



EPI UPDATES



INSIDE THIS ISSUE:

<i>EpiTrax Help & Hints</i>	2-3
<i>Monthly Outbreak Summaries</i>	4
<i>KS-EDSS Breakdown by Disease</i>	5
<i>Quality Indicators</i>	6

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

New EpiTrax Surveillance System Goes Live



On March 5, 2012 the Kansas Department of Health and Environment (KDHE) went live with their new electronic disease surveillance system EpiTrax, replacing KS-EDSS. EpiTrax is powered by Collaborative Software Initiative's (CSI) TriSano product.

EpiTrax is an open source, highly configurable, comprehensive surveillance and outbreak management application designed for public health by CSI through a collaborative effort with the Utah Department of Health. It allows local, state, federal agencies to identify, investigate, and mitigate communicable and chronic diseases, environmental hazards, and bioterrorism events. EpiTrax supports electronic laboratory

reporting (ELR) and offers sophisticated analysis, visualization, and reporting of contact and case information. EpiTrax increases overall effectiveness in preventing morbidity and mortality through decreased reporting time, automated assignment and routing processes, easy form-creation tools, trend analysis, detection of anomalies, and quality assurance.

KDHE staff began working on the implementation of EpiTrax in August of 2011, and after many months of hard work setting up the system and travelling the state to ensure all local health department users received training, we are excited to see EpiTrax launched and eager to begin utilizing all that the new system has to offer.

CALENDAR OF UPCOMING EVENTS:

2012 Spring Public Health Conference

When: April 23-25, 2012
 Where: Wichita Marriott
 Theme: "Challenges of Change: Developing an Equitable Public Health System"
 Details: For more information visit <http://webs.wichita.edu/?u=conferences&p=/publichealth/>

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: Online through GotoMeeting.
 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

EpiTrax Tips and Hints

By Susan Dickman

1. **Deleting CMRs. Do not delete CMRs from EpiTrax.** If you believe you have identified a duplicate CMR, please let me know, and I will resolve any duplicates that occur in EpiTrax. A weekly log is kept of duplicates and deletions. If a few weeks have passed and you see that a deletion has not occurred, please email epitraxadmin@kdheks.gov or call 785-296-7732.

2. **Routing a CMR to another Local Health Department.** If you know a CMR belongs in another county you can route the record to that jurisdiction by clicking on “Route to Local Health Depts.” link under the “Jurisdictions” column and selecting the “Investigating Jurisdiction” county from the **drop down** (not the check boxes) box.

a. On re-routing a CMR, make sure that you select the “Investigating jurisdiction” from the drop down. If you select the check box, that gives the county access to a CMR but does not route the CMR to that jurisdiction.

b. Make sure you add a “Brief note” so that the new jurisdiction will know why the CMR is being re-assigned. The “Brief notes” can be viewed in the **Notes** tab in the CMR.

c. If you chose to reject a CMR, please enter a “Brief note” so that KDHE users can determine why the CMR was rejected (otherwise you will likely get a phone call to clarify). The system will ask you if you are sure you want to ‘Reject’ the CMR, so if you do accidentally click the ‘Reject’ radio button, you can still cancel the action.

Route to Local Health Depts.

Investigating jurisdiction: Crawford County

Also grant access to: Unassigned

Unassigned

Allen County

Anderson County

Atchison County

Barber County

Brief

Close

Allen County

Anderson County

Atchison County

Barber County

Barton County

Bourbon County

Brown County

Butler County

Chase County

Chautauqua County

Cherokee County

JURISDICTIONS	STATUS	EVENT DATE
Douglas County	Assigned to Local Health Dept.	2012-03-08
Route to Local Health Depts.	Brief note: Lives in Shawnee County	
	Action required: <input type="radio"/> Accept <input type="radio"/> Reject	

3. **Viewing Events.** Setting up your **Events** view is an important part of ensuring that you see not only new CMRs, but those that have been “Reopened by State.” To see those CMRs that are “New” but “Assigned to Local Health Dept.” or those “Reopened by State” and other aspects of your workflow set your **Events** by:

