

ADMINISTRATION, KANSAS DEPARTMENT OF

**Moderator: Sara Belfry
January 26, 2016
11:00 a .m. ET**

Operator: This is conference #9300381

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

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during that 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, (Cassie Sparks); you may begin your conference.

(Cassie Sparks): Everyone, this is (Cassie Sparks), from (KDHE) Communications. First, Sara, our communications director, is going to introduce a new employee here in (KDHE).

Sara Belfry: So, we do have a great new announcement. We have a new Deputy Director for Public Health and Director of Community Health Systems, (Ashley Goss). She started here a couple of weeks ago and we're very excited to have her on board. She has worked in public health for the last 11 years and worked down in (Finney) County. At the local health department in (Finney) County. You can reach her by telephone. Her phone number is 785-296-0201. Again, (Ashley Goss's) phone number is 785-296-0201 and her email is AGoss@kdheks.gov.

(Cassie Sparks): Thank you, Sara. Now, we will turn it over to (Charlie Hunt) in (epidemiology).

(Charlie Hunt): Thank you so much and good morning everyone. I will start with a brief update on Ebola. I will briefly describe some of the updates from each country and then talk about what our plans are here.

First of all, Sierra Leone, as you may be aware, in terms of transmission had been declared by the World Health Organization to have ended on November 7, 2015. This typically will include 90 days of enhanced surveillance before local transmissions has been declared over. And, so Sierra Leone was in that 90-day period. And, on January 14, 2016 which is 68 days into this 90-day period, they identified a new case. This was identified post-mortem from a patient. The patient had received an unsafe burial and there were 150 contacts identified as close to the victim who were deemed to be high risk. And so, it's, of course, a concern that there will be additional cases in Sierra Leone.

In Guinea, human transmission was declared over on January 14, 2016, you may recall that there were clusters of (physicals) (related) to 2015 – and in various locations. And then in (Guinea), they were to (search) see the human – this human transmission on December 25 in 2015.

The travelers screening process, travelers from (Guinea) that are entering in the U.S. – continue to be routed through one of the major airports with enhanced screen processing. But, that process has been discontinued both (materially) out and (Liberia). The travelers and modified care kit. And, once again, we have requested this new modification for those travelers and we are (in term) – another point our health department.

Again, we are not recommending direct monitoring or any public health monitoring for travelers who have been advised to (monitor) symptoms. The purpose of us notifying the U.S. (tollgate) we can help communicate with the person – be in by healthcare provider again just to (reiterate) what the current risk is. And, make sure there's no unnecessary concern about that.

I keep saying that we're revising our plan and we are doing that. But, every time there's a change in the situation it necessitates those revisions to the plan. So, we are in the process of revising the plan so it does not have to be updated every time there's a change in West Africa with the (Ebola) situation.

And as I think I've mentioned on other previous calls, we want to incorporate this as part (between this response plan). So, as soon as we get that (right down on it) – (as best we can).

Next, I'd like to cover a little bit about (Zika) virus which I'm sure many of you are familiar with now from the news coverage on it. Obviously, an emerging mosquito form viral (reviews) in the western hemisphere, it's close to dengue, yellow fever, Japanese encephalitis and west Nile viruses. Part of 2007, almost erratic human (inaudible) report from Africa and Southeast Asia. In 2007, the first outbreak was reported on (Yan) Island, confederate state of Micronesia. Between 2013 and 2015, more than 30,000 suspected cases have been reported (hence) of this year and other restricted (item).

And, the first local required cases in the Americas were reported in Brazil in May 2015. And now, local transmission has been documented in over 21 countries or territories and the Americas, including the first confirmed case in Puerto Rico in December 2015. There have been some cases documented in travelers returning from areas of local transmission in the United States. The disease is spread primarily by aedes mosquitoes. The mosquitoes as you know, from (one route) – discuss (inaudible) about (inaudible) of ours that like to live in and around households and very small quantities of water. And, they're day time intruders.

Have clinically, (the virus) – physically causes (inaudible) (stone) and only about (one in part) (inaudible) developed symptoms from it. Symptoms include fever, rash, joint pain and conjunctivitis. Some patients have (may cause), you know, (Young Beret's) syndrome. In the current Western Hemisphere, outbreak there has been the concern about a potential association with (microcephaly) and (fetal mark). (CDC) have issued alert level two travel advisory which is to practically enhance precaution for persons considering travel to Zika virus infected areas.

