

What's Inside

Back to School
Clarifications/Reminders
Page 1

October Public Health
Observances
Page 2

Epi Spotlight
Page 2

Data Quality Indicators
Page 3

Disease Targets
Page 4

Outbreaks Report
Page 5

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Bureau of Epidemiology & Public Health Informatics

Back to School Clarifications and Reminders

by Allison Zaldivar, MPH

Influenza Outbreaks

KDHE requests that any school closures due to influenza or influenza-like illness be reported to KDHE. KDHE should also be notified when a situation related to influenza or influenza-like illness arises that may garner media attention. KDHE is always available to provide any technical assistance including prevention and control recommendations.

Streptococcal infections

Persons with streptococcal infections, including erysipelas, scarlet fever, and streptococcal sore throats, that attend or work in a school or daycare setting are required to be excluded for ten days after onset of symptoms unless appropriate antimicrobial therapy was administered.

Head Lice

Kansas regulation no longer requires persons with head lice to be excluded from school or child care. The Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the National Association of School Nurses advocate that children should not be excluded for lice or nits. Any head lice policies will need to be maintained at the school level.

For more information targeted to schools or childcare facilities in your jurisdiction, we encourage the use of the Classroom Communicable Disease Handbook. The handbook is currently being updated to reflect changes in regulation and can be found here: http://www.kdheks.gov/epi/disease_investigation.htm.





October Public Health Observances

Fungal Disease Awareness Week
October 1-5

International Infection Prevention Week
October 14-20



www.cdc.gov/fungal/awareness-week.html

<http://professionals.site.apic.org/>

Red Ribbon Week
October 23-31



<http://redribbon.org/>

National Latinx AIDS Awareness Day
October 15



<https://www.cdc.gov/hiv/library/awareness/nlaad.html>

FLU VACCINE: GET THE FACTS

Your Best Protection Against Flu

Millions of people get the flu every year, hundreds of thousands of people are hospitalized, and thousands or tens of thousands of people die. The Centers for Disease Control and Prevention (CDC), public health professionals, and our practice recommend that everyone 6 months of age and older should get a flu vaccine every year. Flu vaccination can reduce flu illness, doctor visits, and missed work and school due to flu, as well as prevent serious flu complications that can result in hospitalizations and even death. CDC estimates that during the 2016-2017 flu season, the vaccination prevented an estimated 5.3 million flu illnesses, 2.4 million flu medical visits, and 85,000 flu hospitalizations.*

Flu Vaccine Reduces Your Risk of Flu

- A flu vaccine is the best way to help prevent flu and its potentially serious complications. Remember that flu vaccine not only protects you, but it also can help protect those around you.
- During recent seasons, the vaccine has reduced the risk of flu illness in vaccinated people by between 30% and 60%.** A 2017 study was the first of its kind to show that flu vaccination can significantly reduce a child's risk of dying from influenza.
- While some people who get a flu vaccine still get sick, vaccination can make their illness less severe. Two studies among hospitalized flu patients showed that flu vaccination reduced intensive care unit admissions and duration of hospitalization.

Flu Vaccination Especially Important for Some

Flu vaccination is especially important for people who are at high risk of developing serious complications from flu, including adults 65 and older, children younger than 5 years, pregnant women, and people with certain chronic health conditions, such as diabetes, heart disease, and asthma.

Proven Safety Record

For more than 50 years, hundreds of millions of Americans have safely received seasonal flu vaccines and there has been extensive research supporting its safety. Side effects from flu vaccination are generally mild, especially when compared to symptoms of flu.† Talk to someone in our office about getting a flu vaccine this fall. Our staff is ready to answer your questions.

Visit www.cdc.gov/flu for more information.

1. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
2. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
3. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
4. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
5. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
6. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm
7. www.cdc.gov/flu/seasonal/about/seasonal-flu-vaccines.htm

FIGHT FLU

Last updated 08/01/16



Epi Spotlight - Allison Zaldivar

Allison Zaldivar is an 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 2017. Her work focuses on vaccine preventable diseases—specifically, varicella and acute flaccid myelitis. Allison earned a Master of Public Health degree from the University of Kansas Medical Center in 2017.

Allison grew up in Carbondale, KS and currently lives in Lawrence. She enjoys traveling, crafting, reading, and playing various recreational sports. Allison also cherishes (brief) snuggles with her cats Chunk and Archie.



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 have now included Chronic Hepatitis B in these calculations. Additionally, 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.

For questions, contact Sheri Tubach at sheri.tubach@ks.gov.

