

What's Inside

Perinatal Hepatitis C: Case Investigation

Page 1



February Public Health Observances

Page 2



Epi Spotlight

Page 2



VPD Indicators

Page 3



Data Quality Indicators

Page 4



Disease Targets

Page 5



Outbreaks Report

Page 6



Kansas Department of Health & Environment

Bureau of Epidemiology & Public Health Informatics

Farah Ahmed, MPH, PhD
Environmental Health Officer & State Epidemiologist

Lou Saadi, Ph.D.
Director, BEPHI & State Registrar

Sheri Tubach, MPH, MS
Director, IDER

Shannon Sandall
Director, Surveillance Systems & Epi Updates Editor

Daniel Neises, MPH
Senior Epidemiologist

Chelsea Raybern, MPH
Senior Epidemiologist

Ingrid Garrison, MPH, DVM, DACVPM
State Public Health Veterinarian

Curtis State Office Building
1000 SW Jackson St.
Topeka, KS 66612
Email: epihotline@kdheks.gov
Epi Hotline: 877-427-7317
Fax: 1-877-427-7318



Bureau of Epidemiology & Public Health Informatics

Perinatal Hepatitis C: Case Investigation

by Kelly Gillespie, MPH



Hepatitis C infection among children under three years of age born to a woman with hepatitis C (perinatal hepatitis C) became nationally notifiable in 2018. 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.

Unlike hepatitis B, prenatal testing for hepatitis C is not required by Kansas law. KDHE utilizes enhanced passive surveillance methods to identify hepatitis C exposure during delivery and enters these cases into EpiTrax under the disease event "Hepatitis C, Perinatal". Cases are routed to the appropriate local health department when the child is approximately 11 months of age for follow-up (outlined below).

Case Investigation for Perinatal Hepatitis C:

- Contact the child's guardian and health care provider.
 - Ensure hepatitis C PCR testing is conducted for child at 12 months of age.*
 - PCR testing is recommended for children between 2-36 months of age.
 - To minimize blood draws on the child, it is ideal to have this test conducted at child's 12-month well-child visit when blood is drawn for other routine tests.
 - Provide educational material regarding perinatal hepatitis C.
 - One-page flyer is available from KDHE.
- Verify laboratory results (positive or negative) for child have been sent to KDHE or attached to the perinatal Hepatitis C case in EpiTrax.
- If perinatal hepatitis C is confirmed, the state and local health departments will work together to coordinate linkage to care.

*It is important to note that hepatitis C antibody testing is not recommended for children under 18 months of age due to transient maternal HCV antibody that may not reflect actual infection. Case confirmation requires PCR testing for the presence of hepatitis C viral RNA and/or viral genotyping between 2 and 36 months of age.



February Public Health Observances

International Prenatal Infection Month



February is International Prenatal Infection Prevention Month

<https://www.groubstrepinternational.org/download/able-prenatal-infection-prevention-materials.html>

American Heart Month



<https://www.nhlbi.nih.gov/health-topics/education-and-awareness/heart-month>

National Black HIV/AIDS Awareness Day — February 7



<https://www.hiv.gov/events/awareness-days/black/>

Teen Dating Violence Awareness and Prevention Month



<https://www.cdc.gov/features/datingviolence/>

Epi Spotlight - Chelsea Raybern



Chelsea is a senior epidemiologist with the Infectious Disease Epidemiology and Response Section (IDER) at KDHE. She has worked in IDER since January 2012 and serves as the vaccine-preventable disease surveillance coordinator and rabies epidemiologist. Chelsea earned a Master of Public Health in Infectious Diseases and Zoonoses at Kansas State University in 2011.

Chelsea has lived in Kansas her whole life. She grew up in Dodge City, moved to Manhattan for college and then landed in Topeka for employment. She lives with her husband Matt, two children Amelia (4 years) and Wyatt (1.5 years), and dog Mia. Chelsea enjoys visiting zoos and parks with her family and going on walks with Mia. She also likes to watch movies or binge-watch a good drama series in the evening with her husband.





