



# EPI UPDATES

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## TriSano Chosen as New Electronic Disease Surveillance System for Kansas

By Virginia Barnes

KDHE is pleased to announce our plans for the implementation of a new electronic disease surveillance system to replace our current system, KS-EDSS. KS-EDSS was deployed in 2007, and although the system has provided basic functionality for disease reporting, limited case management, and outbreak management, KS-EDSS has not met the expectations set forth in the original project design or fulfilled the needs of local and state health department users. In addition, our requirements, both at the local and state levels, for the system have evolved over time, and substantial concerns about the long-term sustainability of KS-EDSS have been raised.

In October, 2010, I was asked to conduct a comprehensive evaluation and comparison of KS-EDSS and other surveillance systems on the market. This evaluation took into account many key functions and system capabilities that were identified in the original needs assessment when KS-EDSS was developed, as well as those that have been identified over time and projected in the near future (e.g., electronic laboratory reporting, enhanced analysis and reporting capabilities for performance management, etc.), and cost.



Through this comprehensive evaluation, we have selected the Collaborative Software Initiative (CSI) TriSano product as the system that best meets the needs of Kansas for disease surveillance. Not only does this system clearly demonstrate that it can meet the needs of Kansas users, but it is available for a cost that is affordable to the State.

We hope to move quickly to implement this new system. A timeline for training and roll out will be established by the KDHE TriSano Project Team and distributed to users for feedback once we have a better idea of how quickly the system can be functional for Kansas.

We are also looking for local and regional users to join the collaboration by becoming a part of the TriSano Pilot User Group or to be a pilot user. If you are interested, please contact Susan Dickman at (785) 296-7732 or [ksedssadmin@kdheks.gov](mailto:ksedssadmin@kdheks.gov).

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 BEPHI, 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](mailto:epihotline@kdheks.gov)  
 Epi Hotline: 877-427-7317

## CALENDAR OF UPCOMING EVENTS:



### TriSano Pilot User Group

**When:** Wednesday, September 28, 2011, 9-10:30 a.m.  
**Where:** Prairie Conference Room, 3rd Floor, Curtis State Office Building, Topeka or join by webinar  
**Details:** Contact Susan Dickman at 785-296-7732 or [ksedssadmin@kdheks.gov](mailto:ksedssadmin@kdheks.gov) for more information or register at <https://www1.gotomeeting.com/join/360438368/106870280>

### KAC Conference/KALHD Annual Meeting

**When:** Nov. 13-15, 2011  
**Where:** Topeka Expo Centre  
**Details:** A post-conference Applied Epidemiology training that includes training on TriSano is planned for November 16th. To register for the conference go to <http://www.kansascounties.org/>

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

Contact [vbarnes@kdheks.gov](mailto:vbarnes@kdheks.gov) with details.

## KDHE Involvement in Multi-State Outbreak Investigations

**K**DHE is currently investigating an increase in listeriosis cases. Eight cases of listeriosis have been reported in Kansas since August 26. Two of these eight patients have died and the causes of death are being investigated. Currently, five of the eight cases have been linked to the multistate outbreak based on matching pulse-field gel electrophoresis (PFGE) analysis conducted by the Centers for Disease Control and Prevention. Investigations are continuing and additional laboratory testing is pending. More information about this ongoing outbreak can be found at <http://www.cdc.gov/nczved/divisions/dfbmd/diseases/listeriosis/outbreak.html>

KDHE is also assisting the CDC in a Salmonella Berta multi-state outbreak. There are 83 confirmed cases from 28 states in this cluster. Currently Kansas has three cases that match

the PFGE XbaI pattern JAXX01.0001. Two cases in the Kansas cluster had commonalities identified. This cluster investigation is still in the hypothesis generating phase.

