

# EPI UPDATES



## INSIDE THIS ISSUE:

Staff Changes	2
Outbreak Summaries	3
Infection Prevention Week	3
Quality Indicators	4
KS-EDSS Case Counts	4

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**Bureau of Epidemiology and Public Health Informatics**

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## NEW BUREAU OF EPIDEMIOLOGY AND PUBLIC HEALTH INFORMATICS FORMED

On October 10, 2010 the Secretary announced the creation of a new bureau—the Bureau of Epidemiology and Public Health Informatics. BEPHI merges the Bureau of Surveillance and Epidemiology and the Bureau of Public Health Informatics. Charlie Hunt, State Epidemiologist, was appointed Director of the new bureau, and Dr. Lou Saadi, who is the State Registrar and was Acting Director of the Bureau of Public Health Informatics, will serve as the Deputy Director for Informatics. She will

also maintain her role as State Registrar.



The new bureau brings together a vast array of health-related data. The analysis, interpretation, and dissemination of this data will now be more cohesive and integrated. This reorganization more specifically allows for re-

structuring of the medical investigator and epidemiology staff in the former Bureau of Surveillance and Epidemiology. Medical investigators will have an increased opportunity for public interaction and the epidemiologists will now be able to focus more of their time and effort on analysis of data and projects that will allow for a better understanding of the impact of infectious diseases in Kansas. Our staff are looking forward to exciting new partnerships within our new bureau.

-V. Barnes

## CALANDAR OF UPCOMING EVENTS:

### KS-EDSS User Group Meeting

**When:** Tuesday, November 9th  
**What:** The KS-EDSS User Group will meet at the CSOB and through gotomeeting to discuss the state of the infectious disease system. Updates on IT progress and priorities will be included, as well as information on the results of the KS-EDSS user survey conducted in September.

### KALHD Annual Meeting/KAC Conference

**When:** November 14-16, 2010  
**Where:** Sheraton & Overland Park Convention Center  
**What:** This is the 35th Annual KAC Conference. Events will include the KAC Board Meeting and Pre-Conference Sessions, Vendor Showcase, Dinner Reception, and Educational Workshops. For more information click [here](#).



Have an upcoming event you would like included in the August issue?  
 Contact [vbarnes@kdheks.gov](mailto:vbarnes@kdheks.gov) with details.

## STAFF CHANGES

### JENNIFER SCHWARTZ NAMED ACTING DEPUTY STATE EPIDEMIOLOGST

Jennifer Schwartz has accepted the role of Acting Deputy State Epidemiologist until the position is permanently filled. “Jennifer has been a tremendous help to me over the years as we have worked through a lot of challenging circumstances,” said Charlie Hunt, State Epidemiologist, “I look forward to working with her in this expanded role.”

Jennifer Schwartz graduated from St. Louis University with a Bachelor’s of Science in Biology in 1997



and a Masters of Public Health in 1999. Jennifer has served as an infectious disease epidemiologist at KDHE since 2000. From 2000 to 2007, she served as the primary

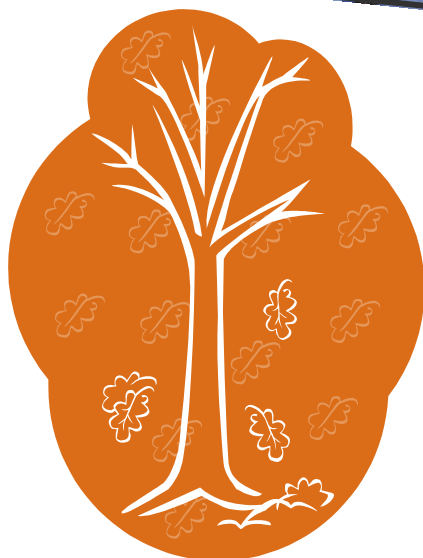
epidemiologist responsible for the perinatal hepatitis B prevention program and population assessments for childhood immunization. In 2007, Mrs. Schwartz assumed a Senior Epidemiologist position. Her major responsibilities included coordinating surveillance and epidemiology-related immunization activities and providing leadership to other infectious disease epidemiologists in BSE. Outside of KDHE, Jennifer enjoys competing in triathlons and trials runs while being cheered on by her husband and child.

