

ADMINISTRATION, KANSAS DEPARTMENT OF

Moderator: Miranda Steele
September 24, 2013
11:00 a.m. ET

Operator: Good morning. My name is (Angela), and I will be your conference operator today. At this time, I would like to welcome everyone to the Statewide Public Health Call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, then the number one, on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Steele, you may begin your conference.

Miranda Steele: Thanks, (Angela).

Good morning, everyone. Thanks for calling in to the September Public Health and Preparedness Statewide Call. And, again, this is our opportunity each month to provide updates from the State Health Department to our local health departments, hospitals, ambulatory surgical centers, school nurses and other members of the public health system.

The agenda for today – it will go exactly like the e-mail that was sent to you from KDHE reminding you of today's call. So, first, we're going to have our state health officer and secretary of KDHE, Dr. Moser. And, then, our state epidemiologist, Charlie Hunt, will provide an update from his bureau. And, then, the Kansas Health and Environmental Laboratories Health Section chief, Lori Boline, will be on the call to provide an update from the lab.

And, then, we'll have Phil Griffin from our Bureau of Disease Control and Prevention and, then, Emily Nickel, with our Preparedness Program and our Bureau of Community Health Systems. And after Emily will be Jane with local public health. And, then, I will provide some updates from the communications office on what we have going on in that arena.

Again, this is Miranda Steele. I'm the communications director at KDHE. And, at this time, I will turn it over to Dr. Moser.

Robert Moser: Good morning, everybody. Thanks for joining us again.

I want to just give you a little bit of an update on a couple of topics on KanCare and provider relations. We've been working pretty hard since the middle of July when we had an onsite review of our managed care partners. And, particularly, I wanted to address a stronger focus on customer service for our providers as well as the consumers. And out of that, some action plans were developed for the managed care partners - additional provider relation and customer service staff, reworking a lot of the way that the information and concerns get addressed and better training for the staff that's actually dealing with a lot of those calls and concerns on a day-to-day basis.

So, you know, it's early yet. And I've asked for weekly updates from the managed care companies to look at major issues that are coming to their attention and what solutions they're proposing and to include with that a timeline of when they expect to have that resolved and, then, move to the next major issue. Obviously, my goal is to see all issues resolved, and as quickly as possible.

But, overall, I think the movement we've seen so far has been encouraging. We're going to continue to track this pretty aggressively over the next couple of months to get those back on track.

The other update I wanted to provide – I spent last week in Florida – and I know that sounds nice. But, I actually was only outdoors three and a half hours out of five days of being in Florida. The rest of the time, I was meeting with the Association of State and Territorial Health Officials, going over a

number of topics, everything from worksite wellness to obesity to reducing infant mortality. I participated on one panel discussion about our work in Kansas on integrating public health and primary care.

And there's a lot of activity on the national level. We still have five committees that address everything from finding successful examples of integration across the country. We've got a couple of Kansas stories that have made that publication. And, so, if you go to the ASTHO Web site, which is ASTHO.org, you can see some of those and gain additional insight into what other states are doing as well.

The other committee that's been pretty active is one on developing the business value of integration, how that is a value both for hospital systems, clinics, as well as public health. The other thing is we had an opportunity to beta test the ASTHO de Beaumont-Duke Playbook, as they call it. The Playbook is, basically, a Web site that provides resources for developing efforts around a particular topic, whether that might be diabetes, obesity, infant mortality or whatever the topic of interest for the community might be.

Along with that, they have a number of features that, I think, when a group comes together to address a particular topic, when information is found, this allows then to, basically, have an e-mail broadcast to share that information. So, the Playbook will become available on their Web site before too much longer. We're hopeful within the next month— when that does launch, we'll be sure to get the information out to you so you have an opportunity to take a look at it to see if this might be a tool to help you in your community as you work toward some of the integration efforts in addressing some of our public health issues and chronic diseases that we all face.

So, that's kind of a broad overview of the activities in the last month. I appreciate, again, your taking the time to be on the call.

Miranda Steele: Thank you, Dr. Moser.

And, so, now, we'll have our state epidemiologist, Charlie Hunt, with updates from his bureau.

Charlie Hunt: Good. Thank you very much, Miranda.

And good morning, everyone. Actually, ~~we'll~~ I'll be relatively brief this morning.

The first thing I want to talk about is, with the arrival of fall in October, which is just around the corner, we are gearing up for influenza season here.

