



EPI UPDATES

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CHANGES TO THE NATIONALLY NOTIFIABLE DISEASE LIST

The following changes to the National Notifiable Disease Surveillance System (NNDSS) have been made as a result of the position statements approved by the Council of State and Territorial Epidemiologists (CSTE) during 2010. In summary, those changes effecting reporting in Kansas include:

- A. Revisions to selected national surveillance case definitions, which should be used for sending notifications of new 2011 cases to CDC's NNDSS beginning in January 2011, and
- B. Addition of two conditions to the NNDSS, and
- C. An interim position statement approved by the CSTE Executive Board making cholera immediately nationally notifiable under the urgent notification protocol.

The following documents are posted

to the NNDSS Internet site: <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>

- The January 2011 NNDSS event code list. Refer to the "Print Criteria" column of this list for the case confirmation status categories that will be published in the *MMWR*.
- The table of 2011 nationally notifiable infectious diseases for which case notifications should be sent to the NNDSS,
- The table of nationally notifiable conditions (infectious and non-infectious) categorized by notification category (standard, immediate extremely urgent, and immediate urgent notification), sorted alphabetically and by notification category.
- New and revised surveillance case definitions for 2011.

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CALENDAR OF UPCOMING EVENTS:

KS-EDSS User Group

When: Thursday, May 26, 2011
Time: 9:00 a.m. - 10:30 a.m.
And 12:00 PM-1:30 PM
Where: CSOB, Sunflower Conference Room or GoToMeeting webinar

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

2011 CSTE Conference

When: Sunday June 12, 2011 through Thursday June 16, 2011
Time: 8:00 a.m. - 5 a.m.
Where: Pittsburg, PA
Details: <http://www.cste.org/conference/>

KALHD Mid-Year Meeting

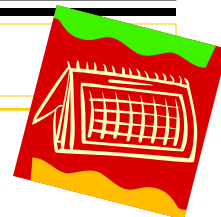
When: Tuesday June 21, 2011

& Wednesday
June 22, 2011
Time: 8:00 a.m. - 5 a.m.

Where: Wichita Airport Hilton
Details: <http://www.kalhd.org/en/cev/271>

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

Contact vbarnes@kdheks.gov with details.



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A. Revisions to National Surveillance Case Definitions

The following infectious disease case definitions have had revisions in 2011:

1. Botulism, wound
 - a. A probable case classification category has been added
 - b. The confirmed case definition has been expanded to include a history of injection drug use within the two weeks before onset of symptoms
2. Lyme Disease
 - a. The Laboratory evidence section has been re-formatted for more timely, complete, and standardized local and national reporting
3. Viral Hemorrhagic Fever (VHF)*
 - a. Adds Lujo virus to the other viruses included in the national VHF surveillance case definition

**Remember, VHF is an immediate (within 4 hours) reportable disease in Kansas. Suspected intentional cases of VHF that meet the confirmed or probable case definition are categorized as "Immediate, Extremely Urgent" for notification to CDC. This means that KDHE is required to contact the CDC by phone within four hours of receiving a report that meets the notification criteria. Additionally, all unintentional VHF cases that meet the confirmed or probable case definition are categorized as "Immediate, Urgent" for notification to CDC. For these cases KDHE must contact the CDC by phone within 24 hours or receiving a report that meets the notification criteria.*

4. Arboviral diseases (California Serogroup Virus, Eastern Equine Encephalitis, West Nile Virus, Powassan Virus, St. Louis Encephalitis, Western Equine Encephalitis Virus)
 - a. A revised standardized national surveillance case definition for national notifications and standardized case reporting criteria to facilitate more timely, complete, and standardized local and national reporting of this condition were adopted
5. Cryptosporidiosis
 - a. National surveillance case definition was revised to update laboratory criteria that would create standardization
6. Non-Streptococcal Toxic Shock Syndrome
 - a. National surveillance definition revised to update laboratory criteria for diagnosis
7. Hepatitis A, Acute Hepatitis C, Hepatitis C Infection Past or Present, Chronic Hepatitis B, Acute Hepatitis B
 - a. Adoption of a revised standardized national surveillance case definition for national notifications and adoption of standardized case reporting criteria to facilitate more timely, complete, and standardized local and national reporting of these condition was requested. *At this time the definitions for national reporting to the NNDSS have not been implemented because CDC's Division of Viral Hepatitis is consulting with CSTE's Executive Board on possible changes. More information will be provided as decisions on the course of action to a take moving forward are made*