VACCINE-PREVENTABLE DISEASE SURVEILLANCE INDICATORS

by Allison Zaldivar, MPH

The completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) reported to the Kansas Department of Health and Environment (KDHE) from October 1 to December 31, 2018 can be found in the table below. As always, the bolded percentages represent the indicators that have less than 90% completion and the data presented in the chart is preliminary and subject to change.

Keep up the good work! All but one indicator surpassed the 90% completion goal this quarter. Most indicators reached 100% completion!

A reminder—due to your hard work in completing these fields in EpiTrax, it has been decided that VPD surveillance indicators will be monitored and published on a quarterly basis. For questions regarding this data, please contact Allison Zaldivar at (785) 368-8208 or Allison.Zaldivar@ks.gov.

VPD Indicators Reported during Quarter 4 (October 1 to December 31, 2018) in Kansas					
Indicators	<i>Haemophilus influenzae</i> , invasive	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	14	1	41	46	62
% of cases with date of birth	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	100%	90%	100%	100%
% of cases with ethnicity	100%	100%	85%	98%	100%
% of cases with onset date [‡]	100%	100%	100%	100%	100%
% of cases with hospitalized noted	100%	100%	100%	100%	100%
% of cases with died noted	100%	100%	100%	96%	100%
% of cases with vaccination status*	100%	100%	95%	98%§	98%
% of cases with transmission setting [¶]	N/A**	100%	98%	N/A**	100%
% of cases with completed symptom profiles	N/A**	100%	98%	N/A**	98%

*Excludes cases with a State Case Status of “Suspect”, “Out of State”, or “Not a Case.”

‡Data is pulled from onset date field within the clinical tab, not the investigation tab.

*Unknown is considered a valid response if patient is older than 18 years of age.

**Indicator field is not included in supplemental disease form; *S. pneumoniae* and *H. influenzae* do not have clinical case definitions.

§Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented.

¶Unknown is considered a valid response for this indicator



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. I am now calculating the performance measures of interview attempt and interview completion using either the report date to the LHD or the date the event was created in EpiTrax. The disease specific targets for interview initiation and interview completion can be found below. I hope that these performance measures will be more helpful in prioritizing case investigations.

December 2018		State's Total Number of Cases* = 200	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	197	99	
Address County	200	100	
Address Zip	196	98	
Date of Birth	200	100	
Died	176	88	
Ethnicity†	166	83	
Hospitalized	182	91	
Occupation	132	66	
Onset Date	156	78	
Pregnancy††	82	85	
Race †	174	87	
Sex †	199	100	
Persons Interviewed	138	69	
Persons Lost to Follow-Up	9	5	
Persons Refused Interview	1	1	
Persons Not Interviewed	52	26	
	Number of Cases	Percent of Cases	
Interview was attempted within the target for each disease ⁵²	94	56	
Case investigations were completed within the target for each disease [^]	87	52	

*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

[^] See the table below for interview attempt and completed case interview targets

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; Meningococccemia; 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 Escherichia coli (STEC); Trichinosis; Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue); Haemophilus influenzae, invasive disease; Streptococcus pneumoniae, 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

