



Kansas Department of Health and Environment

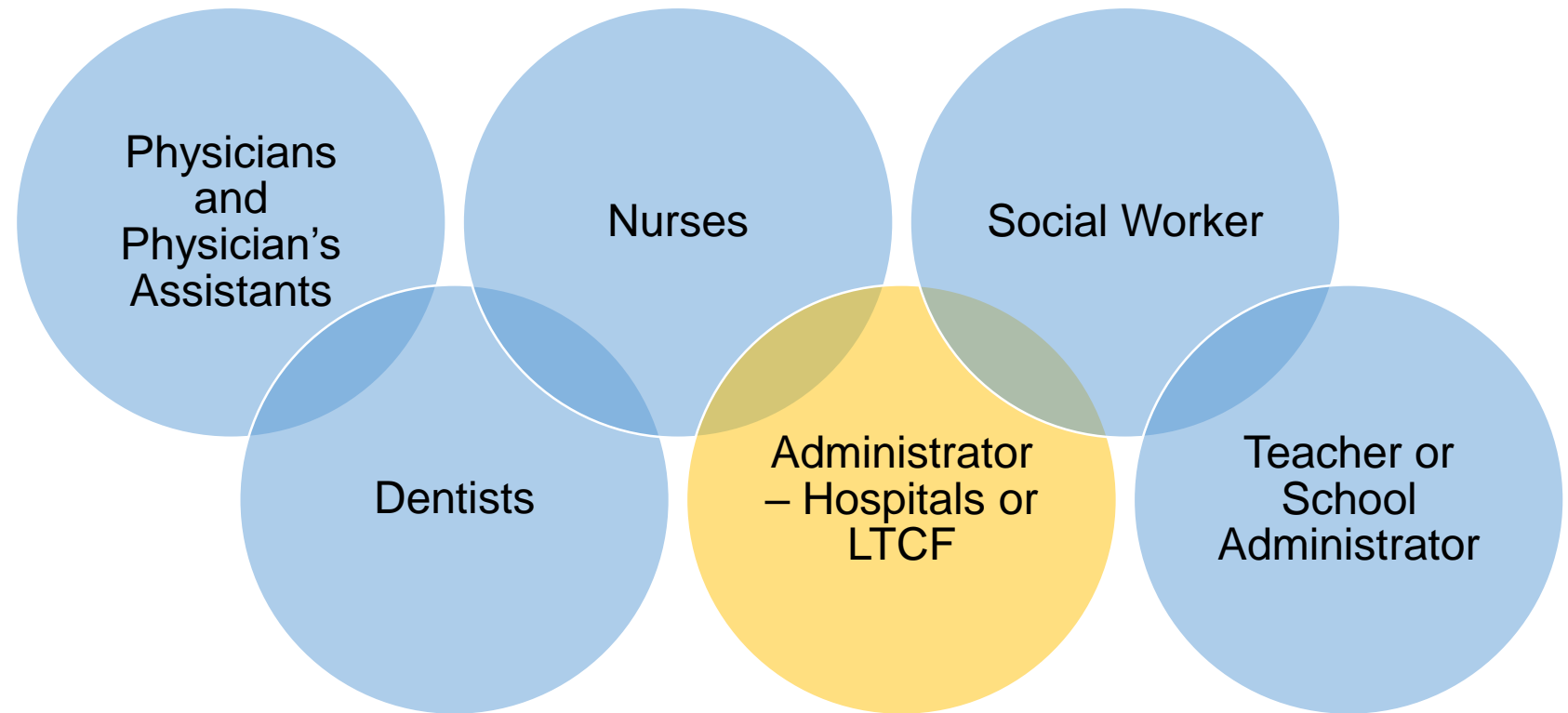


Economic Recovery Interim Committee

Farah S. Ahmed, State Epidemiologist, MPH, PhD | August 12th, 2020

Statutory authority and regulations about disease reporting

K.S.A. 65-118



Statutory authority and regulations about disease reporting



K.A.R 28-1-1 through 28-1-18

https://www.kdheks.gov/epi/disease_reporting.html

<https://www.kdheks.gov/epi/regulations.htm>

REPORTABLE DISEASES IN KANSAS
(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 5/11/2018)

For **4-hour reportable diseases** report to the KDHE Epidemiology Hotline: 877-427-7317. For **all other reportable diseases** fax a Kansas Reportable Disease Form and any lab results to your local health department or to KDHE: 877-427-7318 within 24 hours or by the next business day.

