

## Bureau of Epidemiology &amp; Public Health Informatics

**EPI UPDATES**

**August  
2018**

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## Perinatal Hepatitis C: New Disease Investigation Preview

by Kelly Gillespie, MPH

In 2018, hepatitis C among children  $\leq 3$  years born to a woman with hepatitis C infection became nationally notifiable as perinatal hepatitis C. Although the rate of vertical transmission is 5% there is an anticipated increase in the number of infected infants due to the increasing number of women of childbearing age with hepatitis C infection. There are currently no preventative measures for vertical transmission; however, identification of these infants can ensure linkage to care and eventual curative treatments.

In Kansas, hepatitis C exposure during delivery is not reportable so identification of cases will occur through enhanced passive surveillance and electronic laboratory reporting (ELR) documentation for children  $\leq 3$  years of age by KDHE. Enhanced surveillance will utilize EpiTrax and birth certificate data to identify children potentially exposed to hepatitis C during delivery. Any child  $\leq 3$  years of age that is identified to have been born to a woman with hepatitis C infection or has laboratory evidence of hepatitis C infection will be entered as a "Perinatal Hepatitis C" case in EpiTrax for subsequent follow up by the local health department.



### Case Investigation for Perinatal Hepatitis C:

- If the mother is not already in EpiTrax, but is marked hepatitis C positive on child's birth certificate:
  - "Hepatitis C, Chronic" CMR will be created for the mother and routed to local health department to obtain laboratory results of mother
  - If mother's results indicate hepatitis C infection, a "Hepatitis C, Perinatal" CMR will be created for the child and routed to IDER until the child turns 11 months old
  - When the child is 11 months, KDHE will confirm contact information and route the case to the local health department to follow up with mother and recommend the child is tested for hepatitis C infection via PCR at the child's 12-month check-up
    - ◆ PCR testing requires a blood draw which can be performed any time after 2 months of age
    - ◆ Hepatitis C antibody serology testing will NOT be accepted for case classification
- If ELR is received for child  $\leq 3$  years of age
  - "Hepatitis C, Perinatal" CMR will be created for the child and routed to the local health department to investigate why the child was tested and to determine if it was due to mother having hepatitis C infection
- A "Hepatitis C, Perinatal" case will be closed once child has been tested and laboratory results (positive or negative) have been obtained by KDHE or the child has aged out at 3 years

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If perinatal hepatitis C is confirmed in a child  $\leq 3$  years of age, the state and local health departments will work together to coordinate linkage to care. KDHE will develop materials that the local health departments can provide to parents regarding hepatitis C prevention, treatment recommendations, and available treatment facilities.

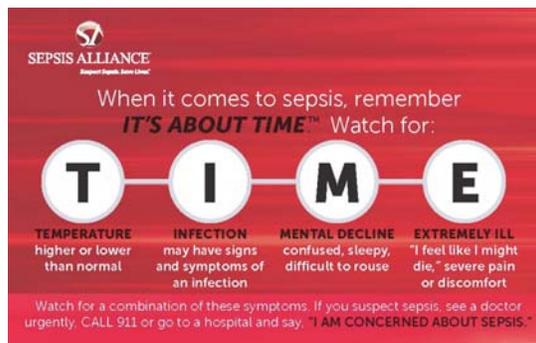
## September Public Health Observances

### National Food Safety Education Month



<http://www.fightbac.org/>

### Sepsis Awareness Month



<https://www.sepsis.org/>

### Baby Safety Month



[https://www.jpma.org/page/baby\\_safety\\_month](https://www.jpma.org/page/baby_safety_month)

### Child Passenger Safety Week September 23-29



<https://www.trafficsafetymarketing.gov/get-materials/child-safety/child-passenger-safety-week>

## Epi Spotlight - Kelly Gillespie

Kelly Gillespie is an advanced epidemiologist with the Infectious Disease Epidemiology and Response Section (IDER) at the Kansas Department of Health and Environment (KDHE). She has worked in IDER since July 2015 and serves as the Perinatal Hepatitis B Prevention Program coordinator; her work focuses on hepatitis and vaccine preventable diseases. Kelly earned her Master of Public Health from the University of North Texas Health Science Center in Fort Worth, TX in 2011.

Kelly moved to Kansas City from Dallas, TX in 2015 with her two dogs, two cats, two snakes, and one husband. She loves to travel, rock climb, and play soccer. In April 2018, the Gillespies welcomed their son, Dax, to the world. Kelly and her husband would love to take their son to Japan where they honeymooned five years ago.



## UPDATE EPITRAX DATA QUALITY INDICATORS

by Sheri Tubach, MPH MS

The Bureau of Epidemiology and Public Health Informatics has implemented a set of monthly quality indicators and performance measures to encourage data quality improvement in EpiTrax and timeliness of investigations. For 2018, there have been some notable changes. I have now included four additional surveillance indicators; food handler, group living, health care worker, and daycare attendee or worker. These four fields are on the Epidemiological Tab in EpiTrax.