October 1 is, typically, the start of our influenza activities here at KDHE.

And I just want to remind everyone that the Centers for Disease Control and Prevention has a lot of excellent resources related to influenza and influenza vaccine. The Web site for that is www.cdc.gov/flu.

It's estimated that about 135 million doses of flu vaccine will be produced and available this year. And I know that there are influenza vaccine clinics actually starting up around the state even now. One thing that is different this year is that approximately 30 million doses out of that total will be a quadrivalent vaccine. So, there'll actually be four different strains of influenza vaccine available this year.

We, also, will begin our influenza surveillance activities. And we'll be posting information on our Web site from our ILI-Net clinics on pneumonia and influenza mortality and the Luminex testing that we conduct in our laboratory as well. So, be looking for that on our Webpage.

The next piece that I would like to cover will be detailed more in our Epi Updates newsletter, which will be published later this week. This is related to changes in hepatitis surveillance. This is primary for the local health departments that are on the call.

First of all, related to hepatitis C surveillance, one of the strategies that we have encouraged over the last few years is for local health departments to focus on persons that are less than 35 years of age when a new hepatitis C report is made to us and is available on EpiTrax. As many of you are aware, there has been a changing national strategy around hepatitis testing, and it's now recommended that persons in the baby boom age get a hepatitis C test.

And there have been multiple outbreaks related to healthcare facilities over the last few years. In fact, from 2008 to 2012, there ~~are~~ were 35 outbreaks of viral hepatitis in healthcare facilities in the United States. And, so, we are actually going to change our focus a little bit.

We are going to be asking local health departments to focus on persons 25 years of age ~~—and younger~~ and 65 years of age or older for new hepatitis C reports. And, again, it's in recognition of the changing epidemiology and what we know about hepatitis C and to make our investigations more efficient and reduce the risk that there's an outbreak related to healthcare facilities that we're missing.

With hepatitis B, the CSTE, which is the Council of State and Territorial Epidemiologists, changed the case definition for acute hepatitis B last year. And we really have not implemented those changes with respect to our surveillance strategy. But, we are going to be focusing on that now.

For acute hepatitis B cases previously, either a core IgM positive result or hepatitis B surface antigen positive result would have been an indication of an acute hepatitis B. And, now, both of those tests are required for it to be a confirmed case. And, so, we'll be asking local health departments to focus on those cases where both of those results are being reported.

And this, hopefully, will reduce the burden on the local health department staff with respect to investigation. So, again, more details will be made available in the next issue of our Epi Updates newsletter, which will be published shortly.

I know that Miranda is going to talk a little bit about the healthcare-associated infection surveillance report later on. But, we are very happy that we're planning to announce this at the Central Plains Expo this week. So, be looking for that. We've got a lot of outreach planned related to that, and we're very excited about it.

And, then, finally, I just want to recognize Greg Crawford. Those of you who were in attendance at the Kansas Public Health Association Conference last week, you may already know this, but Greg Crawford in our bureau was

presented with the Service Award and, certainly, we want to congratulate him. It's a well-deserved award.

Many of you know Greg from his work with Kansas Information for Communities and, now, Kansas Health Matters. And he's been a terrific resource for many of you. And, again, I wanted to just congratulate him.

And that's it for me.

Miranda Steele: Great. Thank you, Charlie.

... Lori Boline from our Health and Environmental Laboratories with an update on our laboratory information management system.

Lori?

Lori Boline: Good morning.

Out at our labs, we have an effort to automate and improve our quality and turnaround times. We are implementing a new laboratory information system --. The software is called Horizon. We've had the existing software for over 20 years. So, it has provided a large challenge. But, in the end, it's really going well.

Our go-live date is anticipated to be October 28. Every facility in the state should be receiving a letter within the week. This packet will include a letter from Dr. Moser and samples of the different request forms that we will use, all information about how to use the new system and where to find information.

One note, our universal forms have been redesigned. It's not on one page. And, probably very significant is that it does require diagnostic codes. During the month of September, we've been working on parallel testing to get all the bugs worked out of the system. It's going fairly smooth.

The system does have an enhanced feature. We will soon have a portal for access for all of our facilities. This is a secure Web-based portal. It will allow for a faster turnaround time. You'll be able to order, reprint results. We're

very excited about that part of it. You'll be able to input or order your testing, receive the results online.