B. Conditions being added to NNDSS:

- 1 Coccidioidomycosis
 - a This disease is not reportable in Kansas, however any cases that meet the confirmed

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case definition that are reported to KDHE will be submitted to the CDC and will be published in the weekly MMWR tables and Annual Summary

b Babesiosis

This disease is not reportable in Kansas, however any cases that meet the confirmed or probable case definition that are reported to KDHE will be submitted to the CDC and will be published in the weekly MMWR tables and Annual Summary

C. Immediate Urgent Notification of Cholera

On November 10, 2010, the CSTE Executive Board approved an interim position statement making cholera immediately nationally notifiable under the urgent protocol

(<http://www.cste.org/dnn/LinkClick.aspx?fileticket=f2zWxZ%2bU2Z0%3d&tabid=36&mid=1496>).

The urgent protocol means cholera cases should be reported by the state health agency (KDHE) to CDC's Emergency Operations Center by phone within 24 hours of the notification criteria being met (confirmed case) and case notification data should be electronically transmitted to CDC's NNDSS by the next regularly scheduled electronic transmission.

Thank you very much for all your work reporting and investigating infectious disease in Kansas throughout the year. Your input is valued as we continue to work together to prevent and control these diseases.



MONTHLY OUTBREAK SUMMARIES

Johnson County Confirmed Measles -

On April 26, 2011, the Kansas Department of Health and Environment (KDHE) and the Johnson County Health Department were notified by a Kansas City, MO, hospital of a suspected case of measles in a school-aged child. The patient experienced fever, sores in her mouth, runny nose, cough, and rash that began on the head and progressed to the torso and extremities. The patient had not received any measles vaccine because of a religious exemption. Serum testing revealed elevated measles IgM antibodies, and the patient tested positive for measles by Polymerase Chain Reaction (PCR). Subsequently, 2 additional unvacci-

nated contacts to the index case developed measles symptoms and were reported on April 29, 2011; each was also positive for measles by PCR. No additional cases have been identified as of May 17, 2011.—D.N.

Salmonellosis Outbreak Linked to a Jamaican Resort – On April 18, 2011, the KDHE and the Atchison County Health Department were notified of an outbreak of salmonellosis among a group of travelers who visited a Jamaican resort from March 27 to April 3, 2011. Stool cultures from two travelers were positive for *Salmonella* Enteritidis. A cohort investigation was conducted to determine the source of infection. Twenty-two of the 27 American travelers – residents of Kansas, Missouri, Arkansas,

Virginia, South Dakota, Arizona, New York, and New Jersey – were contacted by KDHE. Four residents of Germany were not included in the cohort study.

Cases were defined as travelers who experienced two or more loose stools in a 24-hour period. Thirteen (59%) of the 22 interviewed met the case definition. The risk of illness was approximately three times higher among those who reported eating scrambled eggs from the resort's breakfast buffet compared to those who did not.

The *Salmonella* Enteritidis isolates taken from the two Kansas residents were indistinguishable by Pulsed-Field Gel Electrophoresis

(PFGE), and also matched *Salmonella* Enteritidis isolates detected in 25 individuals from other states, some of whom also had travel to Jamaica during the same time period. The Centers for Disease Control and Prevention (CDC) and the PAHO Caribbean Epidemiology Center (CAREC) were notified of these linked illnesses, and are following up with Jamaica for further investigation. - D.N.

For reports of recently conducted outbreak investigations, please visit our website at <http://www.kdheks.gov/epi/outbreaks.htm> report an outbreak call the Epi Hotline at 1-877-427-7317

CDC's First-Ever Healthy Swimming Video Contest

Pools are a great place to spend the summer, but they are also a place where germs can be spread. Germs in the water can cause recreational water illnesses (RWIs) like diarrhea, skin, and ear infections. To help prevent the spread of germs that cause RWIs, CDC's Healthy Swimming Program is asking the public to make a short, creative video that promotes the simple steps everyone can take to ensure a healthy and RWI-free swimming experience.

The winner will receive a \$1,000 cash prize, courtesy of the CDC Foundation!

The winning video will also be available for thousands to see on CDC's Healthy Swimming Website (<http://healthyswimming.challenge.gov/>) and CDC's YouTube Channel (<http://www.youtube.com/CDCStreamingHealth>).