Acute flaccid myelitis	Influenza, novel A virus infection ☠
Anthrax ☠	Legionellosis
Anaplasmosis	Listeriosis ☠
Arboviral disease, neuroinvasive and nonneuroinvasive (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)	Lyme disease
Babesiosis	Malaria
Blood lead levels (any results)	Measles (rubeola) ☠
Botulism ☠	Meningococcal disease ☠ ☠
Brucellosis	Mumps ☠
Campylobacteriosis	Pertussis (whooping cough)
Candida auris ☠	Plague (Yersinia pestis) ☠
Carbapenem-resistant bacterial infection or colonization ☠	Poliovirus ☠
Carbon monoxide poisoning	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i> , acute and chronic)
Chickenpox (varicella)	Rabies, human ☠
Chlamydia trachomatis infection	Rabies, animal
Cholera ☠	Rubella ☠
Coccidioidomycosis	Salmonellosis, including typhoid fever ☠
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) ☠ ☠
Cyclosporiasis	Shiga toxin-producing <i>Escherichia coli</i> (STEC) ☠
Diphtheria ☠	Shigellosis ☠
Ehrlichiosis	Smallpox ☠
Giardiasis	Spotted fever rickettsiosis
Gonorrhea (include antibiotic susceptibility results, if performed)	Streptococcus pneumoniae, invasive disease ☠
Haemophilus influenzae , invasive disease ☠	Syphilis, all stages, including congenital syphilis
Hansen's disease (leprosy)	Tetanus ☠
Hantavirus	Toxic shock syndrome, streptococcal and other
Hemolytic uremic syndrome, post-diarrheal	Transmissible spongiform encephalopathy (TSE) or prion disease
Hepatitis, viral (A, B, C, D, and E, acute and chronic)	Trichinellosis or trichinosis
Hepatitis B during pregnancy	Tuberculosis, active disease ☠ ☠
Hepatitis B in children <5 years of age (report all positive, negative, and inconclusive lab results)	Tuberculosis, latent infection
Histoplasmosis	Tularemia, including laboratory exposures
Human Immunodeficiency Virus (HIV) (Report the CD4+ T-lymphocyte cell counts, report viral load of any value, and report each pregnancy of women diagnosed with HIV)	Vaccinia, post vaccination infection or secondary transmission
Influenza deaths in children <18 years of age	Vancomycin-intermediate and resistant <i>Staphylococcus aureus</i> (VISA and VRSA)
Leptospirosis	Vibriosis (all <i>cholerae</i> and non- <i>cholerae Vibrio</i> species) ☠
	Viral hemorrhagic fevers ☠
	Yellow fever

☠ - Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317

☠ - Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE toll-free at 877-427-7317

☠ - Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to: Division of Health and Environmental Laboratories, 6810 SW Dwight St, Topeka, KS 66620-0001 Phone: (785) 296-1620

Statutory authority and regulations about disease reporting



4 hours by telephone for suspect and confirmed:

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Novel Influenza A infection
- Measles
- Meningococcal disease
- Mumps
- Plague
- Poliovirus
- Human Rabies
- Rubella
- SARS-CoV
- Smallpox
- Tetanus
- Active Tuberculosis
- Vaccinia
- Viral Hemorrhagic Fevers
- **Clusters, Outbreaks, Epidemics**
- Unusual occurrence of any disease
- **Exotic or newly recognized disease**
- Suspect acts of terrorism
- Unexplained deaths due to an unidentified infectious agent

Due to large call volume being experienced during this pandemic, we are requesting reports of **suspect and confirmed COVID-19** via our new [online portal](#) or fax to the KDHE Epidemiology Hotline 877-427-7318

Disease Reporting and Investigations



- **Case Notification to Public Health**

- Providers complete notifiable disease form and send to local health department or KDHE by fax, telephone, or online reporting portal
- CLIA-certified laboratories fax or submit through electronic laboratory reporting (ELR) to KDHE
- Information reported is entered into the Kansas disease surveillance system, EpiTrax
- Maintained by KDHE and access granted to LHDs

- **Case Investigation**

- LHDs investigate case reports and record details in EpiTrax
- EpiTrax has the ability to record various information regarding case and contact investigations, such as exposure history, clinical information, and hospitalizations
- Contact patients to examine exposures and determine likely source
- Initiate isolation measures for cases and contact investigations
- Quarantine susceptible close contacts

Disease Reporting and Investigations



- Epidemiology

- Epidemiology is the study of the **distribution** and **determinants** of **health-related states** or events in specified **populations**, and the **application** of this study to the **control** of health problems.