KDHE is also providing assistance for two Salmonella Heidelberg multi-state outbreaks that are ongoing. For the S. Heidelberg 1105MLJF6-1 cluster, Kansas has two out of the 119 cases for this outbreak. This outbreak has been linked to ground turkey and on September 11<sup>th</sup> Cargill Meat Solutions Corporation issued a recall of approximately 185,000 pounds of ground turkey products that may be contaminated with Salmonella. More information regarding this outbreak can be found at <http://www.cdc.gov/salmonella/heidelberg/091411/map.html> For the S. Heidelberg 1108NJJF6-1 cluster, Kansas has two out of the 249 cases for this outbreak. This

### Leavenworth County Rash Illness Outbreak —

On August 23, 2011, the Kansas Department of Health and Environment (KDHE) was notified by a health care facility of a rash illness that was occurring among several staff members. KDHE along with Leavenworth County Health Department began an outbreak investigation to identify a source and any additional cases. Thirty-two individuals were identified. Laboratory testing did not identify any specific agent of infection. Clinical diagnoses among cases varied but scabies mite infection has been identified as a possible cause of this rash illness in four individuals. Treatment with permethrin cream, and in some cases corticosteroids, has been successful and the number of cases are decreasing. Investigation into a

definite cause of this rash illness is continuing.

### Sedgwick County Foodborne Illness —

On August 30, Sedgwick County Health Department began an outbreak investigation in response to a foodborne illness complaint. Twenty of 25 individuals became ill with gastrointestinal symptoms approximately 29 hours after consuming sandwiches from a catered lunch on August 25. There was one hospitalization. Further investigation revealed that those in the group may have consumed items on a desert tray from another restaurant earlier in the morning. Requests for stool samples and additional information on all items consumed were unsuccessful. The cause of illness was not determined; no food items could be linked to the illness.



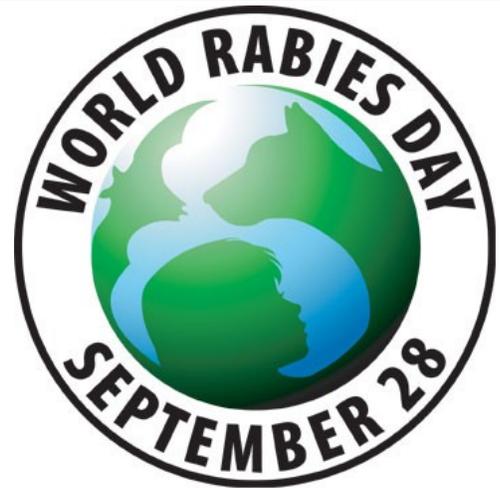
For reports of recently conducted outbreak investigations, please visit our website at <http://www.kdheks.gov/epi/outbreaks.htm>  
To report an outbreak call the Epi Hotline:  
**1-877-427-7317**

## Rabid Bits and Bytes

### Celebrate World Rabies Day!

By Dr. Ingrid Garrison

I would like to take this chance to thank all of our public health partners for their efforts to prevent the spread of rabies in Kansas. This is a monumental effort that is undertaken on a daily basis by the local health departments, veterinarians, human healthcare providers, animal control officers, and responsible pet owners.



September 28th, 2011 marks the 4th annual World Rabies Day. This event began in 2007 with the goal of engaging 55,000 people to take action, one for each person who dies each year from rabies around the world. Since the inaugural campaign in September 2007, World Rabies events have been held in 135 countries; educating 150 million people and vaccinating 4.6 million dogs.

I encourage each of you to raise awareness of this important preventable disease in your community this month. To showcase your event or to learn what others are doing in the U.S. and around the world, visit the World Rabies Day website at <http://www.worldrabiesday.org/>



Breakdown of the 852 Cases* in KS-EDSS by Disease	August 2011	Average 08-10
Amebiasis ( <i>Entamoeba histolytica</i> )	1	0
Animal Bite; Potential Rabies Exposure	4	2
Botulism; infant	1	0
Calicivirus/Norwalk-like virus (norovirus)	22	0
Campylobacter Infection ( <i>Campylobacter</i> spp.)	84	54
Coccidioidomycosis	1	0
Cryptosporidiosis ( <i>Cryptosporidium parvum</i> )	127	27
Dengue	1	1
Ehrlichiosis; <i>Anaplasma phagocytophilum</i>	3	1
Ehrlichiosis; <i>Ehrlichia chaffeensis</i>	6	5
Enterohemorrhagic <i>Escherichia coli</i> O157	5	4
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (not serogrouped)	7	6
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (serogroup non-O157)	4	3
Giardiasis ( <i>Giardia lamblia</i> )	29	28
<i>Haemophilus influenzae</i> ; invasive	1	2
Harmful Algal Bloom Illness - Human	9	0
Hemolytic Uremic Syndrome; Post-diarrheal	1	0
Hepatitis A	31	23
Hepatitis B; acute	4	9
Hepatitis B; chronic	51	39
Hepatitis C virus infection; chronic	195	173
Hepatitis C; acute	1	0
Legionellosis	4	1