However, because the potential concern for those outcomes, and fetal loss. (CDC) is recommending that women who are pregnant consider postponing their travel to (endemic) areas. Due (defied) government is (truth) (police) for anyone where they (shoot), practice aggressive, mosquito bite prevention. (Start) this using, using mosquito repellents and (exams) and so forth.

In terms of a violation, testing patients with travel history through the affected areas. (CDC) is recommending the Zika virus should be considered in those patients that have a clinically compatible illness with two weeks of returning from one of the infected areas. We are asking healthcare providers to report suspected cases to KDHE, and our epidemiology hotline number as many of you know is 877-427-7317. We will propose a testing at the (CDC) for patients that are meeting our clinical criteria. Because patients (trust and capability) is limited. Physically, that will require that the patient have at least two compatible symptoms.

And, again, the appropriate travel within (CDC). We are internally recording any suspected cases to the (CDC) and we have added Zika virus to EPItracks which is our infectious disease surveillance system. Again, this is just an important reminder. Just think comprehensively about travel history. We have a whole web page dedicated to #ThinkTravelHistory posters and reminding folks to assess, travel history in any patient that has been travelling and presents symptoms compatible with the infectious disease.

Additional information can be found in the help alert network message that we put out last week. And, of course, we have central information on our web page about (inaudible).

Also just wanted to mention that we have an increase in norovirus activity throughout the state. Norovirus typically peaks during the winter months. And it seems like we've had an increase number of outbreaks reported us, particularly involving restaurants. I think we had at least six restaurants associated with outbreaks of norovirus since November of 2015. In response to this we have prepared some information for our restaurant operators. You know, the importance of work exclusions while employees are (a little)

support than we – we'll be working with you. Get that information out through the hospitality and restaurant associations here in Kansas. And, we'd be happy to take those (in terms of governance) to those beyond the call as well.

Next, just a very brief update regarding influenza activity. Activity actually remains very low so far this season. Typically, we start to see peaks in January and February, in this part of the country. We are continuing to report sporadic activity. Today, (it may meet) the deadline for reporting data from our (chiefs) and see what that looks like.

From a national perspective...

Regarding the (chronologic) for male, the influenza A has been the prominent strain that (circles) the 78 percent of the reported cases. Most of that, or actually, about half of that has been the influenza A strains themselves and the other has been influenza AH3. Then influenza B has accounted for 21 percent of all the reported cases. The strains that are circulating appear to be a good match for the vaccine this season.

However, the low activity has resulted in a somewhat reducibility to evaluate the circulating strains. Today, only 259 viruses have been systemically characterized by (receiving) flu. And so, we are aggressively pursuing getting specimens collected as part of any outbreaks of (inaudible) today. So, we appreciate your cooperation and important (roles) in helping us locate – of getting (inaudible) best of (inaudible)

Our next system, (pre-prepping) regarding outbreak, (net enhanced). You may recall from our previous discussions and information that we've been putting out through emails and our newsletters that we had been awarded funding through (CDC) through our epidemiology and laboratory capacity for infectious disease or (ELC) cooperative agreement for enhanced food-borne disease outbreak detection, investigation and response.

And, again since it's called outbreak, (net enhanced). And, one of the primary focus areas for this is to conduct rapid (centered) interviews, for salmonella, chickenpox and E-coli and Listeria cases. And, so we have hired two public

health consultants that began interviewing cases with those infections on January 4th for the counties that opted in. If your local health department did opt in to participate, case reports will continue to be entered into (EPItracks) but will be routed to a KDHE jurisdiction. But, you will have access to view those cases. And, I believe, you could still add notes to them as well.

Just in general, all but six counties fully opted into this program which represents about 78 percent of the population and counties. So, again, we will continue working on this project and we appreciate your collaboration with us. And then, finally, we'd like to introduce you to a new newsletter that our healthcare-associated infections program is publishing, Semmelweis Times. And, the first edition of that has been posted up on our website. Emails have been sent to the infection preventionists throughout the state. If you have suggestions for articles or topics that you'd like to see featured in the newsletter please contact (Joey Scaletta) in our office. And if you would like to be added to the distribution list for this, please contact Joey Scaletta in our Healthcare-Associated Infections office, and he'll be glad to add you to the list. And, that's all I have, thank you.

