

Statewide Population Health Call – July 2016

Epidemiology and Public Health Informatics -
Sheri Tubach

There have been 1404 Zika virus disease cases reported in the United States and the District of Columbia and there are 3827 cases in the US territories including Puerto Rico, the US Virgin Islands, and American Samoa as of July 2016. Pregnant women with Zika virus infection are being monitored through the US pregnancy registry to monitor for birth defects associated with infection.

As of July 14, 2016, there have been 400 pregnant women with lab evidence of Zika virus infection in the US states and the District of Columbia. We have issued several press releases last week regarding testing changes and recommendations for commercial testing.

In Kansas we have had five cases of Zika virus confirmed and no persons that are pregnant.

As of July 18, 2016, testing for Zika virus infection is available through the Kansas Health and Environmental Laboratories (KHEL). KHEL will test approved patients for Zika virus using the Centers for Disease Control and Prevention (CDC) Trioplex rRT-PCR test. Serology testing (using the CDC Zika IgM MAC-ELISA) will also be conducted on approved specimens. This testing will be conducted at the North Carolina Public Health Laboratory but specimens will be submitted through KHEL. KHEL is currently finishing validating the serology test so by the end of August both tests will be conducted at KHEL. For information on testing or to obtain approval call the KDHE's epidemiology hotline (877-427-7317).

KDHE will only approve specimens from patients who meet the clinical criteria for Zika virus infection, have an epidemiologic risk factor, and are within an appropriate timeframe for specimen collection. Asymptomatic pregnant women with a risk factor will also be evaluated for testing. We have identified some specimen collection sites throughout the state to ensure that those clinics or physician offices that do not have collection facilities can send patients to these sites. We are hopeful that this will streamline the collection and testing processes.

The FDA has granted Emergency Use Authorizations for some commercial laboratories to conduct Zika PCR testing. It is important that patients tested at these commercial laboratories meet CDC's Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and meet epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated). It is important to note that this commercial PCR test will only detect current infections. Serology is not available commercially. If the PCR test is negative at a commercial laboratory then a test using the Zika IgM MAC-

ELISA should be performed because the level of virus in serum is thought to decrease rapidly after onset of symptoms. For more information on testing or for any additional questions call the KDHE epidemiology hotline at 877-427-7317.

Utah health officials confirmed last week a new case of Zika in Utah and have launched an investigation to determine how the person became infected. The new case is a family contact that helped care for the individual who died from unknown causes and who had been infected with Zika after traveling to an area with Zika transmission. Laboratories at the CDC and in Utah confirmed Zika infection in both Utah residents. A CDC team is in Utah to help with the investigation. Based on what is known now, the person had not recently traveled to an area with Zika and had not had sex with someone who was infected with Zika or who had traveled to an area with Zika transmission. In addition, there is no evidence at this time that mosquitoes that commonly spread Zika (aedes species) virus are in Utah. The investigation is focused on determining how this case became infected after having contact with the deceased patient who had a uniquely high amount of virus in the blood. It is thought that whatever this mode of transmission was that it is not a common or very successful mode of transmission. The Florida Department of Health are conducting two investigations into possible non-travel related cases of Zika virus. These could be the first mosquito borne transmission of Zika virus in the continental US.

Farah Ahmed

Update on current and future changes to blood lead surveillance and investigation activities:

- a. Current framework: Currently, KDHE monitors children with blood lead levels between 5 and 9 ug/dL. We are generally keeping an eye on repeat test results to see if levels are going up. At 10 ug/dL, the cases are routed to the LHDs. LHDs are asked to contact families and providers and give them a packet of information which contains educational materials on potential sources of lead. Some LHDs go beyond this and work more actively with families and physicians to identify the source or sources and help monitor levels.
- b. In 2012, CDC changed its guidance from recommending case management at 10 ug/dL to recommended monitoring starting at 5 ug/dL. In recognizing that we need to do a better job of managing children falling in the 5-9 range, we are moving toward more active case management at 5 ug/dL and greater.
- c. Because CDC's recommendation to physicians is to help families identify the source or sources for children with levels between 5 and 9 ug/dL, KDHE will start mailing out letters to families and physicians when a child is identified as having a level between 5 and 9 ug/dL. The letters will focus on outlining the most common sources of lead exposures and encouraging families and physicians to work on identifying the source(s).

