Annual School Nurse Conference

When: Tuesday July 19nd through Friday July 22, 2011

Where: Wichita Hyatt

Details: The theme this year is "Power Up!" Go to http://webs.wichita.edu/depttools/depttoolsmemberfiles/conted/2011%20School%20Nurse%20Brochure.pdf for more details

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

Contact vbarnes@kdheks.gov with details.

Monthly Outbreak Summaries

An outbreak of gastrointestinal illness among three people who ate a meal at a restaurant in Shawnee County was reported to the Kansas Department of Health and Environment (KDHE) on May 18th, 2011. In response to this report an outbreak investigation was initiated by staff at KDHE and the Shawnee County Health Agency. A case was defined as a person who developed diarrhea (3 or more loose stools in a 24 hour period) with abdominal pain and/or nausea after eating at the restaurant on 05/17/2011. All three ill individuals meet this case definition. Onset of symptoms reportedly ranged from 1-2 hours. One stool specimen was submitted for testing and was negative for norovirus, *Salmonella, Shigella, Campylobacter,* and Shiga-Toxin positive *Escherichia coli*. The most frequently reported symptoms were diarrhea (100%), nausea (100%) and abdominal cramps (100%) (Table 1). The restaurant was inspected by the Kansas Department of Agriculture and two critical violations were noted 1) storing ready-to-eat foods with raw foods and 2) cold holding temperatures of potential hazardous foods were above 41°F. Due to the short incubation period and the negative laboratory results this outbreak could have been caused by a bacterial toxin, however, the etiology could not be confirmed. Outbreaks caused by food intoxication are often hard to diagnosis due to underreporting, misdiagnosis and lack of adequate laboratory analysis

Bad Bug Book: Foodborne Pathogenic Microorganisms and Natural Toxins Handbook
Staphylococcus aureus http://www.fda.gov/Food/FoodSafety/FoodborneIllness/FoodborneIllnessFoodbornePathogensNaturalToxins/BadBugBook/ucm070015.htm

Table 1. Clinical Information for Cases

Symptom	Number with Symptoms	Percentage Reporting Symptom
Diarrhea	3/3	100 %
Nausea	3/3	100 %
Abdominal Cramps	3/3	100 %
Vomiting	1/3	33.3 %
Chills	1/3	33.3%

Salmonella due to Contact with Chicks and Ducklings

The Centers for Disease Control and Prevention (CDC) is conducting an ongoing investigation on a multistate outbreak of *Salmonella* Altona infections linked to chicks and ducklings (for more information on this outbreak visit:: http://www.cdc.gov/salmonella/altona-baby-chicks/060911/index.html.) Most persons infected with *Salmonella* bacteria develop diarrhea, fever, and abdominal cramps 12-72 hours after infection. Infection is usually diagnosed by culture of a stool specimen. The illness usually lasts from 4 to 7 days. Although most people recover without treatment, severe infections may occur. Infants, elderly persons, and those with weakened immune systems are more likely than others to develop severe illness. When severe infection occurs, *Salmonella* bacteria may spread from the intestines to the bloodstream and then to other body sites and can cause death unless the person is treated promptly with antibiotics.

Though there are not currently any cases of human infection in Kansas linked to the multistate outbreak , the CDC and USDA recently released new educational materials on human *Salmonella* infections associated with live poultry (chicks, chickens, ducklings, ducks, geese, turkeys) that are relevant for all people who come in contact with poultry. The creation of these materials was done in collaboration with the mail-order hatchery industry, consumers, state and local health departments, state departments of agriculture, CDC, USDA-APHIS-VS, and USDA-NPIP. A web-friendly flyer will be permanently located at the following website so other organizations can link to it online: http://www.cdc.gov/healthypets/resources/salmonella-baby-poultry.pdf (English) and http://www.cdc.gov/healthypets/resources/salmonella-baby-poultry-spanish.pdf (Spanish). Please help us spread the word about this flyer to any individuals, groups, or organizations involved with raising and caring for live poultry.

After you touch ducklings or chicks, wash your hands so you don't get sick!

- Contact with live poultry (chicks, chickens, ducklings, ducks, geese, and turkeys) can be a source of human *Salmonella* infections.
- *Salmonella* germs can cause a diarrheal illness in people that can be mild, severe, or even life threatening.
- Chicks, ducklings, and other live poultry can carry *Salmonella* germs and still appear healthy and clean.
- *Salmonella* germs are shed in their droppings and can easily contaminate their bodies and anything in areas where birds live and roam.

Protect Yourself and Your Family from Germs

DO:

- Wash your hands thoroughly with soap and water right after touching live poultry or anything in the area where they live and roam.
  - Adults should supervise hand washing for young children.
  - If soap and water are not readily available, use hand sanitizer until you are able to wash your hands thoroughly with soap and water.
- Clean any equipment or materials associated with raising or caring for live poultry outside the house, such as cages or feed or water containers.