(Cassie Sparks) Thank you, (Charlie). And, we will all try to speak up. We apologize for the issues you've had with hearing. And, now we have the preparedness update.

Michael McNulty: Morning, all, Michael McNulty from Preparedness. Just a few things. One, the dates for the national preparedness summit in 2016 have been released. They are April 19 through 22 in sunny Dallas, Texas. So, if you're looking for a fun trip to learn a bunch of stuff, some fun news related to Fred the Preparedness Dog, we will be down there and presenting about his program on the 20th. So, if you have a chance to go to Dallas and you want to hang out with Fred he will be there.

More along the lines of Fred news. This Saturday, the 30th, Fred and I will be out in Goodland, at Northwest Kansas Technical College, helping Sherman County out with their health fair. So, if you have health fairs or other community events that you would like Fred to come out to and maybe help

bring some attention to preparedness in your community, go ahead and give us an email or a phone call.

Finally, just looking at some of his numbers, he has 899 likes on Facebook. And, we have a goal of a thousand. So, if you have yet to like Fred with your health department or through your organization's Facebook page, go ahead and give him a Like and Share some of his messages. We've put out some information today about storm spotter classes coming up. So, he's often sharing information about things that are going on and ways for families and communities can get prepared.

Jamie Hemler: Awesome. Thanks, Michael. This is Jamie Hemler. I've got a few other grant-related updates. On January 7th, the CDC issued an amendment to the PHEP Ebola supplemental funding announcement to extend the project period an additional nine months and to update how funds might be used. The close of the project period has been extended from September 30th 2016 to June 30th 2017. So, at the end of this five-year project period.

We have not yet had any internal discussions about this extension, but the local health department PHEP Ebola contracts will likely be revised to extend the end date. Local work plans may be revised as well to add additional reporting periods.

The Ebola risk communications training that is a requirement in the PHEP Ebola work plan, item number five, will be delayed due to the need to select a vendor to conduct the Ebola risk communications training that is required. This training was originally slated for spring of 2016. More information will be forthcoming when trainings become available.

We expect to receive our grant guidance in early February. So, stay tuned for that. Once we've got that, we will send it out to our partners. The base hospital work plans will be updated to reflect a due date of June 30th 2016 for the mass fatality plan, gaps and training needs document related to mass fatality planning, and the mass care feedback requirement.

In terms of Catalyst, Preparedness will not have an application based on catalyst. We will work with Karen Kelley with the Local Public Health

program as well as Catalyst staff to ensure the system gets setup to receive budgets, affidavits, and progress reporting for budget period five.

There are also some PPE trainings coming up. We've got a few more scheduled. The first one is February 16th, from 10 a.m. to 2 p.m. in (Liberal) at the Seward County Activity Center. February 17, 2016, 10 a.m. to 2 p.m. in Garden City at St. Catherine Hospital. And February 18th, 10 a.m. to 2 p.m. in Dodge City at the Dodge City Hotel.

We have interviewed for a couple Preparedness positions the last couple weeks. A candidate has been selected for the Compliance Coordinator position and should be on board soon. This position will be responsible for primarily being out in the field to conduct site visits in order to do spot checks of inventories. They will verify documentation such as invoices, receipts, training certificates, and other work plan documentation. The position will be a key player to assisting the Preparedness Program to enhance sub-awardee monitoring and accountability.

We also interviewed for a Training Coordinator position. This position will be responsible for identifying training needs locally as well as within KDHE for ICS positions. This position will also assist preparedness staff and carrying out any training we do locally by providing the training themselves or ensuring the training is made available.

And, that's all I've got.

(Cassie Sparks): Thank you, now we have the community health systems update and the KS-Train update.

(Cristi Cain): Good morning, this is (Cristi Cain) and I'm going to give you some updates from the local public health program and then turn it over to (Deb Nickels) who is going to give you some KS-Train updates.