- d. As of right now, we are still asking LHDs to take a role at 10 ug/dL, but we will start routing all cases 5 ug/dL and greater to the LHDs starting August 1st.
- e. Will convene a workgroup with LHDs to discuss more active investigation by the LHDs of 10 ug/dL and greater, so more than just providing educational materials. Questions to answer would be at what level more active case investigation will start, what will the investigation look like (including phone or face to face interviews with families, when in home inspections would be requested, who would conduct the in home inspection, etc?).

Update on Surveillance, Intervention, and Referral to services activities for infants with Microcephaly or other Adverse Outcomes linked with the Zika Virus funding opportunity:

- a. Supposed to start on August 1, 2016.
- b. Primary goal of the grant is active surveillance of microcephaly and other CNS disorders potentially related to Zika.
- c. Will also be using this funding opportunity to generally improve the passive Kansas birth defects surveillance system.

Lou Saadi

BEPHI has posted the 25 most commonly requested annual statistical tables for 2015 vital events.

- a. The URL is <http://kic.kdheks.gov/OHA/anntable15.html>.
- b. There is a link to it from the PHI home page
- c. The 25 tables include counts of births deaths marriages and divorces for the past year.
- d. Breakouts include deaths by cause, place of death, and month of death, births by mothers' education, month of birth, place of birth, infant deaths by county.
- e. These tables are designed for groups and individuals who require count information on vital events in their communities.
- f. The tables are available in PDF and Excel.

And,

BEPHI/ Office of Vital Statistics is sponsoring a Coroner's Conference, August 11. Please encourage attendance by your colleagues. Food is provided as well as 4.5 CME credits. Medical investigators are welcome, not just physicians.

**Community Health
Systems**
Ashley Goss

Introduced Michael Bear, the new Preparedness Director, whose contact information is mbear@kdheks.gov and 785-296-2742.

She then turned the mic over to Catherine Byrd who gave a short update.

Local Public Health

Cristi Cain

KDHE

- a. Kansas Public Health Training Fellowship (Core Public Health)— registration information will be available soon and will be e-mailed to local health department administrators. This is an eight month long training with in-person as well as virtual sessions. The Kansas Statewide Farmworker Program is covering the registration fee for up to 20 Fellowship participants. Each participant will also be provided a \$500 stipend for travel expenses. Watch for information or contact Cristi if interested at ccain@kdheks.gov.
- b. The committee is working on planning the 2017 Governor’s Public Health Conference in Manhattan. Please send topic ideas to Cristi at ccain@kdheks.gov.
- c. Catalyst/Grid 120
- d. Working closely with SHPR to correct problems with the Financial Status Report—if anyone is still having issues, let Cristi know.
- e. Looking for volunteers to serve on Catalyst Governance Committee from small, medium, large health departments.
- f. Looking for volunteers to test new version of Catalyst which is coming out 1/6/17 and participate in focus groups with developers—testing will start in October. Please contact Cristi at ccain@kdheks.gov or 785-296-6549 if you or a staff member is interested.

KS-TRAIN

Debbie Nickels

- a. **Summer 2016 - BCHS 3rd Quarter Regional Public Health Meetings:** These meetings are planned for the local health department LHD administrator; however, any staff person interested in a particular topic is welcome to attend. Register on KS-TRAIN <http://ks.train.org>, Course ID#, 1064195. The agenda includes: Radon Outreach Program, Isabelle Busenitz, Kansas Department of Health and Environment (KDHE); Brian Hanson, K-State University; Kansas Statewide Farmworker Health Program, KDHE, Regional Case Managers; and Medicaid Ombudsman Program & Self Help Network of Kansas, Percy Turner, WSU Community Engagement Institute

The dates and locations for the meetings are:

- SC Region, Hutchinson - August 3
- SW Region, Garden City - August 10
- NW Region, Oakley - August 11
- NC Region, Beloit - August 31
- NE Region, Topeka - September 13

Questions & topic suggestions can be directed to Teri Caudle at tcaudle@kdheks.gov.