Video Contest Details

The video can be anything you want—a sketch, dance, song, slideshow, or whatever format you choose—as long as it is appropriate for all audiences and follows the contest guidelines posted on our Healthy Swimming 2011 Video Contest Site (<http://healthyswimming.challenge.gov/>). The contest is easy to enter and all contest details—including contest guidelines, the Call-to-Submissions video, and instructions on how to submit your video—are available on the Healthy Swimming 2011 Video Contest Site (<http://healthyswimming.challenge.gov/>).

You have from May 16–July 4th to submit your video. Once the video submission period is over, the top videos (chosen by a panel of judges) will be posted on CDC's YouTube Channel (<http://www.youtube.com/CDCStreamingHealth>) for

the public to vote on from July 18th- 22nd. The winner will be announced on July 25th.

May/June Calendars:

Be part of CDC's Healthy Swimming 2011 Video Contest. Go to <http://healthyswimming.challenge.gov> to learn about the contest and **submit your video by July 4th**

July Calendar:

July 4th: CDC's Healthy Swimming Video Contest Deadline

July 18th-22nd: Go to

<http://www.youtube.com/CDCStreamingHealth> to see the top videos and vote for your favorite!

July 25th: Go to www.cdc.gov/healthyswimming to see the winning video.



Breakdown of the 553 Cases* in KS-EDSS by Disease	April 2011	Average 08-10	
2009 H1N1 Influenza A virus**	7	37	
Animal Bite, Potential Rabies Exposure	16	2	
Brucellosis (Brucella spp.)	1	0	
Calicivirus/Norwalk-like virus (norovirus)	46	23	
Campylobacter Infection (Campylobacter spp.)	43	30	
Cryptosporidiosis (Cryptosporidium parvum)	2	9	
Diphtheria (Corynebacterium diphtheriae)	1	0	
Ehrlichiosis, Anaplasma phagocytophilum	1	0	
Ehrlichiosis, Ehrlichia chaffeensis	1	0	
Enterohemorrhagic Escherichia coli O157:H7	1	2	
Enterohemorrhagic Escherichia coli shiga toxin positive (not serogrouped)	2	2	
Enterohemorrhagic Escherichia coli shiga toxin positive (serogroup non-0157)	6	2	
Flu-like Illness	1	0	
Giardiasis (Giardia lamblia)	8	12	
Haemophilus influenzae, invasive	1	4	
Hepatitis A	28	22	
Hepatitis B, acute	6	8	
Hepatitis B, chronic	56	34	
Hepatitis C virus, chronic	161	174	
Legionellosis	2	1	
Lyme Disease (Borrelia burgdorferi)	23	11	
Measles (Rubeola)	4	1	
Meningitis, other bacterial	1	2	
Mumps	4	4	
Pertussis (Bordetella pertussis)(Whooping cough)	21	36	
Q Fever (Coxiella burnetii) DO NOT USE	2	1	
Rabies, Animal	6	15	
Salmonellosis (Salmonella spp.)	30	24	
Shigellosis (Shigella spp.)	2	12	
Spotted Fever Rickettsiosis (RMSF)	9	9	
Streptococcal Disease, Invasive, Group A (Streptococcus pyogenes)	1	5	
Streptococcus pneumoniae, invasive	12	15	
Tetanus (Clostridium tetani)	1	0	
Tularemia (Francisella tularensis)	2	0	
Typhoid Fever (Salmonella typhi)	1	0	
Varicella (Chickenpox)	44	94	

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

*** H1N1 cases are no longer reportable. Cases reported to KDHE in April 2011 were due to a outbreak*

KS-EDSS DATA QUALITY INDICATORS

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



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 month's 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 green 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.

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.

APRIL 2011		State's Total Case = 688
KS-EDSS Indicator	Field Completed:	Percent Complete:
Address Street	438	80% **, #
Address City	538	99% **
Address County	544	100% **
Address Zip	512	94% **
Date of Birth	538	98% #
Died	208	38% †
Ethnicity	278	51%, #, †
Hospitalized	214	39%, #, †
Imported	130	24%
Onset Date	150	46% *, #
Race	304	56%, #, †
Sex	547	100%, #, †
Supplemental Form Complete	227	43%
Supplemental Form Partial	145	27%