Breakdown of the 852 Cases* in KS-EDSS by Disease	August 2011	Average 08-10
Listeriosis ( <i>Listeria monocytogenes</i> )	2	1
Lyme Disease ( <i>Borrelia burgdorferi</i> )	34	30
Malaria ( <i>Plasmodium</i> spp.)	5	1
Meningitis; other bacterial	6	2
Mumps	2	3
Non-Reportable Condition	2	0
Pertussis ( <i>Bordetella pertussis</i> )(Whooping cough)	23	43
Q Fever ( <i>Coxiella burnetti</i> ); Chronic	1	0
Rabies; Animal	7	7
Rubella (German measles)	1	0
Salmonellosis ( <i>Salmonella</i> spp.)	77	51
Shigellosis ( <i>Shigella</i> spp.)	4	9
Spotted Fever Rickettsiosis (RMSF)	31	26
Streptococcal Disease; Invasive; Group A ( <i>Streptococcus pyogenes</i> )	2	1
<i>Streptococcus pneumoniae</i> ; invasive	4	1
Tetanus ( <i>Clostridium tetani</i> )	2	0
Transmissible Spongiform Enceph (TSE / CJD)	1	3
Tularemia ( <i>Francisella tularensis</i> )	1	3
Typhoid Fever ( <i>Salmonella typhi</i> )	2	0
Varicella (Chickenpox)	42	36
West Nile; non-neurological (includes WN Fever)	11	24

\*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

† Increase of *clostridium perfringens* food intoxication cases due to an outbreak

## KS-EDSS DATA QUALITY INDICATORS

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



**K**DHE 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 included the county’s preliminary data for the previous month. We hope to improve this process by adding a second report that will compare preliminary month data with final data. For example, for August local health departments would receive one report that includes preliminary numbers for July data and a second report with June preliminary completion data side-by-side with June final data (We will pull a June report August 1st with the assumption that all June cases should have the basic quality indicator fields completed at this point.) Please email [vbarnes@kdheks.gov](mailto: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 in have not changed since the previous month. - Virginia Barnes

\*Calculations do not include Hepatitis B, chronic or Hepatitis C, chronic (denominator: 662 cases).

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

# Animal rabies not included in this calculation (den: 849 cases).

† Unknown considered incomplete.

†† Only diseases with supplemental forms included in this calculation

### ***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.*

<b>AUGUST 2011</b>		State's Total Case = 852
KS-EDSS Indicator	Field Completed:	Percent Complete:
<b>Address Street</b>	<b>750</b>	<b>88% **, #</b>
<i>Address City</i>	<i>833</i>	<i>98% **</i>
<b>Address County</b>	<b>847</b>	<b>100% **</b>
<b>Address Zip</b>	<b>824</b>	<b>97% **</b>
Date of Birth	839	98% #
<b>Died</b>	<b>494</b>	<b>58% †</b>
<b>Ethnicity</b>	<b>528</b>	<b>62%, #, †</b>
<b>Hospitalized</b>	<b>482</b>	<b>57%, #, †</b>
<b>Imported</b>	<b>311</b>	<b>37%</b>
<b>Onset Date</b>	<b>310</b>	<b>52% *, #</b>
<b>Race</b>	<b>576</b>	<b>68%, #, †</b>
Sex	852	100%, #, †
<b>Supplemental Form Complete</b>	<b>454</b>	<b>55% ††</b>
<b>Supplemental Form Partial</b>	<b>290</b>	<b>35% ††</b>