- KDHE Epidemiologists

- Monitor EpiTrax for new case and lab reports
- Epidemiologists analyze and compile EpiTrax data
- Report de-identified case reports to CDC
- Publishes disease investigation guidelines and other investigation resources, such as investigator checklists and exposure timelines
- Provide technical assistance to LHDs
- Coordinates testing at KHEL
- Operate 24/7 Epidemiology Hotline for LHDs, healthcare providers, and others

Situation Overview

- Between March 9th and August 10th Kansas has recorded **31,730 cases** of COVID-19 in 103 counties
- **387 total deaths**
- **1,911 hospitalizations**
- **397 total clusters** accounting for 8,011 cases, 555 hospitalizations and 253 associated deaths
- **119 active clusters** accounting for 2,950 cases, 152 hospitalizations, and 36 associated deaths

**COVID-19**

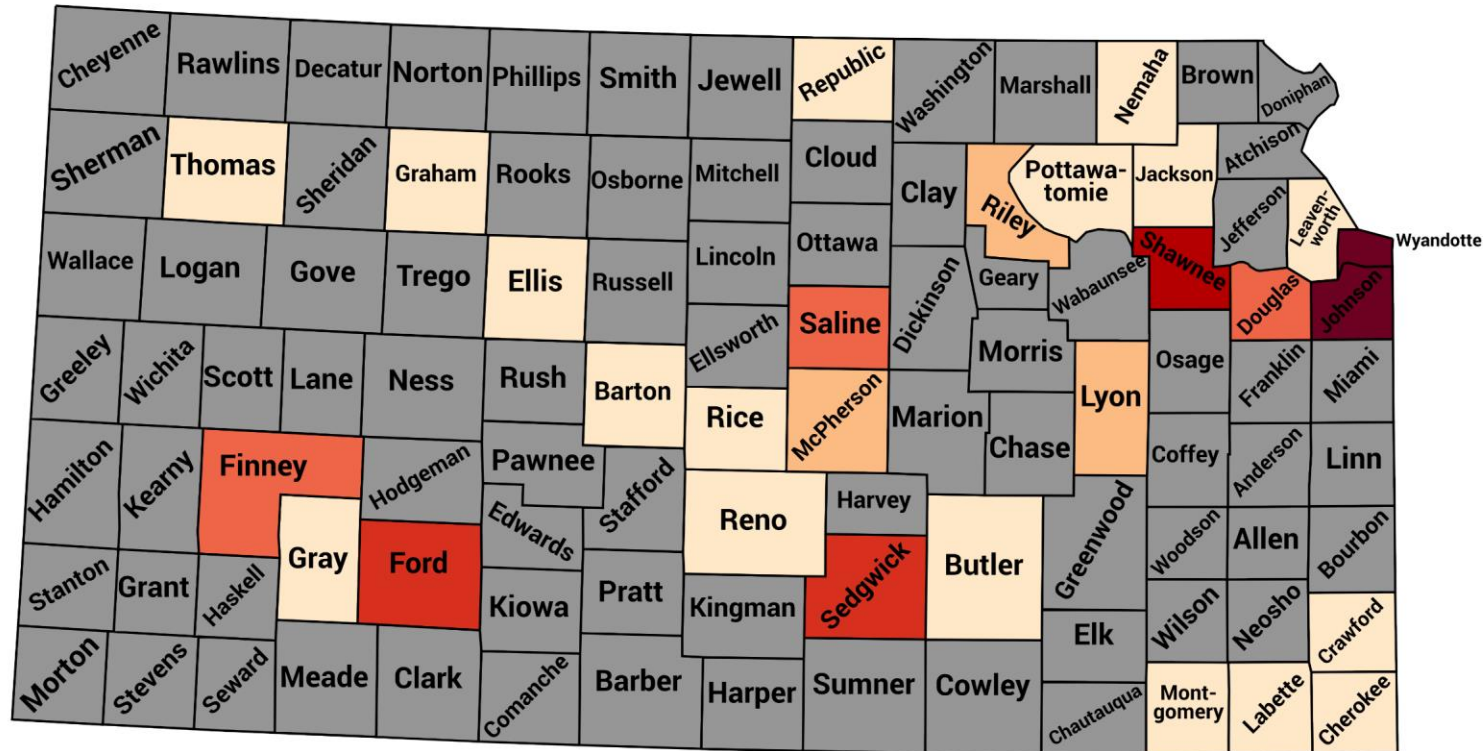
Cluster Overview

- Corrections: 11 clusters (4 active), accounting for 1,088 cases and 6 deaths
- Daycare or Schools: 10 clusters (0 active), accounting for 32 cases and 0 deaths
- Gatherings: 60 clusters (15 active), accounting for 671 cases and 17 deaths