We will be using the paper form until the portal is live. In three to six months, we anticipate we'll start implementing this portal. You will – every facility will receive training and special login information about this before you go live. We are offering a series of Webinars and trainings scheduled in the near future. All of that information will be posted on our Web site, and we will contact our facilities. Our main goal is, within the next year, to be 100 percent paperless.

Miranda Steele: OK. So, this is going to streamline the process and make things lot easier for not just KDHE labs but all of the end users as well – so any entity that submits specimens to our Health and Environmental Laboratories.

Lori Boline: Yes.

Miranda Steele: OK. And what is the Web address or e-mail address that they can write down if they need to ask a question before they get the other information sent to them? So, in the meantime, where can they go for information?

Lori Boline: That will be posted in the letter.

Miranda Steele: OK.

Lori Boline: The link is in the letter. But, if there are any questions or comments, you can call me. It's 785-296-1646.

Miranda Steele: OK. Thanks, Lori. So, this is a long time coming. So ...

Lori Boline: Yes.

Miranda Steele: Thank you.

OK. So, next is Phil Griffin with our Bureau of Disease Control and Prevention.

Phil Griffin: Good morning, everybody.

I wish I had better news. But, the saga of the tuberculin shortage continues. The latest work we have is a prediction of getting back to normal in November. The last time we got word, it was April. So, I really have no reliance that November really means anything. So, I don't want to get your hopes up.

We continue to keep current documents up on the TB page of the KDHE Web site. And there is a yellow box there as a reminder to everyone that all of our current documents regarding the shortages are kept there.

The latest Health Alert was sent September 6, basically just reiterating that nothing has really changed. We are continuing to request that restricted use be the standard.

I am getting some calls from various health departments that have been able to get a hold of some tuberculin and some that have quite a bit on hand. And my answer to the question of should we be testing outside of the guidance that's been provided is that it really becomes a local decision to be made. But, everyone should be taking into consideration who it is you're testing. And, certainly, it should mean assuring that you're focused on those at greatest risk.

I would hate to know that the decision has been made to use what you have and using that on low-risk people and, then, you not be able to get your stock replenished and have a situation on hand with high risk or a contact investigation or something of that nature where you really need it and don't have it any longer. So, it is a local decision. But, our encouragement is that you follow the guidance to assure that those in greatest risk are being tested.

As a side to the shortage, Dr. Moser and I have been in conversation. We have a lot of regulations and a lot of statutes on the books right now that are very old and very outdated related to skin testing and general screening of tuberculosis. And we are going to be methodically looking at this.

The shortage has really brought to light a lot of the low-risk testing that continues to go on in the state. And some of that is driven by regulation that is quite outdated. And we want to begin the process of revising those

regulations. Over the next couple of years, a lot of the current testing that's going on will no longer be required testing. And I think that we'll all see improved standards because of that.

One other shortage that we have been dealing with is the isoniazid shortage. And that is beginning to look like we are kind of out of the woods on that. I'm looking very closely – I've been monitoring the availability. And I suspect, probably, by – in the next two to three weeks, to be able to release all the restrictions that we've placed on the use of isoniazid.

We've held on to them for a little longer just to make sure that market is stabilized because there was a fluctuation over time. But, it's beginning to look pretty stable at this point. And, I think, we'll be able to release that and everyone can get back to normal use of isoniazid.

Aside from that is that as a result of the shortage, we have seen a much greater uptake on the use of the new 12-week treatment with a lot of success. And, I think, that that's given us the opportunity to look at that more closely. And people are finding a lot of success in doing that. We get completion. It's easier and more convenient for the patient themselves in that they only have to take 12 doses. It's a shorter treatment and it's appearing to be quite successful.

So, out of the bad with both of these situations, I think we're finding some very good outcomes in the end and some changes that will be able to be made that we would not have probably done otherwise, if we didn't have the shortages.

Thank you.

Miranda Steele: All right. Thanks, Phil, for those two updates.

So, I'll turn it over to Emily Nickel from the Preparedness Program.

Emily Nickel: Good morning. I'd like to provide you all with a reminder of the purpose of the Kansas Health Alert Network and why it's important to get health, medicine and safety professionals signed up on HAN.

The Kansas Health Alert Network is a secure Web-based communication system that allows state and local providers to receive and share information when the time is essential. The purpose of the system is to enable local and state emergency health and safety entities to share public and environmental health and general emergency preparedness information rapidly.

