

EPI UPDATES



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ANTIBIOTIC RESISTANCE PREVENTION FOR HEALTHCARE PROVIDERS

On Tuesday, November 16th the Centers for Disease Control and Prevention (CDC) kicked off ‘Get Smart About Antibiotics Week’. Antibiotic resistance is one the world’s most urgent public health threats. Antibiotics are one of the most important tools for combating life-threatening bacterial diseases, and increased antibiotic resistance is compromising the effectiveness of this tool. The healthcare community must work together to employ effective strategies to save lives by improving public awareness of the importance of appropriate antibiotic use.

Antibiotic resistance is becoming more and more common in healthcare and community settings, with many bacteria developing resistance to more than one type

or class of antibiotic. As resistance increases, so the patient’s risk of complications, even death, from infections. Antibiotic resistance is associated with increased risk of hospitalization, increased length of stay and hospitalization costs, increased risk of transfer to the ICU, and increased mortality.

It is important that healthcare workers promote appropriate antibiotic use in both inpatient and outpatient settings.

Tens of millions of antibiotics are prescribed unnecessarily for viral upper respiratory infections each year. Antibiotic use in primary care is associated with antibiotic resistance at the individual patient level. The presence of antibiotic-resistant bacteria is greatest during the month following a patient’s antibiotic

use and may persist for up to one year.

Healthcare providers must act now to make sure antibiotics do not become a scarce resource. By careful assessment of the use of antibiotics, and only utilizing them when indicated, the promotion of resistance can be reduced. It is important to make sure the right antibiotic is prescribed, and that antibiotics are not prescribed for viral syndromes. Counsel patients of proper antibiotic use. Reduce unnecessary antibiotic use to decrease resistance, *Clostridium difficile* infections, costs, and to promote improved patient outcomes. For more information on antibiotic resistance prevention, please visit the CDC Get Smart website at <http://www.cdc.gov/getsmart/>

CALANDAR OF UPCOMING EVENTS:



No upcoming events at this time

Happy Holidays!



Have an upcoming event you would like included in the August issue? Contact ybarnes@kdheks.gov with details.

MEET THE BEPHI STAFF!

JAMIE DEMENT: EPIDEMIOLOGIST

Jamie DeMent joined the KDHE In November 2008 as an infectious disease epidemiologist with emphasis in the Waterborne and Foodborne programs. Jamie is originally from Lamar, Missouri. She graduated from Southeast Missouri State University (SEMO) with a Bachelor's of Science in 2002 and then obtained her Master's of Natural Science in 2006 from SEMO as well. Jamie started her career in



the public health field as an environmental specialist in Florida in November 2006. She was a Certified Environmental Health

Professional in Food Protection and Onsite Sewage Treatment & Disposal and a Certified Pool Operator. She became the environmental epidemiologist for the local county health department in March 2007, and became the Epidemiology Program Manager in August 2007. Jamie enjoys reading novels by Dean Koontz and Stephen King, playing volleyball, watching sports, and hanging out with friends and family.

ELIZABETH LAWLOR: EPIDEMIOLOGIST

Elizabeth Lawlor is an infectious disease epidemiologist with the Bureau of Epidemiology and Public Health Informatics at the Kansas Department of Health and Environment.