- b. **Fundamentals of Kansas Public Health Modules 1 – 4** are now available through KS-TRAIN at <http://ks.train.org>. The [Kansas Public Health Workforce Development Coordinating Council \(Council\)](#) identified through its strategic planning process in 2014 and the Kansas Public

Health Workforce Assessment in 2015 that there is a gap in the fundamental knowledge of the Public Health Core Functions, the 10 Essential Services and the relationship/linkages to the public health system in Kansas. Module 1 was developed through a Kansas public health workforce collaboration to focus on the identified gaps, and Modules 2- 4, were designed and developed by the Wichita State University's Community Engagement Institute, with the focus on the Kansas Association of Local Health Department's New Director Orientation guide. Support for all four modules was funded by the Kansas Health Foundation Public Health Practice Program.

[Module #1: An Overview of the Kansas System Course, Course ID# 1056214](#), provides a general overview of the Kansas public health system for the current, new and future public health workforce.

[Module #2: Governance and Policy, Course ID# 1063682](#), focuses on the on the governmental public health infrastructure as it relates to local health departments, particularly in Kansas, and the role local health departments play in making our lives safe and healthier.

[Module #3: Financial Management and Preparedness, Course ID# 1063773](#), discusses the endeavors of local health departments to fulfill a mission to assure the health of the public, with expectations to be good stewards of public investments. Managing and understanding the budget and budget process as a critical role for the local health department director.

[Module #4: Workforce Development, Course ID# 1063774](#), explains workforce development in public health to improve health outcomes such as, healthier people and environments, by enhancing the training, skills, and performance of public health workers. Local health departments are public health agencies that are part of a government entity but, in many ways, also operate like any business. Effective public health practice requires a well prepared workforce. This includes hiring productive staff who value customer satisfaction, evaluating staff effectiveness, and planning to properly train staff through continuing education.

Preparedness Training Information on KS-TRAIN:

a. **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 (TBA, Chanute)
- NEKS Healthcare Coalition Meeting, Course ID #1059234 (August 2, Topeka)
- SWKS Hospital Emergency Response Team HPP Healthcare Coalition, Course ID #1059224 (TBA, Garden City)
- NWKS Healthcare Coalition Meeting, Course ID #1059020 (TBA, Hays)

- NCKS Healthcare Coalition Meeting, Course ID #1059634 (September 16, Salina)
 - Kansas Metro Regional Healthcare Coalition Meeting, Course ID #1059303 (TBA)
 - SCKS Health Care Coalition Meeting, Course ID #1059730 (TBA, Wichita)
- b. Just a reminder to check the Calendar on KS-TRAIN at <http://ks.train.org> for live preparedness training. If you have new staff or partners who require ICS training the Kansas Division of Emergency Management has training sessions scheduled in July for the G300, Course ID# 1060574 and G400, Course ID# 1060577.
- c. 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.
- d. The 2016 version of the **Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know, Course ID #1062513** is available on KS-TRAIN at <http://ks.train.org>. 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 Division 6.2 Materials as specified in the Department of Transportation (DOT) regulations. The content includes some general security training as well as some guidance on facility specific training. Access to resource documents and a number of job aids will not only enhance your learning experience but also provide useful resources for your laboratory. This course is designed specifically for those who participate in any phase of shipping laboratory specimens within the United States.
- e. The course, **KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures (CESSL), Course ID #1050287**, 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. PH Preparedness Capabilities: #12 and #14.

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.

TRAIN questions can be directed to kstrain@kdheks.gov or dnickels@kdheks.gov.

Communications Update
Cassie Sparks

- August is National Immunization Awareness Month, and KDHE will be doing messaging on social media around that. Each week in the month has a different theme with immunization awareness.
- We continue to message about Zika and mosquito-borne illnesses
- The agency has also been doing heat-related messages and will continue those throughout the end of the summer as we have high temperatures
- I wanted to remind you all again that KDHE, and all cabinet state agencies, are moving to Office 365 for our email system. This means that all KDHE employee emails will be changing. New employee emails will be firstname.lastnams@ks.gov. The move to new emails within KDHE will take place in phases, not all at once. Employees will have notifications in their emails that their email addresses will be changing.