Additionally, I am no longer utilizing the fields 'Date LHD investigation started' or 'Date LHD investigation completed' to calculate the performance measures of disease control measures implemented or case investigation completed. Instead, I am calculating percent of cases that have the first interview attempted by the disease target and the percent of cases that have the interview completed by the disease target. Disease targets can be found in the table below. I hope that these performance measures will be more helpful in prioritizing case investigations.

For questions, contact Sheri Tubach at [sheri.tubach@ks.gov](mailto:sheri.tubach@ks.gov)

July 2018	State's Total Number of Cases* = 289	
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	283	98
Address County	289	100
Address Zip	282	98
Date of Birth	289	100
Daycare attendee or worker†	256	88
Died	250	87
Ethnicity†	251	87
Food handler†	139	48
Group living†	132	46
Healthcare worker†	45	16
Hospitalized	110	38
Occupation	138	48
Onset Date	232	80
Pregnancy††	91	81
Race †	257	89
Sex †	289	100
Persons Interviewed	165	57
Persons Lost to Follow-Up	21	7
Persons Refused Interview	3	1
Persons Not Interviewed	100	35
	Number of Cases	Percent of Cases
Interview was attempted within the target for each disease <sup>^</sup>	150	53
Case investigations were completed within the target for each disease <sup>^</sup>	122	43

\*Calculations do not include Hepatitis B - chronic, Hepatitis C - Chronic or acute, or Animal Rabies

\*\* Out-of-state, discarded, deleted or those deemed to be not a case are not included in this calculation.

† Unknown considered incomplete.

†† Pregnancy completeness calculated on females only

<sup>^</sup> See the table below for interview attempt and completed case interview targets

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## Disease Targets

Diseases	Disease Control (Days)*	Completed Case Investigation (Days)**
Anthrax; Botulism; Brucellosis; Cholera; Diphtheria; Hantavirus Pulmonary Syndrome; Hepatitis A; Influenza deaths in children <18 years of age; Measles; Meningitis, bacterial; Meningococcemia; Mumps; Plague; Poliomyelitis; Q Fever; Rabies, human; Rubella; Severe acute respiratory syndrome (SARS); Smallpox; Tetanus; Tularemia; Viral hemorrhagic fever; Yellow fever	1	3
Varicella	1	5
Pertussis	1	14
Campylobacter infections; Cryptosporidiosis; Cyclospora infection; Giardiasis; Hemolytic uremic syndrome, post diarrheal; Hepatitis B, acute; Legionellosis; Listeriosis; Salmonellosis, including typhoid fever; Shigellosis; Shiga-toxin <i>Escherichia coli</i> (STEC); Trichinosis; Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue); <i>Haemophilus influenzae</i> , invasive disease; <i>Streptococcus pneumoniae</i> , invasive	3	7
Ehrlichiosis / Anaplasmosis; Lyme disease; Malaria; Spotted Fever Rickettsiosis	3	14
Hepatitis B, chronic; Hepatitis C, chronic; Hepatitis C, acute; Leprosy (Hansen disease); Psittacosis; Streptococcal invasive, drug-resistant disease from Group A Streptococcus; Toxic shock syndrome, streptococcal and staphylococcal; Transmissible spongiform encephalopathy (TSE) or prion disease	N/A	N/A

\***Disease Control:** Calculated by using EpiTrax Fields: **(Date LHD Investigation Started) OR (Call Attempt 1 date for Salmonellosis and STEC) - (Date Reported to Public Health) OR (Date Reported to KDHE)**