 - Breakdowns of Gatherings include:
 - Bars/Restaurants: 9 clusters (2 active)
 - Camp: 2 clusters (0 active)
 - Private Event: 36 clusters (11 active)
 - Religious Gathering: 13 clusters (2 active)
- Group Homes: 18 clusters (8 active), accounting for 189 cases and 4 deaths
- Healthcare Facilities: 19 clusters (5 active), accounting for 158 cases and 2 deaths
- Long-Term Care Facilities: 107 clusters (36 active), accounting for 1,405 cases and 200 deaths
- Meat Packing: 15 clusters (7 active) accounting for 3,281 cases and 17 deaths
- Private Business: 148 clusters (41 active), accounting for 1,115 cases and 7 deaths
- Sports: 9 clusters (3 active), accounting for 65 cases and 0 deaths

Counties with the Most Total Clusters

Counties with the Most Total Clusters

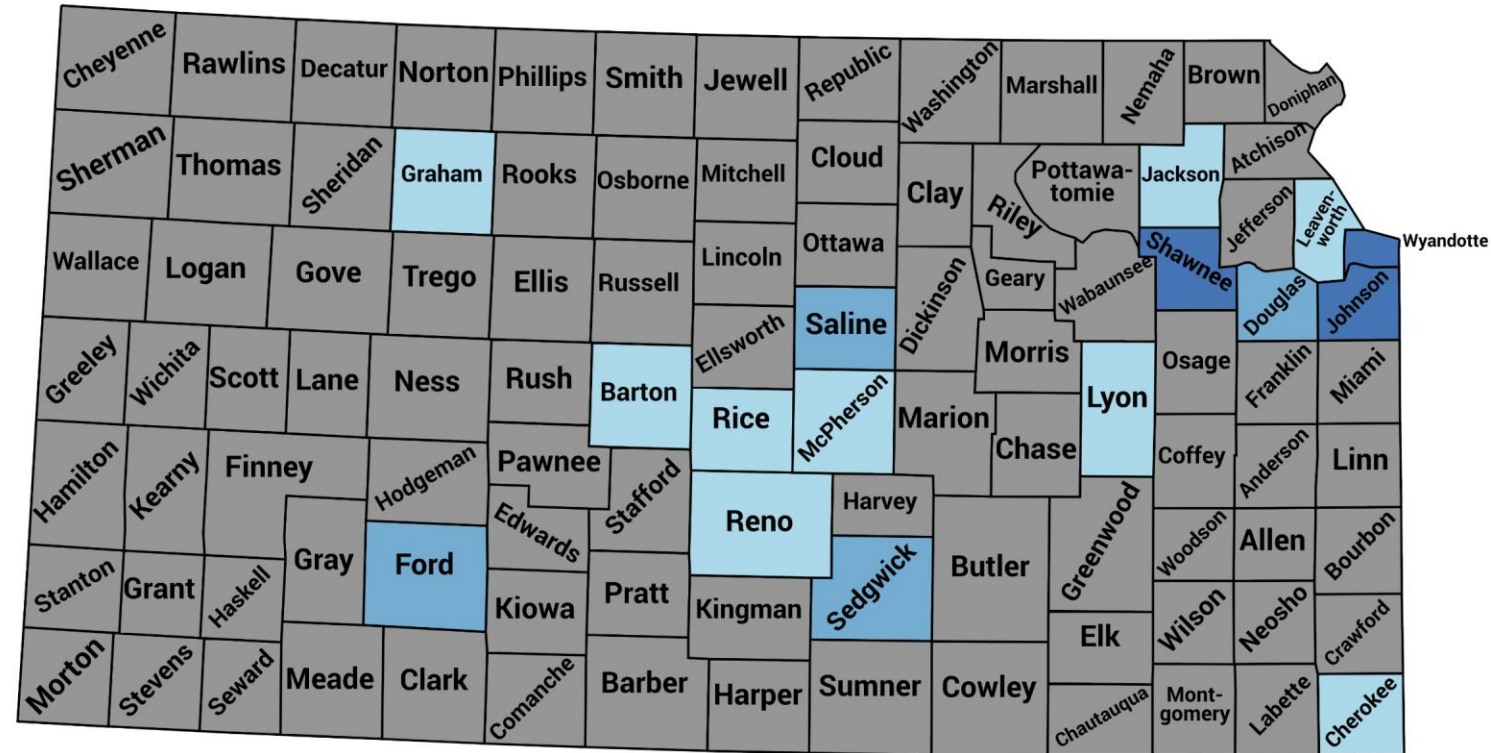
- <3 Clusters
- 3-5 Clusters
- 6-10 Clusters
- 11-20 Clusters
- 21-30 Clusters
- 31-40 Clusters
- 50+ Clusters



Counties with the Most Active Clusters

Counties with the Most Active Clusters

- <3 Clusters
- 3-5 Clusters
- 6-10 Clusters
- 11-20 Clusters



What is KDHE doing to Control COVID-19 in Kansas?