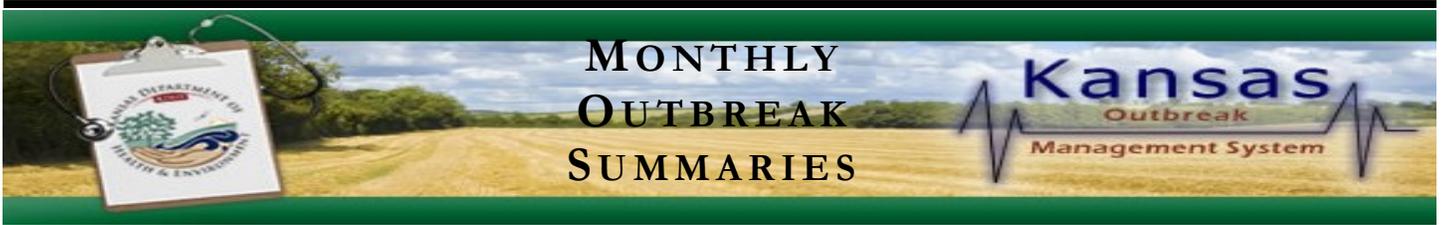


She received her B.S from the University of Toledo in 2006, and her M.S. with a concentration of public health and microbiology from the George Washington University in 2009. Elizabeth joined KDHE in June 2009. Her current position focuses primarily on perinatal Hepatitis B prevention and childhood immunization assessments. In her free time Elizabeth enjoys rock climbing and is an active member of Big Brothers Big Sisters.

Update:

In last month's newsletter we highlighted Jennifer Schwartz's appointment to Acting Deputy State Epidemiologist. Jennifer was officially promoted to Deputy State Epidemiologist on November 15th. We hope you will join us in congratulating Ms. Schwartz on her new position within the Bureau of Epidemiology & Public Health Informatics.





Crawford County E. coli -

1 confirmed and 2 probable cases of *E. coli* were reported among enrollees at a daycare in Crawford County. The local health department worked with its partners to ensure the children were restricted from the daycare until two negative stool cultures were obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

Linn County Shigellosis -

18 confirmed cases of shigellosis have been reported in Linn County since Oct 1; many more probable cases have also been identified. The majority of illnesses are linked to kindergarten, 1st grade, and 2nd grade students attending a local elementary school. The local health department is working with the school to track absenteeism due to the outbreak.

Grant County Norovirus — An outbreak of gastrointestinal illness was reported for an elementary school in Grant County. Initial reports indicated that 50 out of 368 students were absent and that the majority of ill students were from the 5th grade. Students in the 3rd through 5th grades attend the school. One stool specimen was obtained and tested positive for norovirus. Most likely this outbreak was caused by norovirus; however, the causative agent for this outbreak was not confirmed according to the Centers for Disease Control and Prevention criterion which requires two laboratory-confirmed cases to confirm a norovirus outbreak. A food establishment inspection was conducted at the school and no critical violations were

observed, and no employees reported illness. A final outbreak report will be published to the Bureau of Epidemiology and Public Health Informatics website.

Firewok — On October 26, 2010, the Johnson County Environmental Department reported to KDHE a possible foodborne outbreak. Johnson County along with KDHE initiated an outbreak investigation. Ten coworkers had eaten lunch together at Firewok in Mission on 10/22/2010. Of those six became ill with a gastrointestinal illness within 8 - 47 hours (median 30 hours) of consuming food at the restaurant. Common symptoms included vomiting, diarrhea, abdominal pain, nausea, and fever. Three stool specimens were collected and all tested positive for norovi-

rus. Kansas Department of Agriculture inspected the restaurant and five critical violations were observed, including inadequate hot and cold holding of foods, raw foods stored over ready to eat foods, bare hand contact with ready to eat food, and a utensil that was cracked and not able to be cleaned. Although no employee reported illness norovirus could have been spread by bare hand contact with ready to eat food in the establishment.

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

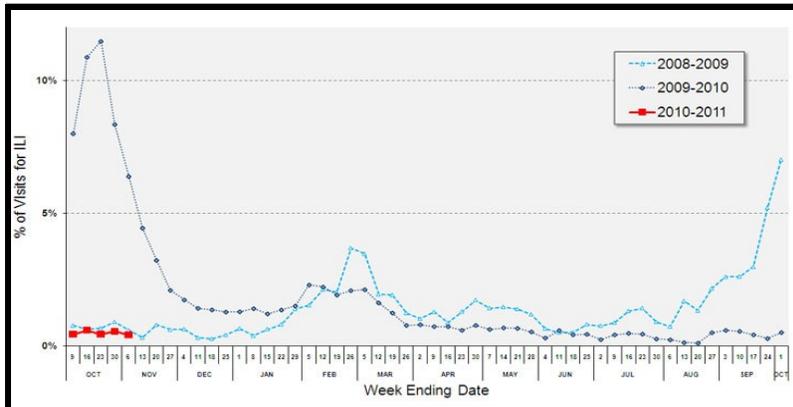
To report an outbreak call the Epi Hotline at 1-877-427-7317