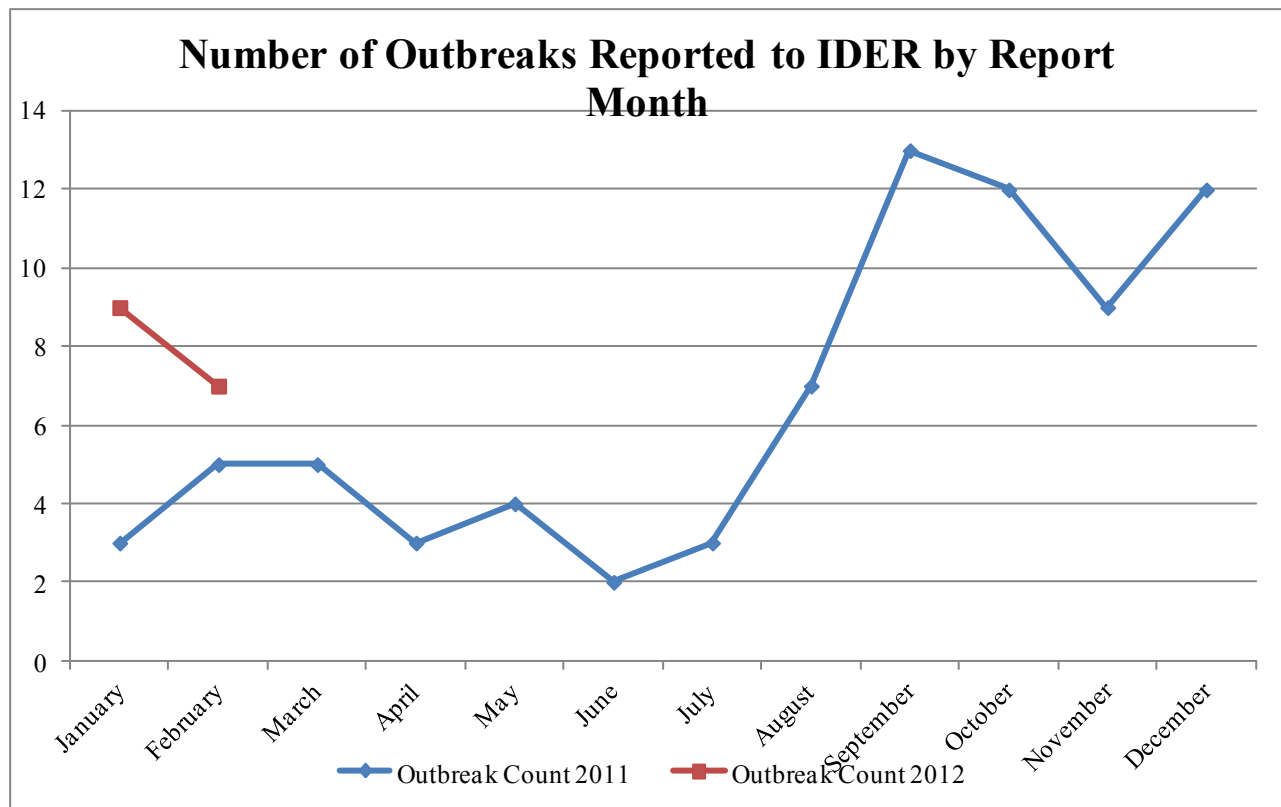
a. Clicking on “Change View” to open up the parameters that can be selected on your **Events** screen.

- b. Selecting the following “Event Investigation Status”
 - i. NEW
 - ii. ASSIGNED TO LHD
 - iii. ACCEPTED BY LHD
 - iv. ASSIGNED TO QUEUE
 - v. ASSIGNED TO INVESTIGATOR
 - vi. UNDER INVESTIGATION
 - vii. REOPENED BY MANAGER
 - viii. REOPENED BY STATE
 - c. Check the check box next to “Set as default view” and click “Change View.”
4. **Accepting a migrated CMR into your Local Health Department.** We at KDHE are currently manually migrating 2012 CMRs into EpiTrax. When you first access a CMR, click on the “Edit” link under the patient’s name to access the CMR.
- a. You will see that the CMR status is “Assigned to Local Health Dept.”
 - b. Click the “Accept” radio button to the **LEFT** of “Accept.” The event investigation status will change from “Assigned to Local Health Dept.” to “Accepted by Local Health Dept.”
 - c. From here the CMR can be assigned to an investigator:
 - d. The investigator will need to “Accept” the CMR by clicking the “Accept” radio button to the **LEFT** of “Accept.”
 - e. When the screen refreshes, the event investigation status will be “Under Investigation” and a “Complete” button will appear after **Action Required**.
 - f. When the CMR has been compared to the case in KS-EDSS, and all information is complete in EpiTrax, the investigator will click the “Complete” button to move the CMR to their supervisor or close the CMR under their own role. The event investigation status at this time is “Investigation Complete.” The supervisor or the same investigator will “Approve” the CMR to be moved to KDHE for final approval. (This is the “Pending” process in KS-EDSS.)
 - g. Once the supervisor or investigator has “Approved” the CMR to be moved to KDHE, the event investigation status will change to “Approved by Local Health Dept.” (This is the “Pending” status that was in KS-EDSS.)
 - h. The Epis at KDHE will now check the CMR to ensure that the investigation has been completed and will either “Approve” the CMR to **Close** it, or “Reopen” the CMR to have additional investigation information added by the local health department. The event investigation status will show “Reopened by State.” (This is the “Reviewed Process” in KS-EDSS.)
 - i. If the CMR is “Reopened,” the supervisor or investigator will have the choice to “Reopen” the CMR or “Approve” it for closing again after checking the **Notes** section in the CMR to find out what is missing from the CMR and adding the additional information. (This is the “Reviewed Status” in KS-EDSS.)