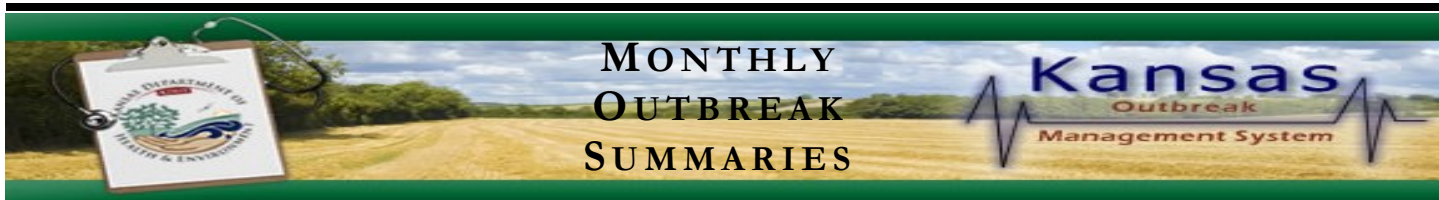


### WELCOME ROBERT GEIST — HAI EPIDEMIOLOGIST

Robert Geist started with KDHE on September 8<sup>th</sup>, 2010 as the new Healthcare-associated Infections Program Epidemiologist. Robert recently graduated from the University of Oklahoma Health Sciences Center’s College of Public Health with a Master of Public Health Degree. During his graduate studies he served as an epidemiology consultant for the Susan G. Komen for the Cure® Foundation and performed his practicum experience at the Oklahoma State Department of Health doing tick-borne disease surveillance and outbreak investigation in the

Acute Disease Service. He also holds a BS in Biology from Northeastern State University with a minor in Chemistry and has experience working with patients in a hospital setting doing respiratory care. In a previous career field, Robert worked in advertising and new media design as an art director, where he worked with clients ranging from startups to Fortune 100 companies. He also holds a degree in advertising from The Art Institute of Dallas. In his spare time Robert enjoys playing golf, all outdoor activities, fine art painting, and sculpting clay.





**Grandma Max's**— On September 8, the Saline County Health Department in cooperation with KDHE and Sedgwick County began an outbreak investigation in response to a foodborne illness complaint. Three individuals of a five member group representing households in Salina, Wichita, and the state of Colorado experienced symptoms seven hours after eating at Grandma Max's in Saline County. Despite efforts of Saline and Sedgwick County investigators, no stool samples were submitted. The restaurant was inspected by the [Kansas Department of Agriculture](#). The cause of the illness could not be determined.

**JD's Chicken**— On September 13, the Ellis County Health Department in cooperation with KDHE began an outbreak investigation in response to a foodborne illness complaint. A mother and

son who lived in separate households, experienced vomiting and diarrhea 12 hours after eating at JD's Chicken in Hays on August 28. Because of the delayed reporting, no stool specimens were collected. The cases had no other common exposures outside of the restaurant, but there were no other cases associated to the restaurant. The restaurant was inspected by the [Kansas Department of Agriculture](#). The cause of illness was not determined.

**DG Meningitis**— On September 16, the Lawrence-Douglas County Health Department received notification of an athlete admitted to the hospital with aseptic meningitis. Two additional players sought treatment in the emergency department for aseptic meningitis but were not admitted. A fact sheet was provided to the school recommending prevention measures (i.e., separate drinking

utensils and hand washing). Within six days of the last case, two more students were admitted for aseptic meningitis. Enterovirus was detected in the CSF of the male. Working with KDHE, the health department enhanced surveillance with the hospital and school and reiterated their original recommendations. It was discovered, while separate cups were used by the sports team, the cups were being dipped in a common water cooler. The practice was discontinued. As of October 6, no new cases have been reported.

**Learning Center**— An outbreak of gastrointestinal illness among 22 people in a learning center was reported on September 29, 2010 in Shawnee County. Onset of illness began on September 27 and the last case to report illness was on September

29th. The predominate symptoms reported were vomiting (95.5%), nausea (31.8%), and diarrhea (27.3%). Three stool specimens were collected and Norovirus genogroup II was identified by polymerase chain reaction (PCR). This incident has been determined to be a person-to-person outbreak due to Norovirus. Recommendations regarding hand hygiene, cleaning environmental surfaces as well as toys, and children not returning to the learning center until they are symptom free for 24 hours was made.