INFLUENZA SURVEILLANCE AND REPORTING

Last year was unique for influenza surveillance in Kansas. Since the end of the 2009 A/H1N1 pandemic was declared in August 2010, KDHE has stopped entering PCR-confirmed influenza cases into KS-EDSS. Local health departments will not be asked to investigate positive influenza results for the 2010-2011 flu season. However, please keep in mind that influenza-related deaths among children less than 18 years of age

are still reportable. Additionally, outbreaks of influenza, particularly in an institution, should be reported. If

you hear about either of these circumstances in your community, please contact KDHE's epidemiology hotline (877-427-7317) as soon as possible. KDHE conducts outpatient influenza surveillance with participating providers throughout the state. Our surveillance website (<http://www.kdheks.gov/flu/surveillance.htm>) is updated every week to show the reported rate of influenza-like illness and the influenza strains detected at our state laboratory.



Percentage of Visits for Influenza-like Illness (ILI) Reported by ILINet Sites, Kansas, October 2010-September 2011 and Previous Two Surveillance Periods*

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

BEPHI has implemented a set of monthly quality indicators to encourage data quality improvement in KS-EDSS. A table of the previous month's statewide 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 green have improved since the previous month. Frequency of completion has declined in blue fields. All other fields have not changed since the previous month.

*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.
 †† The default setting of this field must be updated in KS-EDSS before frequency can be properly calculated.

OCTOBER 2010	
KS-EDSS Indicator	Percentage complete
Address Street	82% **, #
Address City	95% **
Address County	99% **
Address Zip	94% **
Date of Birth	98% #
Died	37% †
Ethnicity	56%, †
Hospitalized	37%, #, †
Imported	n/a ††, #
Onset Date	37% *, #
Outbreak Associated	n/a ††
Race	63%, †
Sex	100%, †
Supplemental Form Complete	39%

BREAKDOWN OF THE 563 CASES REPORTED* IN KS-EDSS, OCTOBER 2010

Disease	October	Average 07-09	Influenza, A & B	1	0
Animal Bite: Potential Rabies Exposure	1	1	Legionellosis	2	3
Botulism, wound	1	0	Lyme disease	12	18
Brucellosis	1	0	Malaria	1	2
Calciavirus/Norwalk-like virus (norovirus)	3	3	Measles (Rubeola)	2	1
Campylobacter	44	47	Meningitis; other bacterial	3	1
Cryptosporidiosis	6	21	Mumps	6	6
Dengue	2	0	Non-Reportable Condition	1	0
Ehrlichiosis, Anaplasma phagocytophilum	2	0	Pertussis	45	53
Ehrlichiosis, Ehrlichia chaffeensis	1	0	Q Fever	1	1
E. coli (Type unknown)	1	0	Rabies, Animal	3	5
E. coli O157:H7	5	5	Salmonellosis	42	38
E. coli shiga toxin + (not serogrouped)	3	3	Shigellosis	32†	6
E. coli shiga toxin + (serogroup non-0157)	4	2	Spotted Fever Rickettsiosis (RMSF)	26	17
Foodborne Illness	1	2	Streptococcal Disease, invasive, Group A	2	1
Giardiasis	12	18	Streptococcus pneumoniae, invasive	1	4
Haemophilus influenzae, invasive	2	1	Transmissible Spongiform Encephalitis	1	2
Hepatitis A	22	17	Varicella	48	73
Hepatitis B, acute	9	6	West Nile, encephalitis/meningitis	1	2
Hepatitis B, chronic	43	49	West Nile, non-neurological	22	11
Hepatitis C virus, chronic	147	191			

* Reported cases include Case Classifications Confirmed, Probable, Suspect, & Not a Case. † Discrepancy due to outbreak