Please contact Susan Dickman at either epitraxadmin@kdheks.gov or (785) 296-7732 for help or questions on using EpiTrax. We appreciate all of the hard work and enthusiasm that our users have shown as we transition to the new system!

MONTHLY OUTBREAK SUMMARIES

Facility Type	Organism	Transmission	County	Outbreak Status	Reported Date
Long Term Care	Norovirus	Person-to-Person	Sedgwick	Closed	2/13/2012
Long Term Care	Norovirus	Person-to-Person	Shawnee	Closed	2/14/2012
School	Shigella	Person-to-Person	Wyandotte	On-going	2/15/2012
Restaurant	Unknown-GI	Indeterminate	Wyandotte	Closed	2/21/2012
Restaurant	Unknown-GI	Indeterminate	Sedgwick	Closed	2/21/2012
Private Home	Norovirus	Food	Douglas	Closed	2/27/2012
Long Term Care	Unknown-Resp	Person-to-Person	Brown	Closed	2/29/2012



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

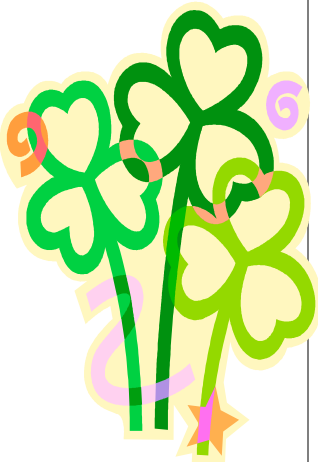
To report an outbreak call the Epi Hotline at 1-877-427-7317

Breakdown of the 521 Cases* in KS-EDSS by Disease	February 2012	Average 09-11
Amebiasis (<i>Entamoeba histolytica</i>)	2	0
Animal Bite, Potential Rabies Exposure	5	1
Brucellosis (<i>Brucella</i> spp.)	1	0
Calicivirus/Norwalk-like virus (norovirus)	4	24
Campylobacter Infection (<i>Campylobacter</i> spp.)	31	23
Cryptosporidiosis (<i>Cryptosporidium parvum</i>)	9	6
Ehrlichiosis, <i>Anaplasma phagocytophilum</i>	1	0
Ehrlichiosis, <i>Ehrlichia chaffeensis</i>	1	1
Enterohemorrhagic <i>Escherichia coli</i> O157	1	0
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (not serogrouped)	1	2
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (serogroup non-O157)	1	1
Foodborne Illness	2	4
Giardiasis (<i>Giardia lamblia</i>)	9	13
Haemophilus influenzae; invasive	1	2
Hepatitis A	51	26
Hepatitis B, acute	9	7
Hepatitis B, chronic	40	32
Hepatitis C virus infection, past or present	111	151
Legionellosis	1	2
Lyme Disease (<i>Borrelia burgdorferi</i>)	11	12
Malaria (<i>Plasmodium</i> spp.)	4	1
Measles (Rubeola)	5	1
Meningitis; other bacterial	5	2
Meningococcal Disease (<i>Neisseria meningitidis</i>)	1	1
Mumps	6	7
Pertussis (<i>Bordetella pertussis</i>)(Whooping cough)	74	49
Rabies, Animal	5	7
Rubella (German measles)	1	0
Salmonellosis (<i>Salmonella</i> spp.)	25	18
Shigellosis (<i>Shigella</i> spp.)	14	12
Spotted Fever Rickettsiosis (RMSF)	5	2
Streptococcal Disease, Invasive, Group A (<i>Streptococcus pyogenes</i>)	7	9
Streptococcus pneumoniae, invasive	16	11
Transmissible Spongiform Enceph (TSE / CJD)	1	2
Varicella (Chickenpox)	60	58

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

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 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. We also expect to add a second report that will compare preliminary month data with final data to provide more detailed information to users that cannot be determined by the current report. 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 have not changed since the previous month. - Virginia Barnes

*Calculations do not include Hepatitis B, chronic or Hepatitis C, chronic (denominator: 370 cases).

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

Animal rabies not included in this calculation (den: 516 cases).

† Unknown considered incomplete.

†† Only diseases with supplemental forms included in this calculation

FEBRUARY 2012		State's Total Case = 521
KS-EDSS Indicator	Field Completed:	Percent Complete:
Address Street	455	88% **, #
<i>Address City</i>	<i>509</i>	<i>98% **</i>
Address County	520	100% **
<i>Address Zip</i>	<i>500</i>	<i>96% **</i>
Date of Birth	514	99% #
Died	362	69% †
Ethnicity	356	68%, #, †
Hospitalized	372	71%, #, †
Imported	283	54%
Onset Date	238	50% *, #
Race	377	72%, #, †
Sex	521	100%, #, †
Supplemental Form Complete	289	74% ††
Supplemental Form Partial	246	63% ††

KDHE Mission:

To Protect and Improve the Health and Environment of all Kansans

Our Vision

Healthy Kansans living in safe and sustainable environments.