The first update I have is that as many of you know, Kansas Department of Health and Environment has been working towards becoming an accredited public health department through the Public Health Accreditation Board (PHAB) since 2013. And, I am happy to report on December 31st, Dr. Susan Mosier submitted the documentation to PHAB. KDHE hopes to become the

next accredited health department in the state.

The 2016 Governor's Public Health Conference will be held at the Wichita Marriott, April 26-28. Registration will be available in February. The preconference session the afternoon of April 26 will include a session on public health law and succession planning. Conference general and keynote sessions will include topics on public health law and epidemiology, environmental health, chronic disease self-management in schools, a financial session on planning and budgeting, public health impact of e-cigarettes, prescription drug abuse, adverse childhood experiences/toxic stress and much more.

The Aid to Local Grant Application Process for SFY 2017 opened on January 15. Information for all program applications is available on the KDHE, Local Public Health Program website at http://www.kdheks.gov/doc_lib/index.html. Applications must be submitted on or before March 15 at 5:00 p.m. For the State Formula Grant, the funding projections based on population are available in a spreadsheet and will be posted on the State Formula Grant webpage soon. The projections are subject to change based on legislative action. Many improvements have been made to the Catalyst grant application system based on your feedback. Continue to provide feedback so we can continue to work with SHPR to improve Catalyst. Karen Kelley has been hired as the Catalyst/TRAIN Project Manager. Karen can be reached at kckelley@kdheks.gov.

We are in the process of hiring a public health specialist. Interviews will be conducted soon.

The Kansas Accreditation Readiness Project (KARP) began its second year. The project is an opportunity for local health departments to better understand how they may use the accreditation process to develop practices and strategies to become a high performing health department. Each month focuses on a single Public Health Accreditation Board (PHAB) domain, and the group will work through the domains in numerical order. The monthly learning collaborative webinars are on the third Thursday of each month at 2 p.m. via Adobe Connect. The sessions are one hour long with some homework. You do not need to commit to the entire year—feel free to join any sessions of interest to you. Please join us each month, or participate in a specific session of interest at: <https://wchitaccsr.adobeconnect.com/karp/>. If you have any questions about participating, please contact Katie Mahuron at Katie.Mahuron@wichita.edu or 316-978-6776.

(Debbie Nickels): Upcoming live learning events include:

- a. The upcoming Regional Public Health Meetings will be held February 3 in Hutchinson, February 10 in Garden City and February 11 in Oakley. The agenda includes a KDHE Bureau of Family Health Discussion. MCH and Family Planning Staff will be on hand to answer questions on the DAISEY data system; and Phil Griffin, Program Section Chief for the KDHE Immunization Program along with the Regional Immunization Nurses will be present to discuss updates, policies and plans. Please register via KS-TRAIN at <http://ks.train.org>, Course ID #1060939. For more information please contact Teri Caudle at tcaudle@kdheks.gov.
- b. The regional preparedness Healthcare Coalition meetings are posted to KS-TRAIN at <http://ks.train.org> for registration. If you do not see your regional meeting on the TRAIN calendar please contact the regional coordinator for the next meeting date.

SEK Healthcare Coalition Meeting, Course ID #1059500 (February 23, Chanute)

NEKS Healthcare Coalition Meeting, Course ID #1059234 (February 2, Topeka)

SWKS Hospital Emergency Response Team HPP Healthcare Coalition, Course ID #1059224

NWKS Healthcare Coalition Meeting, Course ID #1059020 (February 17, Hays)

NCKS Healthcare Coalition Meeting, Course ID #1059634 (February 19, Salina)

Kansas Metro Regional Healthcare Coalition Meeting, Course ID #1059303

SCKS Health Care Coalition Meeting, Course ID #1059730

- c. KDHE-BCHS: Personal Protective Equipment (PPE) - Training, Use and Practice for Health and Medical Personnel, has sessions scheduled through June of this year. Registration is through KS-TRAIN, Course ID #1056977.