• Testing Strategy

- Identify and monitor the statewide daily testing capacity by identifying available platforms and supplies across the state.
- For most testing through the state laboratory persons must meet the PUI criteria. In some situations, such as outbreaks at congregate living facilities, both symptomatic and asymptomatic persons may be recommended for testing either at the state laboratory or at a private laboratory.
- The testing target is to conduct diagnostic tests for approximately 2% of the Kansas population (60,000 tests) each month through the end of 2020.
- To meet the 2% testing goal, United States Health and Human Services (HHS) will deliver large quantities of testing supplies to support the increased demand for testing.
- KDHE has created a real-time map of all testing locations, their capacities and available testing platforms.
- KDHE will support and assist with local health department coordinated “drive through” testing sites, mobile laboratory support or mobile collection support to provide the most efficient testing strategy for their need

<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1292/KS-Statewide-Strategy-for-COVID-19-Testing>

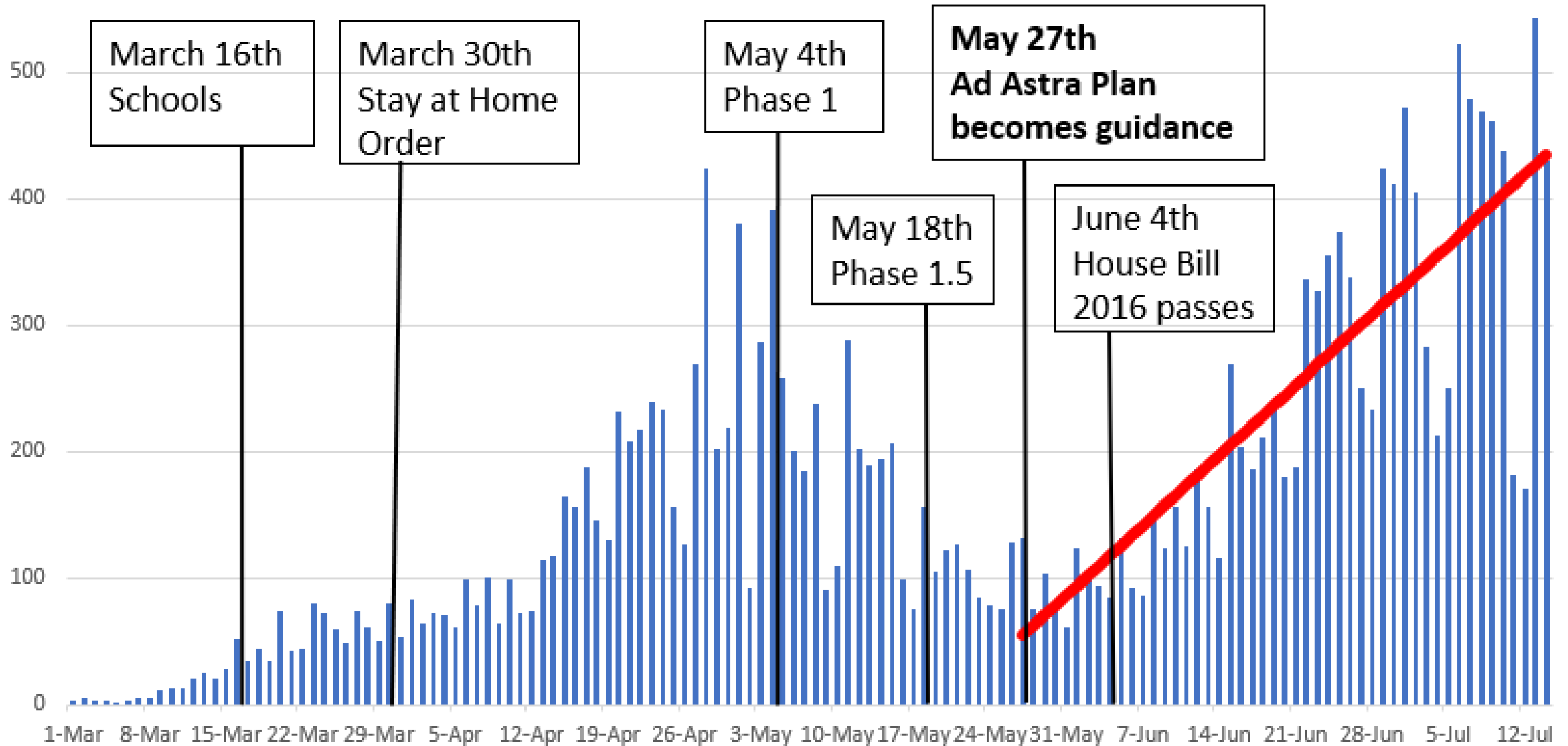
What is KDHE doing to Control COVID-19 in Kansas?