It is really critical that health and environmental professionals receive this alert timely on disease outbreak and health advisories to enhance patient care and prevent the spread of disease. The alerts highlight information about the spread of the disease, prevention and other necessary actions steps.

We at KDHE encourage you all to encourage your local health and medical professionals in your community, including physicians, nurses, veterinarians, and others to join Kansas HAN. To enroll in Kansas HAN, it's pretty simple. You just need your e-mail, phone, your name, employer and your job title and send that to the Kansas HAN admin e-mail, which is kshanadmin@kdheks.gov. And that e-mail will be in the transcript. So, it will be sent out later.

So, if you send that information to us, we will, then, send an invite code. And if you want your medical director or someone to get on Kansas HAN, please send us their information and we'd be happy to send them an invite code.

That's all I have, Miranda.

Miranda Steele: Great. Yes. Great reminder, Emily.

Just as an example of some of the updates we had here this morning with our new laboratory information management system, we're going to have a HAN go out on that this week in addition to the shortages that Phil briefed us on. That's the kind of information that you get a heads up on if you're – if you're on the Health Alert Network.

So, just to reiterate what Emily said, you know, you may already be on HAN, but, encourage your other local partners to get account on HAN so they get the same updates.

So, thanks, Emily.

Emily Nickel: Yes.

Miranda Steele: At this time, I'll turn it over to Jane Shirley, director of local health.

Jane Shirley: Thank you, Miranda.

And thanks, everyone, for being on the call. I have just a couple of short announcements.

First, Charlie mentioned the Kansas Public Health Association Annual Conference. And I wanted to remind everyone it was great seeing those who could attend that conference. The presentations and handouts are currently on the Wichita State University Conference Office Web site.

<http://webs.wichita.edu/?u=conferences&p=/index/> I believe they will also be loaded on the KPHA Web site.

And we will make sure that those links are available on the transcript that will go out following this call. Approximately in a week, we have that transcript available and post that on our Webpage. But, I'd encourage you if you're interested to go and look for those materials, especially if you were not able to attend the conference.

One other thing I wanted to mention about local public health is to remind everyone our program convenes quarterly public health meetings in the six general regional areas around the state. We're in the middle of the fall round of the fall regional public health meeting. Our meeting that is in Beloit happens to fall on this day. And so a shoutout to those of you who are in Beloit that, I believe, are joining our call as part of that meeting. And we really appreciate their making an allowance to be on the call as part of that meeting.

This month – this quarter, the topics are conversation around the intersection of healthy food and public health, around the chronic disease risk reduction program and, then, a presentation by the maternal and child health program

here at KDHE. And, so, the upcoming meetings in Topeka will be Thursday, this 26th of September; in Chanute on October 3; and, in October 10, will be Oakley. Those go on, as I mentioned earlier, every quarter all around the state.

The other thing I wanted to bring up to you all is an upcoming Webinar that will be provided by the Rural Health Program, the Office of Rural Health, called “Navigating Rural Health Resources, Rural Health Network Grants, and Rural Assistance Center.” For information about this – the details will be coming out on a KRHIS notice and will also be in Public Health Connections for October.

But, I wanted to highlight this. The target audience for this particular grant application is rural communities that either are under development or have an existing, a fairly broad community health delivery network. It can be multi-jurisdictional. And topics that could be addressed within the funding around this grant would be electronic health records, strategies for building sustainability and achieving other goals that are currently in the ACA, the Affordable Care Act, implementation.

So, be watching for that announcement. The Webinar itself will be held on October 7. But, be watching for those details and specifics of how to join that Webinar coming out to you very soon.

And that’s all I have, Miranda. Thank you very much.

Miranda Steele: Thank you, Jane.

OK. So, I will give a few updates from the Communications Office before I turn it over to Jamie Hemler from our Preparedness Program to provide a few more preparedness updates. And, then, after Jamie’s updates, we will have a Q&A session – a live Q&A.

So, first, I want to mention two things that are going to occur on September 30. September 30 is our Second Annual Obesity Summit that will take place here in Topeka. And we’ve been announcing that over the last month or so on these calls. And we’ve put out a news release. So, if you want to find out

more information about the upcoming Obesity Summit, you can find that on the KDHE news room.