Online course announcements:

- a. The KDHE: The Strategic National Stockpile (SNS) - Kansas CHEMPACK is live on KS-TRAIN, Course ID #1060191. By the end of this course you will be able to successfully:

-Define the CHEMPACK Program

-List the six types of chemical warfare agents

-Identify the signs and symptoms of mild, moderate and severe nerve agent poisoning

-Identify the five products in the CHEMPACK container

-Explain what each product in the container is used for

-Identify five of the responsibilities of a CHEMPACK cache location

- b. Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know – 2015, Course ID #1058172. In order to be certified (or recertified) to ship laboratory materials you must complete training on the hazardous materials regulations as well as some facility specific training. This on-line course uses a problem solving approach to provide training on infectious materials (Division 6.2 Materials) as specified in the Department of Transportation (DOT) regulations. This course is designed specifically for those who participate in any phase of shipping laboratory specimens within the United States.
- c. The course, KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures (1050287) (CESSL) is an intermediate-level 45 minute training overview of regulations and procedures associated with evidentiary control measures taken when shipping clinical specimens to the Kansas Department of Health and Environmental Laboratories after a known or unknown chemical exposure even has occurred. This course is offered to ensure all laboratory staff across Kansas receive the full training needed to fully support their responsibilities as sentinel laboratory staff members.

If you have staff who have completed the Division 6.2 Infectious Materials course via another venue, other than the CDC online course on KS-TRAIN, they should contact Sara Hoffman at the Kansas Health and Environmental Laboratories. Sara will enroll your employee into the CESSL course, #1050287. You can reach her at shoffman@kdheks.gov or 785-291-3162.

- d. Preparedness course information will be shared as applicable through the Preparedness Program Update and through Public Health Connections.
- e. TRAIN questions can be directed to kstrain@kdheks.gov.

(Cathy Sparks): Thank you, (Deb) and (Cristi). Now, we have (Ginger Park) with the Bureau of Health Promotion.

(Ginger Park): Thank you, (Cassie). I just want to make sure everyone knows that the 2014 Kansas Behavioral Risk Factor Surveillance System (BRFSS) state data is now available online. BRFSS provides data on a wide range of health issues including information related to access to healthcare, chronic and infectious diseases, clinical preventive services, environmental quality, infant and child health, injury and violence, maternal health, mental health, nutrition, physical

activity, obesity, oral health, substance use and tobacco use. So, as you can see, there's lots of great data available out there – 2014 and previous years' data are available at www.kdheks.gov/brfss. That's all I have.

(Cassie Sparks): Thank you, (Ginger). So, as communications update in February, we will have a critical congenital heart defects press release. And then, on social media, we will have heart health and cancer prevention month messages going out.

Great. (Sarah), I think we are ready for question and answers.

Operator: At this time, I would like to remind everyone, in order to ask a question, press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Again, if you would like to ask a question, press star then one on your telephone keypad. Your first question comes from the line of a participant whose information was unable to be gathered. Caller, please state your first and last name. Your line is open.

(Audio Gap)

(Cindy Mullen): Hi, this is (Cindy Mullen).

(Cathy Sparks): Hi, (Cindy).

(Cindy Mullen): My question was for (Jamie). Could you repeat what you mentioned about catalyst and the preparedness system is – are we not doing that at all? Entering anything at all for the remainder of this year on catalyst?

(Jamie Hemler): Yes. (BP 4), you're not entering anything in catalyst, it will be budget period five when we will start collecting budget affidavits and progress reporting. There is no application in (BP 5) for preparedness.

(Cindy Mullen): OK, thank you.

Operator: Your next question comes from the line of a participant whose information was unable to be gathered. Caller, please state your first and last name, your line is open.

(Crosstalk)

(Nancy Kirkwood): That might be me, (Nancy Kirkwood).

(Cathy Sparks): Hi, (Nancy).

(Nancy Kirkwood); I'm at interim administrator and when you were going over the state information online at the kdhekss.gov site? What are the initials again for that report? I think (Ginger) gave us that website.

(Ginger Park): Yes, (Nancy), that's www.kdheks.gov/brfss

(Nancy Kirkwood): OK, thank you so much.

Operator: There are no further questions at this time. I'll turn the call back over to the presenters.

(Cassie Sparks): Thank you, everyone, for joining. We will send out contact information and website addresses within the next couple of days prior to the transcript being put on the website. Thank you everyone for attending and have a good day.

Operator: This concludes today's conference call, you may now disconnect.

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