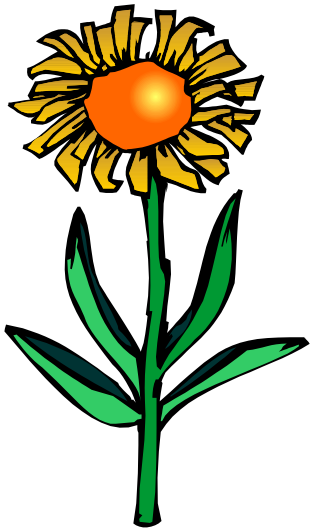
DON'T:

- Don't let children younger than 5 years of age, elderly persons, or people with weak immune systems handle or touch chicks, ducklings, or other live poultry.
- Don't let live poultry inside the house, in bathrooms, or especially in areas where food or drink is prepared, served, or stored, such as kitchens, or outdoor patios.
- Don't snuggle or kiss the birds, touch your mouth, or eat or drink around live poultry.

Breakdown of the 555 Cases* in KS-EDSS by Disease • *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*	June 2011	Average 08-10
Amebiasis (Entamoeba histolytica)	1	1
Animal Bite; Potential Rabies Exposure	12	1
Calicivirus/Norwalk-like virus (norovirus)	3	21
Campylobacter Infection (Campylobacter spp.)	41	34
Coccidioidomycosis	2	0
Cryptosporidiosis (Cryptosporidium parvum)	8	7
Diphtheria (Corynebacterium diphtheriae) *	2	0
Ehrlichiosis; Ehrlichia chaffeensis	1	3
Enterohemorrhagic Escherichia coli (EHEC)	1	0
Enterohemorrhagic Escherichia coli shiga toxin positive (not serogrouped)	4	4
Foodborne Illness	2	1
Giardiasis (Giardia lamblia)	10	15
Haemophilus influenzae; invasive	4	3
Hepatitis A	52**	15
Hepatitis B; acute	8	6
Hepatitis B; chronic	39	39
Hepatitis C virus; chronic	168	166
Hepatitis C; acute	1	0
Legionellosis	1	1
Listeriosis (Listeria monocytogenes)	2	0
Lyme Disease (Borrelia burgdorferi)	16	21

Breakdown of the 555 Cases* in KS-EDSS by Disease ** Cases reported include cases with the case classifications of Confirmed, Probable, Suspect, and Not a Case*	June 2011	Average 08-10
Malaria (Plasmodium spp.)	1	0
Measles (Rubeola)	6	0
Meningitis; other bacterial	4	2
Meningococcal Disease (Neisseria meningitidis)	1	0
Mumps	7	4
Pertussis (Bordetella pertussis)(Whooping cough)	23	25
Q Fever (Coxiella burnetti); Acute	3	1
Rabies; Animal	3	9
Rubella (German measles)	2	0
Salmonellosis (Salmonella spp.)	28	25
Shigellosis (Shigella spp.)	3	21
Spotted Fever Rickettsiosis (RMSF)	28	18
St. Louis arbovirus; non-neuroinvasive	1	0
Streptococcal Disease; Invasive; Group A (Streptococcus pyogenes)	6	3
Streptococcus pneumoniae; invasive	21	10
Tetanus (Clostridium tetani)	2	0
Toxic Shock Syndrome; staphylococcal	1	0
Transmissible Spongioform Enceph (TSE / CJD)	2	2
Tularemia (Francisella tularensis)	1	2
Varicella (Chickenpox)	30	76
West Nile; non-neurological (includes WN Fever)	4	2

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



KS-EDSS Data Quality Indicators

There have been some improvements to the way BEPHI is reporting the quality indicator data this month. A column indicating how many applicable cases had the field complete has been included. The percentage complete column still represents the frequency of completion of the corresponding field in KS-EDSS. Additionally, the data from the 'Supplemental Form Complete' field is now broken down into "Complete" and "Partial" since it is possible for the form to have been started but not completed by the time the preliminary dataset is pulled for these indicators. BEPHI is finalizing the county and regional reports to email directly to local health department users and administration on a monthly basis as well. We hope to begin this month. These reports will include both preliminary data from the previous month, and final numbers from two months prior (e.g. preliminary data for April investigations and final data for March investigations will be sent out in May) so that local health departments can track their progress in data quality improvement.

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 Hep B, chronic or Hep C, chronic.
** Out-of-state cases not included in this calculation.
# Animal rabies not included in this calculation.
† Unknown considered incomplete.

May 2011	State's Total Case =	
KS-EDSS Indicator	Field Completed:	Percent Complete:
Address Street	**458**	**83% **, #**
Address City	***545***	***98% *****
Address County	553	100% **
Address Zip	**536**	**97% ****
Date of Birth	**551**	**99% #**
Died	**236**	**43% †**
Ethnicity	**309**	**56%, #,†**
Hospitalized	**255**	**46%, #, †**
Imported	**151**	**27%**
Onset Date	***126***	***37% *, #***
Race	**351**	**63%, #, †**
Sex	555	100%, #, †
Supplemental Form Complete	***172***	***32%***
Supplemental Form Partial	**270**	**50%**

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.