August 2018		State's Total Number of Cases* = 337	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed	Percent Completed	
Address City	335	99	
Address County	337	100	
Address Zip	334	99	
Date of Birth	337	100	
Died	297	88	
Ethnicity†	283	84	
Hospitalized	295	88	
Occupation	169	50	
Onset Date	249	74	
Pregnancy††	118	80	
Race †	293	87	
Sex †	337	100	
Persons Interviewed	211	63	
Persons Lost to Follow-Up	32	10	
Persons Refused Interview	1	0	
Persons Not Interviewed	93	27	
		Number of Cases	Percent of Cases
Interview was attempted within the target for each disease ^{^52}		152	47
Case investigations were completed within the target for each disease [^]		136	42

*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

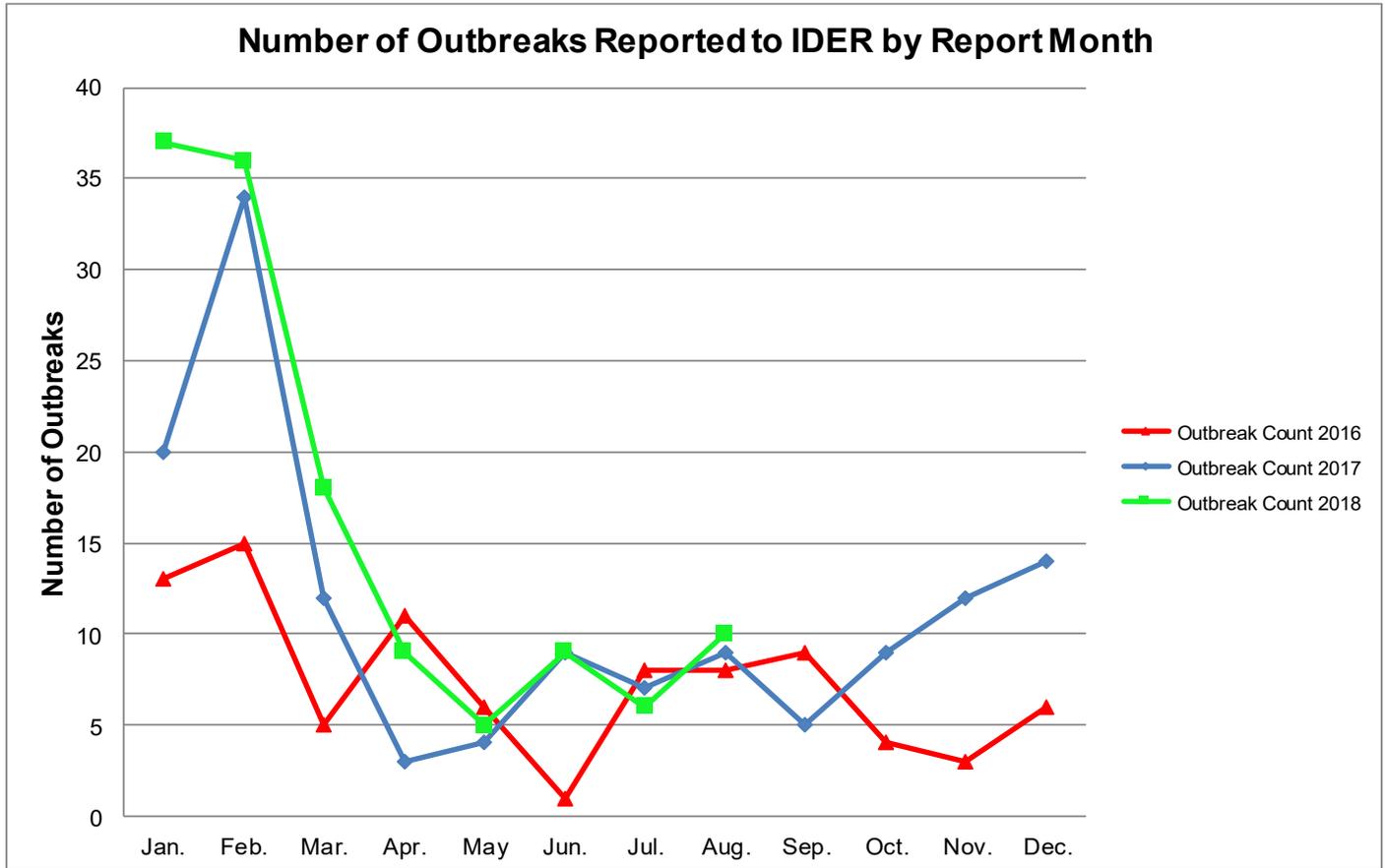
Monthly Disease Counts

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
8/6/2018	Unknown	Food	Unknown Etiology	Wyandotte
8/8/2018	Restaurant	Food	Unknown Etiology	Johnson
8/10/2018	Religious facility	Food	Salmonellosis	Doniphan
8/17/2018	Child care center	Person-to-person	Unknown Etiology	Saline
8/20/2018	Healthcare Facility	Person-to-person	Carbapenem-resistant Klebsiella species	Johnson
8/24/2018	Restaurant	Other/Unknown	Unknown Etiology	Sedgwick
8/27/2018	Restaurant	Food	Unknown Etiology	Leavenworth
8/28/2018	Community	Person-to-person	Pertussis	Reno
8/29/2018	Unknown	Other/Unknown	Salmonellosis	Multi-state
8/30/2018	Fair or festival	Other/Unknown	Shiga toxin-producing Escherichia coli (STEC)	Cowley