- **Contact Tracing**

- Contact tracing is a practice of identifying and contacting people who may have had close contact with someone who has tested positive for diseases such as measles, pertussis, and most recently, COVID-19. **KDHE does not use any application relying on GPS or Bluetooth technology to locate cases or contacts.**
- **HB 2016 High Points**
 - Participation in contact tracing is voluntary
 - Contact data cannot be given to contact tracers by a third party (including employers) without consent of the case or contact
- **KDHE Response to HB 2016**
 - Worked with the Kansas Chamber to give guidance to employers regarding company policy on contact tracing
 - Continue to work with Local Health Departments to discuss options for contact tracing. If there is no company policy that allows for the contact data to be given to Public Health, then press releases could be used to notify potential contacts of their risk. To date, LHDs have had discretion on issuing press releases in the event of an outbreak. However, this may be the only viable way to notify close contacts of their risk if they cannot be identified in the new contact tracing process.

Kansas COVID-19 Daily Cases by Symptom Onset Date



March Trends



- First case on March 9, 2020
- **428 total cases** in 39 counties
- 4,996 total number of negative tests
- **9 total deaths**

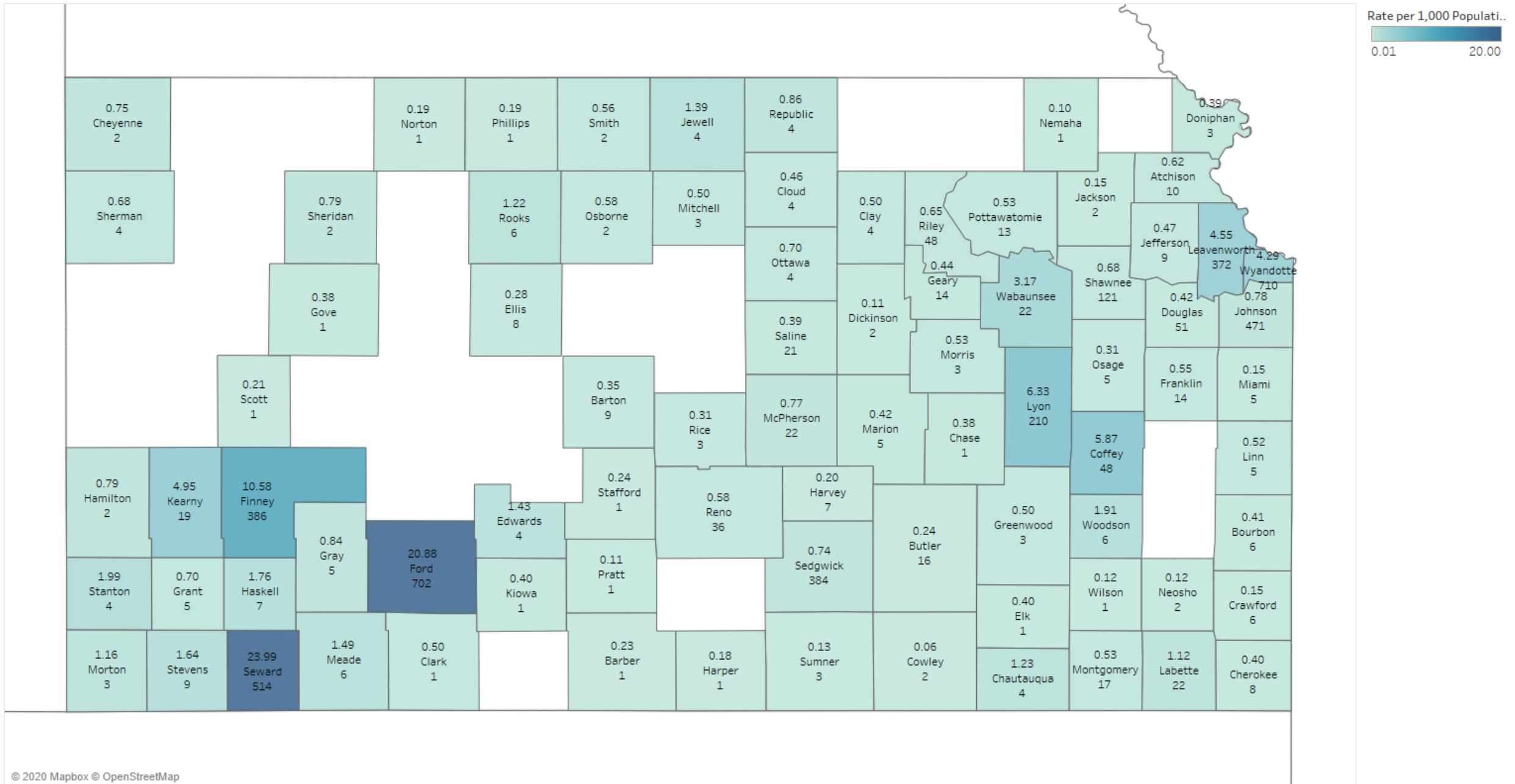
April Trends

- **3,810 new cases**
- **4,238 total cases** in 80 counties
- 27,388 total number of negative tests
- 129 total deaths
- **120 new deaths**



Total Case Rate per 1,000 by County

05/01/2020



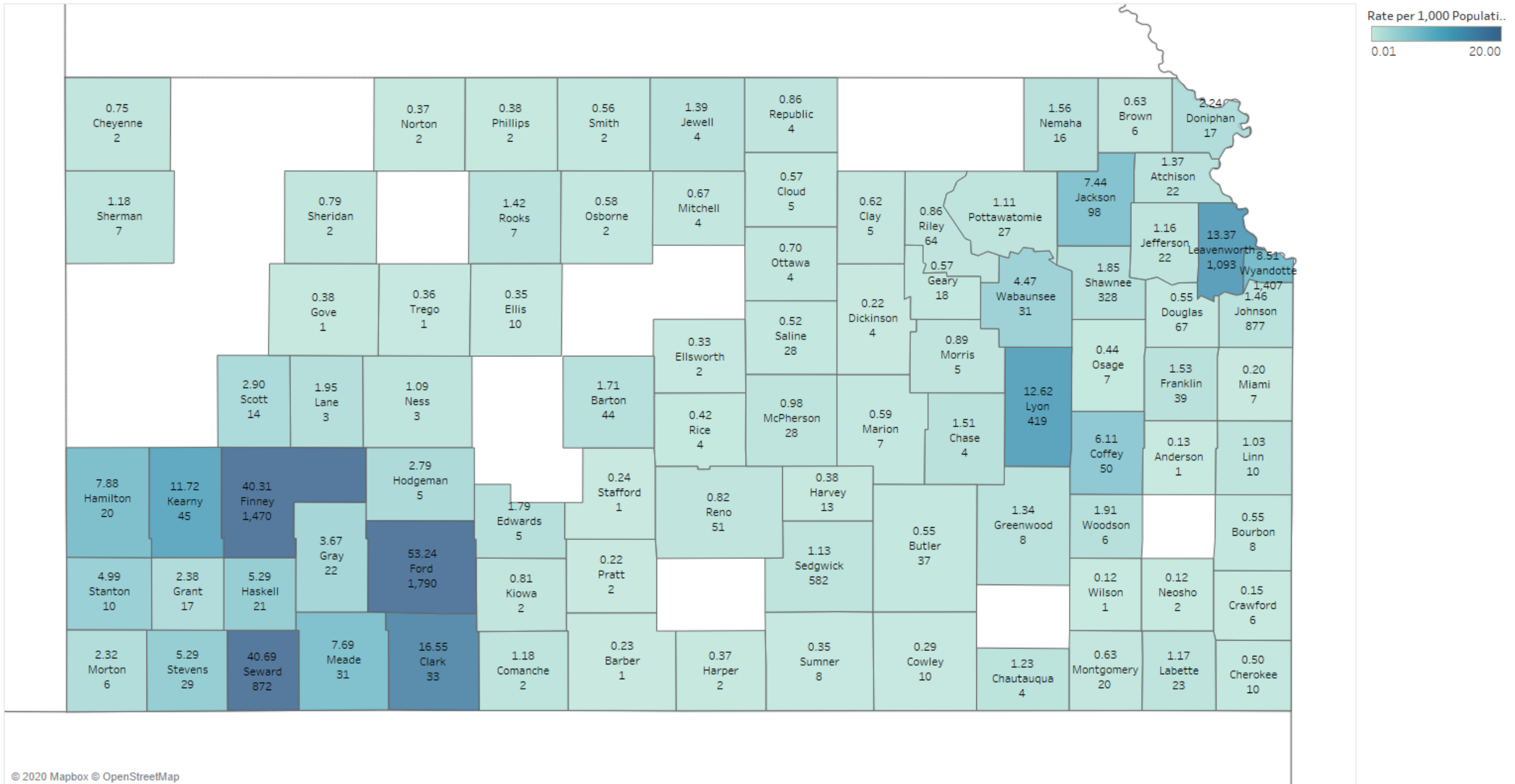
May Trends



- **5,481 new cases**
- **9,719 total cases** in 88 counties
- 85,230 total number of negative tests
- 208 total deaths
- **79 new deaths**

