

What's Inside



EPI UPDATES March 2019

Bureau of Epidemiology & Public Health Informatics

Salmonellosis and STEC Case Investigations Conducted by Centralized Interviewers at KDHE, 2018

by Daniel Neises, MPH

KDHE has been granted funding from CDC's OutbreakNet Enhanced (OBNE) program since its inception in 2015. One primary goal of OBNE-funded states is to perform rapid, centralized investigations of salmonellosis and Shiga toxin-producing *E. coli* (STEC).

Since January 2016, two part-time staff have performed salmonellosis and STEC interviews on behalf of the 100 local health jurisdictions that opted-in to the program. These part-time positions are usually held by public health graduate students from KSU or KU. Centralized interviewers work during business hours as well as evenings, and use telephone calls, text messages, and mailed letters in attempting to reach and interview cases.

In 2018, OBNE investigated 508 confirmed, probable, and suspect cases of *Salmonella*, and 190 of STEC.

For each disease, a median of two business days passed between the date the case was reported to KDHE and the date the first phone call to the patient was attempted. A median of two business days passed between the date the case was reported to KDHE and the date the interview was completed.

For salmonellosis, 400 interviews were completed; a full questionnaire was administered to 68% of these patients, and a partial or special questionnaire (such as an outbreak-specific questionnaire that only asks about certain exposures) was completed for the remaining interviewed cases. 78% of salmonellosis interviews were completed within four days after the case was reported to KDHE. 28 cases refused an interview, and the remaining 78 cases were lost to follow-up.

For STEC, 153 interviews were completed; a full questionnaire was administered to 78% of these patients, and a partial or special questionnaire (such as an outbreak-specific questionnaire that only asks about certain exposures) was completed for the remaining interviewed cases. 79% of STEC interviews were completed within four days. 7 cases refused an interview, and the remaining 28 cases were lost to follow-up.

If you have questions about KDHE's OBNE program, please contact Daniel Neises (daniel.neises@ks.gov).

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Outbreaknet Indicators

	Salmonella	STEC
Cases investigated	508	190
Median days from date of report to public health to first interview attempt	2	2
Interviewed	400	153
Standard questionnaire	270	120
Partial or special questionnaire	130	33
Lost to follow-up	78	28
Refused	28	7
Median days from date of report to public health to completed interview	2	2

Epi Spotlight - Daniel Neises



Daniel is a senior epidemiologist with the Infectious Disease Epidemiology and Response Section (IDER) at KDHE. He has worked in IDER since the summer of 2003, and currently works on projects related to public health preparedness, foodborne disease, and Legionnaires' disease. Daniel has a degree in microbiology from Kansas State University and a Master of Public Health degree in infectious disease epidemiology from the University of Minnesota.

Frequently Asked Questions:

Q: Can I call Daniel "Dan"?

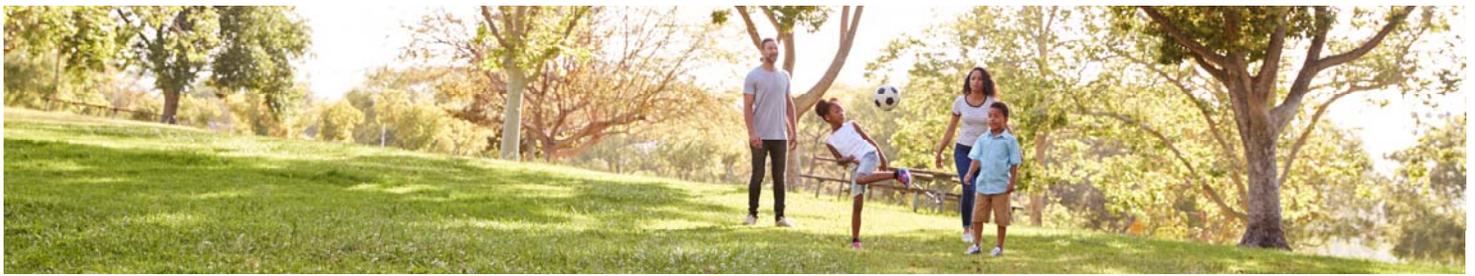
A: Yes

Q: How is Daniel's last name pronounced?

A: NIGH – sis

Q: What topics does Daniel like to talk about?

A: Basketball, music, podcasts, restaurants in Lawrence, anything in western Sedgwick County



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.