The other thing that's going to run concurrent with the Obesity Summit on the 30th is the very first meeting of our Physical Activity Champions Network. This is an initiative of the Governor's Council of Fitness, taking a charge from the governor at last year's Obesity Summit, recognizing the need for a network of physical activity champions who help share information in their communities about physical activity opportunities and simply encouraging more physical activity through existing programs. They are not in place to reinvent the wheel; we want to be able to have these champions connect with existing initiatives.

But, what they can do is help the Governor's Council on Fitness, KDHE, Dr. Moser and the governor communicate what is going on across the state, what are the resources available and activities that are going on to promote physical activity in every community across the state.

We're looking to have at least one person identified as a volunteer in every county. The Bureau of Health Promotion here at KDHE, in cooperation with the Governor's Council on Fitness, has worked to identify these volunteers. And the list of these physical activity champions will be announced soon.

You may have remembered this update from previous public health calls. So, this is the latest we have. Not every physical activity champion – of course, not all 105 of them are going to be able to attend the Obesity Summit --. But, for those who are going to be attending the summit and who have been identified as a champion and have agreed to be a physical activity champion as part of this liaison network, they will meet right after the summit concludes.

So, that's what's happening on September 30th. The Obesity Summit will run from 9 a.m. to 2 p.m. And, then, after the summit if over, the champions will come together and get more information on this initiative. And, for branding purposes, the initiative has been titled Get Active Kansas.

Therefore, you're going to start seeing a lot of stuff out there with the brand Get Active Kansas. And, so, for instance, one of the first things, I think, the physical activity champions will be able to do through this Get Active Kansas campaign is help promote the Move Across Kansas– fitness tracking tool.

The Move Across Kansas tool was announced this summer. It's a Web-based tool for individuals to track their physical activity and it provides tips on healthful eating and physical activity.

Those are the two things that are going to occur on September 30. So, be on the lookout for more information about Get Active Kansas with our physical activity champions.

And, also, with the Obesity Summit, of course, Dr. Moser will be there and Governor Brownback will be there. And Governor Brownback will also announce the winners of our Health Champion Award. And this will be one individual and one organization in Kansas plus honorable mentions. And those individuals and groups will be recognized during the summit as part of the agenda for the summit.

The second thing I want to mention is related more to the Preparedness Program. Regarding the Public Health Emergency Preparedness grant. So, if you are a grantee of PHEP-sponsored, or CDC, funding, one of the items in our work plan for both KDHE and the local health department – (is it just the local health department or hospitals, too)?

Female 1: No. Just local health departments.

Miranda Steele: Just local health departments. OK. So, we're looking at work plan deliverables for KDHE and the local health departments. If – you've been receiving this communication from the Preparedness Program, you're probably already aware.

But, I wanted to go ahead and just mention that this particular requirement for public information and communications – so, PIC training – we – there will be a session coming up at the Kansas Association of Counties Annual Conference. And the public information training at this particular conference

is going to be at 8:30 a.m. on October 31. And, of course, the conference – if you’ve already seen the registration information – it’s going to take place in Wichita at the Hyatt Regency.

And, then, next summer – so, we’re looking at summer 2014 – there will be the Kansas Association of Local Health Departments Conference. There will be a public information training session as part of that conference as well.

So, those are the two conferences coming up where you can catch that public information training.

And, then, the other location that we’re looking to have this training is in Scott City. This is for our Western Kansas audience and for those who can’t make the two other conferences that I’ve just mentioned. And we’re looking to schedule that for the spring of 2014.

So, it will be myself, possibly Aimee Rosenow, our public information officer for public health programs, in addition to some individuals from our Preparedness Program, we’ll will be in Scott City for that training and some other meetings.

And, as Charlie Hunt already mentioned, the work to announce data in our healthcare-associated infections program will be announced on September 26. Aimee Rosenow, our PIO for public health, will be in Wichita with our Bureau of Epidemiology and Public Health Informatics to announce this new data. In addition to inviting reporters to the Central Plains Expo, we’ll issue a news release on that day.

Did I don’t want to forget to mention the Twitter chat. So, in addition to the news release, we’ll also announce how individuals can participate in a Twitter chat on this very topic, which will take place on October 1. Is that right? OK.

So, with that, I’ll turn it over to Jamie. And, then, after Jamie’s update, we’ll have the Q&A.

Jamie Hemler: OK. Thank you, Miranda.

Good morning, everybody.

Just a reminder, first quarter work plans and affidavits are due on October 15th. The work plans can be sent into the preparedness@kdheks.gov e-mail account. And the affidavits will be submitted to Kevin Shaughnessy as part of that aid to local contracting process.