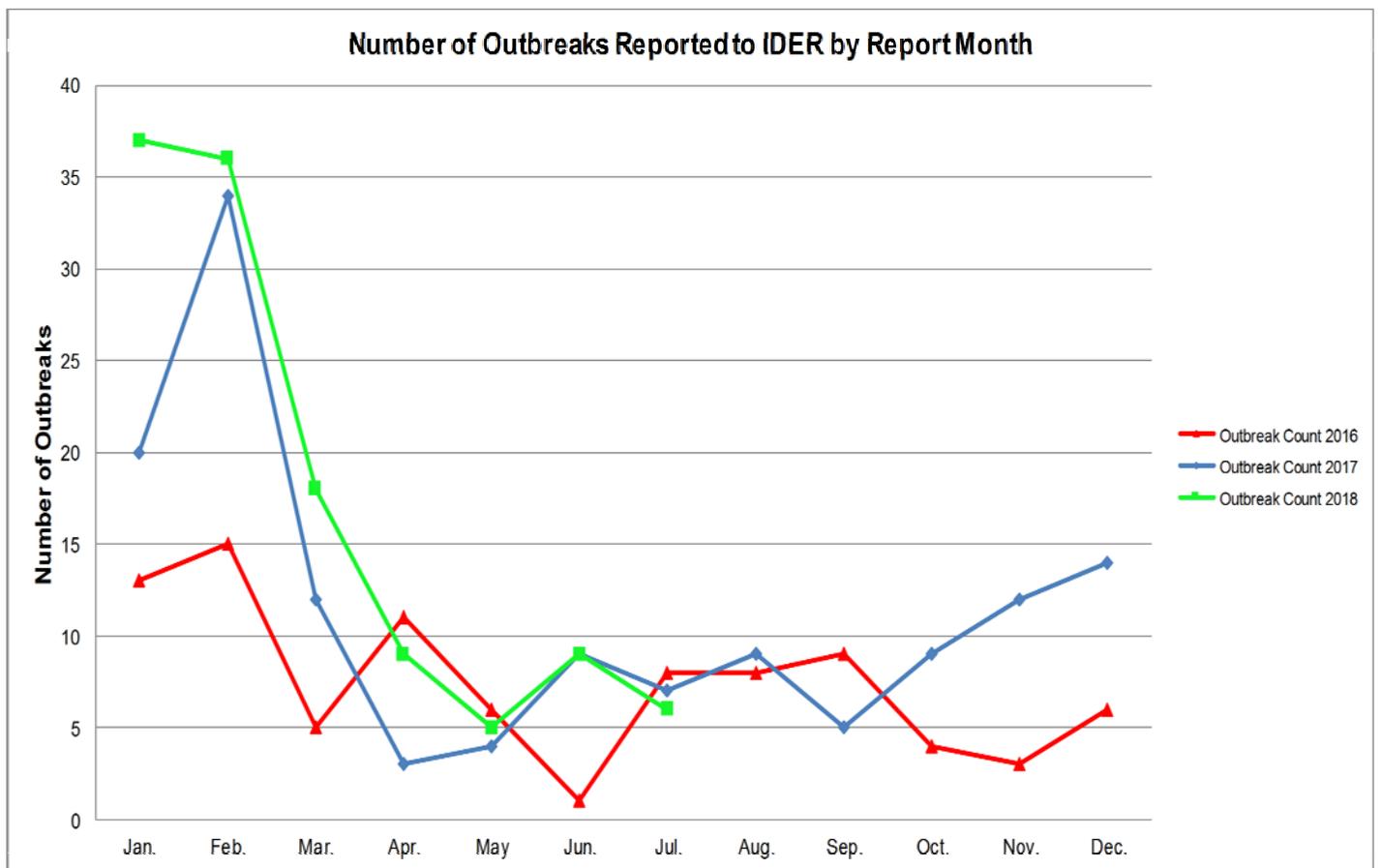
\*\***Completed Case Investigation:** Calculated by using EpiTrax fields: **(Date LHD Investigation Completed) - (Date Reported to Public Health) OR (Date Reported to KDHE)**

### Monthly Disease Counts

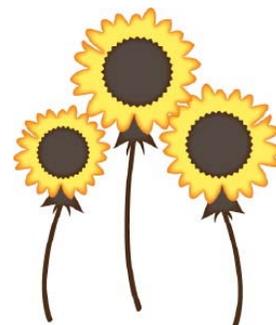
Please refer to the Cumulative Case Reports of Diseases ([http://www.kdheks.gov/epi/case\\_reports\\_by\\_county.htm](http://www.kdheks.gov/epi/case_reports_by_county.htm)) for current case count information.



## Outbreaks Report



Date Reported	Facility Type	Transmission/Exposure	Disease/Condition	County
7/2/2018	Unknown	Indeterminate/Other/Unknown	Salmonellosis	Finney
7/6/2018	Restaurant	Indeterminate/Other/Unknown	Unknown Etiology	Riley
7/11/2018	Hospital	Person-to-person	Carbapenem-resistant Klebsiella species	Wyandotte
7/12/2018	Child care center	Person-to-person	Shiga toxin-producing Escherichia coli (STEC)	Shawnee
7/20/2018	Other	Food	Salmonellosis	Multi-State
7/30/2018	Restaurant	Food	Unknown Etiology	Riley





**Kansas State University College of Veterinary Medicine will be hosting a two-day workshop with lectures and wet-labs covering pathogenesis, wildlife rabies control and prevention, state regulatory issues, new vaccines and vaccine protocols, human exposure and bite prevention.**

The workshop will be hosted at the IGP Institute at Kansas State University, 1980 Kimball Ave, in Manhattan, Kansas on September 21-22, 2018. Continuing Education hours will be available to those who are in need of hours. The workshop is open to veterinarians, veterinary technicians, public health workers, animal control staff or anyone who wishes to learn more about rabies.

***You can register today at this [link!](#)***

**Invited speakers include the following:**

- Dr. Ingrid Garrison - Kansas Department of Health and Environment
- Dr. Laurie Beard - Kansas State University College of Veterinary Medicine
- Dr. Susan Nelson - Kansas State University College of Veterinary Medicine
- Dr. Susan Moore - Kansas State University College of Veterinary Medicine
- Chelsea Raybern - Kansas Department of Health and Environment
- Dr. Amy Gilbert - USDA
- Dr. James Ellison - CDC Rabies Section
- Tiffany Wallin - Johnson County Health Department

*Speakers are still being confirmed and may be changed closer to the conference.*

Register today through the [Kansas State University College of Veterinary Medicine website!](#)