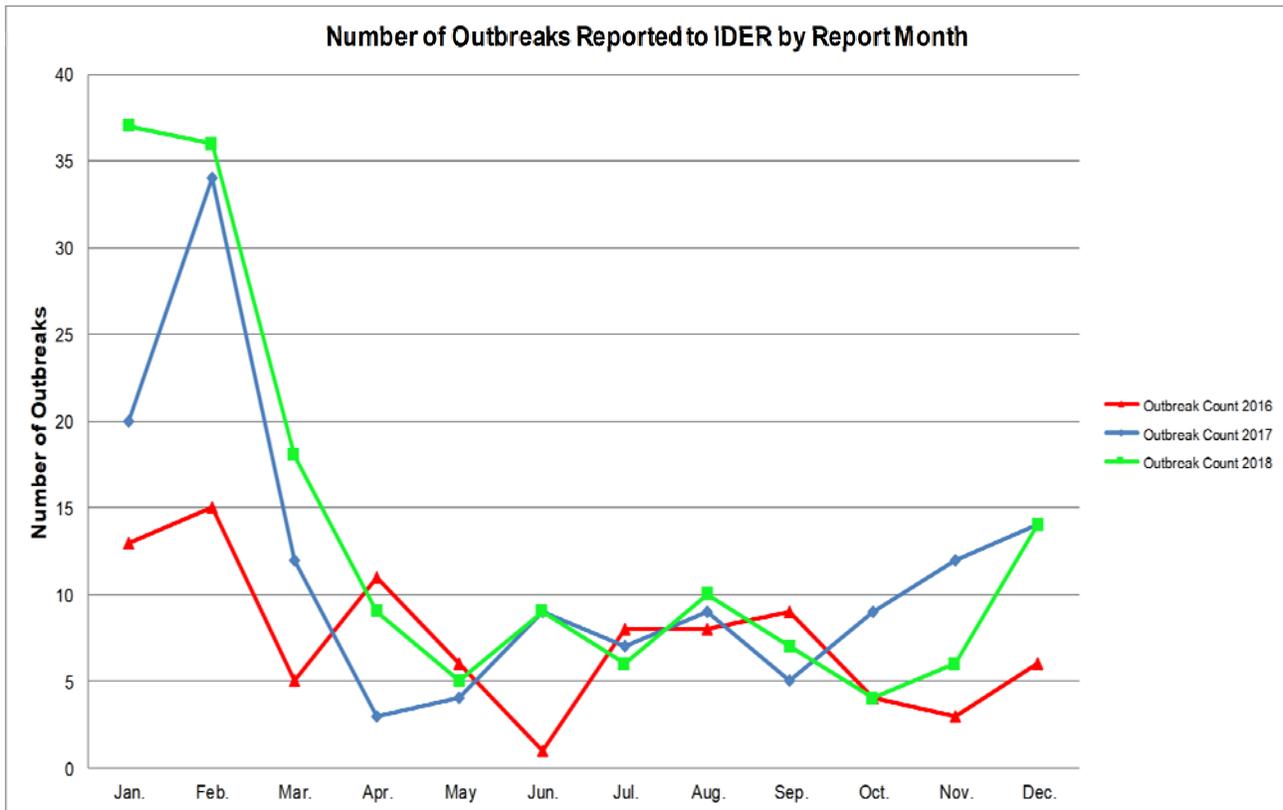
Monthly Disease Counts

Please refer to the Cumulative Case Reports of Diseases (http://www.kdheks.gov/epi_case_reports_by_county.htm) for current case count information.

***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)**

Outbreaks Report



Date Reported	Facility Type	Transmission/Exposure	Disease/Condition	County
12/4/2018	Adult care facility	Person-to-person	Unknown Etiology	Jefferson
12/6/2018	Restaurant	Indeterminate/Unknown	Unknown Etiology	Johnson
12/6/2018	Adult care facility	Person-to-person	Norovirus	Shawnee
12/7/2018	Unknown	Indeterminate/Unknown	Salmonellosis	Graham
12/7/2018	Unknown	Indeterminate/Unknown	Salmonellosis	Kansas
12/10/2018	Adult care facility	Person-to-person	Respiratory Syncytial Virus (RSV)	Mitchell
12/11/2018	School or college	Person-to-person	Influenza	Doniphan
12/13/2018	Other	Person-to-person	Pertussis	Leavenworth
12/18/2018	School or college	Person-to-person	Influenza	Doniphan
12/18/2018	Adult care facility	Person-to-person	Norovirus	Shawnee
12/19/2018	Other	Food	Unknown Etiology	Franklin
12/19/2018	School or college	Person-to-person	Unknown Etiology	Shawnee
12/26/2018	Adult care facility	Person-to-person	Unknown Etiology	Johnson
12/26/2018	Hotel or motel	Person-to-person	Norovirus	Johnson