And as a recap to a few items that we've sent out in our last Preparedness Program update, you may have seen that there is a typo in the Public Information and Communication SOG template. That typo is now fixed and it's been re-uploaded to our web site in case you are looking for it.

There is also an explanation of the K-SERV credentialing levels. Credential level 1 is the highest credential you can get. And that is assigned to a volunteer who is actively employed in a hospital or has hospital privileges.

Credential level 2 is assigned to a volunteer who is clinically active in any setting other than a hospital. Credential level 3 is assigned to a volunteer whose license can be verified or a certification can be verified.

And credential level 4 is assigned to a volunteer who possesses verified documentation of healthcare education or experience. This level may include healthcare students or retired healthcare professionals that no longer hold a license.

We also have a few staffing updates that you may have heard of through the last Preparedness update. Nikki Meyer will be joining our Preparedness Program on Monday, November 4th and she will be assuming some of the duties that Lisa Williams has been taking care of for us, including the preparedness e-mail account and reviewing and processing work plans.

Lisa Williams has transitioned over to be our Exercise Coordinator so any questions regarding exercises can be directed to her. And I will be reviewing first quarter work plans while we wait for Nikki to start.

This week and into next month, we will be visiting with the four tribes to discuss their public health emergency preparedness contract and get some

more collaboration with them in terms of what they need in their communities.

And, lastly, we have been in communication with our project officer from the CDC. He will tentatively be spending a week with us in January and a week in February to do our state technical assistance review, our federal site visit and, then, also look at knocking out some of the local technical assistance reviews. So, as we get dates and times more finalized, we will communicate out with those CRI counties.

So, that's all we've got right now.

Miranda Steele: Thank you, Jamie.

Before we go to Q&A, did anyone else in the Department Operations Center have an update or --? OK.

All right, (Angela), we'll go to the callers for any questions.

Operator: Thank you.

At this time, ladies and gentlemen, if you would like to ask a question, please press star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

And, once again, ladies and gentlemen, if you would like to ask a question, please press star one.

And your first question comes from (Cindy Mullen).

Miranda Steele: Hi, (Cindy).

Operator: (Cindy), your line is open.

(Cindy Mullen): Can you please tell me what LIMS stands for?

Miranda Steele: Yes. That's Laboratory Information Management System. And this particular LIMS that we'll be launching on October 28 is Horizon. So, LIMS is, I guess,

more of a generic name for the actual system. But, then, the brand, of the LIMS is going to be Horizon.

(Cindy Mullen): OK. Thank you.

Miranda Steele: You're welcome.

Operator: And, once again, if you do have a question, please press star one.

Your next question comes from (Yvonne Gibbons).

(Yvonne Gibbons): We got it answered. Thank you. Sorry.

Operator: Your next question comes from (Karen Locket).

(Karen Locket): Yes. I just want to confirm that, on the quarterly reports and affidavits, that on the (HPP) side, we don't – we don't need to do that.

Jamie Hemler: No, (Karen). The hospital side is going to be turning their information into -- like they had in previous years.

(Karen Locket): OK. I've had the understanding that a document – but, the document per se does not have to be uploaded because they're going to get the information in an alternative manner?

Jamie Hemler: Yes. The team is working on a different process

(Karen Locket): OK. I just wanted to be sure that I'm rolling right here.

Jamie Hemler: OK.

(Karen Locket): OK. Thanks.

Jamie Hemler: Yes.

Operator: Your next question is a follow up from (Cindy Mullen).

(Cindy Mullen): Hi. I had one more question. Do the regional affidavits go to (Kevin Chanaucy) as well?

Jamie Hemler: No, they do not. Those contracts are separate from (each of the local process that we have in the agency. So, those all go to preparedness).

(Cindy Mullen): (OK. That's all). Thank you.

Operator: And you have no further questions at this time.

Miranda Steele: OK. Thank you, Angela.

For everyone on the line today, thank you very much for calling in and participating in the call. If you have any questions as the day goes on, as the weeks go on, feel free to send an e-mail to anyone at KDHE, myself included, Jane Shirley from our Office of Public Health, Jamie Hemler from our Preparedness Program.

So, with that, we will (adjourn) the call, and everyone have a great day.

Operator: Ladies and gentlemen, this concludes today's conference call. You may now disconnect.

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