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

## OCTOBER 17-23 DECLARED INTERNATIONAL INFECTION PREVENTION WEEK

On October 15th, 2010, Governor Mark Parkinson signed a proclamation declaring October 17-23 as International Infection Prevention Week to bring attention to Healthcare-Associated Infections (HAIs) in Kansas and the statewide plan to reduce the occurrence of HAIs.

HAIs are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting. "They are a major clinical and public health problem that occurs in all healthcare settings," said Roderick Bremby, KDHE Secretary. "It's important to study

this problem and know where and when to take action. Fortunately, Kansas has a robust network of skilled Infection Preventionists that work tirelessly to protect patient safety. We honor them and their important work this week."

HAIs are a major cause of morbidity, mortality and excess cost in the United States according to the Centers for Disease Control and Prevention. An estimated five to 10 percent of all hospital admissions are complicated by HAIs. Around 1.7 million infections and nearly 100,000 deaths are attributable to HAIs each year. The financial burden of

these infections has been estimated at \$33 billion annually.

Using funding from the American Recovery and Reinvestment Act (ARRA), KDHE has developed a statewide plan to quantify and reduce the occurrence of HAIs. The HAI Program will focus on supporting HAI surveillance and reporting, and improving efforts by healthcare providers who are seeking to meet new national standards to reduce HAIs. All Kansas hospitals have been asked to voluntarily use the National Healthcare Safety Network (NHSN) database and report

data on two of the three priority prevention targets: central line associated bloodstream infections, catheter associated urinary tract infections, and *Clostridium difficile* infections. Thus far, 119 Infection Preventionist staff from 76 healthcare facilities have trained on NHSN reporting and additional training is planned as the program develops. At present, 14 healthcare facilities are actively sharing data with KDHE through the NHSN system and data from approximately 50 facilities is expected to be shared by January 2011.

Please visit us at:  
[www.kdheks.gov/epi](http://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

**B**EPHI 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. 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. H1N1 cases are not included, as these cases do not require investigation at the county level.

\*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.

SEPTEMBER 2010	
KS-EDSS Indicator	Percentage complete
Address Street	80% **, #
Address City	97% **
Address County	99% **
Address Zip	93% **
Date of Birth	98% #
Died	35% †
Ethnicity	45%, †
Hospitalized	43%, #, †
Imported	n/a ††, #
Onset Date	41% *, #
Outbreak Associated	n/a ††
Race	53%, †
Sex	100%, †
Supplemental Form Complete	43%

### BREAKDOWN OF THE 675 CASES REPORTED\* IN KS-EDSS, SEPTEMBER 2010

Disease	September 2010	Average 07-09		
			Legionellosis	2 2
			Lyme disease	17 25
Amebiasis	1	0.67	Malaria	3 1
Animal Bite: Potential Rabies Exposure	5	1.33	Meningitis; other bacterial	4 2.33
Brucellosis	1	0.67	Mumps	3 3
Calicivirus/Norwalk-like virus (norovirus)	3	0.67	Non-Reportable Condition	36 0
Campylobacter	73	47.33	Pertussis	47 37.67
Cryptosporidiosis	17	35	Q Fever	2 2
Dengue	1	0.67	Rabies, Animal	7 4.33
Ehrlichiosis, Anaplasma phagocytophilum	4	0.67	Rubella (German measles)	1 0
Ehrlichiosis, Ehrlichia chaffeensis	5	1	Salmonellosis	52 56.33
E. coli O157:H7	2	4	Shigellosis	16 8.33
E. coli shiga toxin + (not serogrouped)	3	4	Spotted Fever Rickettsiosis (RMSF)	24 30.67
E. coli shiga toxin + (serogroup non-0157)	1	0.33	Streptococcus pneumoniae, invasive	7 2.67
Foodborne Disease Outbreak	5	2	Transmissible Spongiform Encephalitis	4 1.33
Giardiasis	24	28.33	Tularemia	3 0.67
Hepatitis A	52	12.67	Varicella	45 84.67
Hepatitis B, acute	9	7	West Nile, non-neurological	18 26
Hepatitis B, chronic	29	44.67		
Hepatitis C virus, chronic	146	206.33		
Hepatitis C, acute	1	0		

\* Reported cases include Case Classifications Confirmed, Probable, Suspect, & Not a Case.