February 2019		State's Total Number of Cases* = 209
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	206	99
Address County	209	100
Address Zip	205	98
Date of Birth	207	99
Died	192	92
Ethnicity†	182	87
Hospitalized	193	92
Occupation	129	62
Onset Date	167	87
Pregnancy††	80	82
Race †	190	91
Sex †	208	100
Persons Interviewed	140	67
Persons Lost to Follow-Up	13	6
Persons Refused Interview	1	0
Persons Not Interviewed	55	26
	Number of Cases	Percent of Cases
Interview was attempted within the target for each disease ^{^52}	110	68
Case investigations were completed within the target for each disease [^]	87	55

*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; Meningococemia; 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

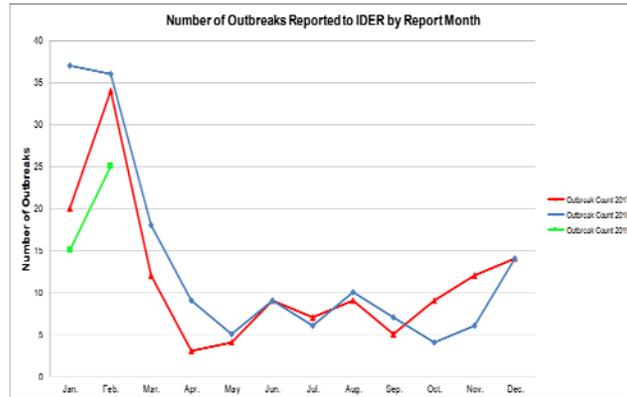
Monthly Disease Counts

Please refer to the Cumulative Case Reports of Diseases ([http://www.kdheks.gov/epi case reports by county.htm](http://www.kdheks.gov/epi%20case%20reports%20by%20county.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
2/1/2019	School or college	Person-to-person	Influenza	Marion
2/4/2019	Private home	Person-to-person	Norovirus	Butler
2/4/2019	Child care center	Person-to-person	Influenza	Marion
2/6/2019	School or college	Person-to-person	Influenza	Norton
2/8/2019	Adult care facility	Person-to-person	Unknown Etiology	Johnson
2/11/2019	Adult care facility	Person-to-person	Norovirus	Johnson
2/11/2019	Adult care facility	Person-to-person	Norovirus	Sedgwick
2/11/2019	Restaurant	Food	Unknown Etiology	Sedgwick
2/12/2019	Adult care facility	Person-to-person	Influenza	Sedgwick
2/12/2019	Adult care facility	Person-to-person	Influenza	Wyandotte
2/13/2019	Adult care facility	Person-to-person	Norovirus	Johnson
2/13/2019	School or college	Person-to-person	Influenza	Scott
2/14/2019	Adult care facility	Person-to-person	Norovirus	Johnson
2/16/2019	Adult care facility	Person-to-person	Influenza	Wyandotte
2/18/2019	School or college	Person-to-person	Influenza	Greeley
2/18/2019	Restaurant	Food	Salmonellosis	Riley
2/21/2019	Adult care facility	Person-to-person	Influenza	Neosho
2/21/2019	School or college	Person-to-person	Pertussis	Wyandotte
2/22/2019	School or college	Person-to-person	Influenza	Wyandotte
2/25/2019	Adult care facility	Person-to-person	Norovirus	Harvey
2/25/2019	Adult care facility	Person-to-person	Norovirus	Shawnee
2/26/2019	Adult care facility	Person-to-person	Influenza	Sedgwick
2/27/2019	Adult care facility	Person-to-person	Influenza	Nemaha
2/27/2019	Adult care facility	Water	Unknown Etiology	Shawnee
2/28/2019	Other	Indeterminate/Other/Unknown	Cryptosporidiosis	Mitchell



Kansas Infectious Disease Symposium

May 1, 2019, Overland Park, KS

- CEUs
- Experts on infectious diseases
- Plan, prepare for outbreaks
- Networking

Presented by

JOHNSON COUNTY
KANSAS
Health & Environment

Kansas
Department of Health
and Environment

REGISTER NOW!

Limited seating.
Registration closes
April 24th.

Registration is now open for the [2019 Kansas Infectious Disease Symposium](#) taking place May 1, at the Johnson County Arts & Heritage Center in Overland Park, Kansas! The event takes place from 7:45 a.m. to 5 p.m. and includes lunch, light snacks and beverages. Cost to attend is \$105; with CEUs, \$130.

Registration is open through Wednesday, April 24, 2019:

Medical professionals who want Continuing Education credits (CEUs), use this link to register:

<https://ce.jccc.edu/coursedisplay.cfm?schID=14972>

If you don't need CEUs, use this link to register:

<https://ce.jccc.edu/coursedisplay.cfm?schID=14973>

Seating is limited, so don't delay! The agenda is posted [here](#).

Questions about the event? 913-826-1303.