Total Case Rate per 1,000 by County

06/01/2020



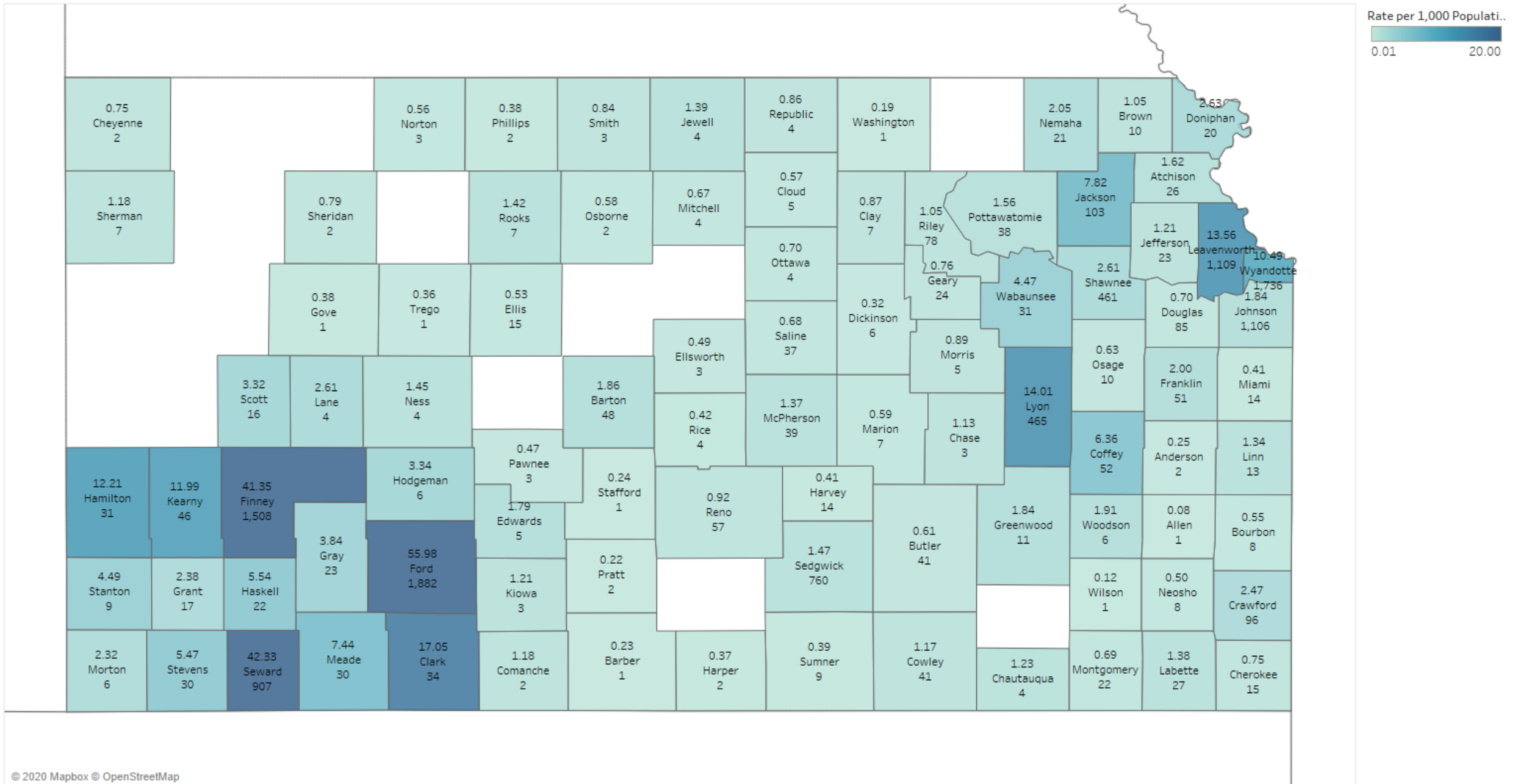
June Trends

- **4,724 new cases**
- **14,443 total cases** in 97 counties
- 162,282 total number of negative tests
- 270 total deaths
- **62 new deaths**



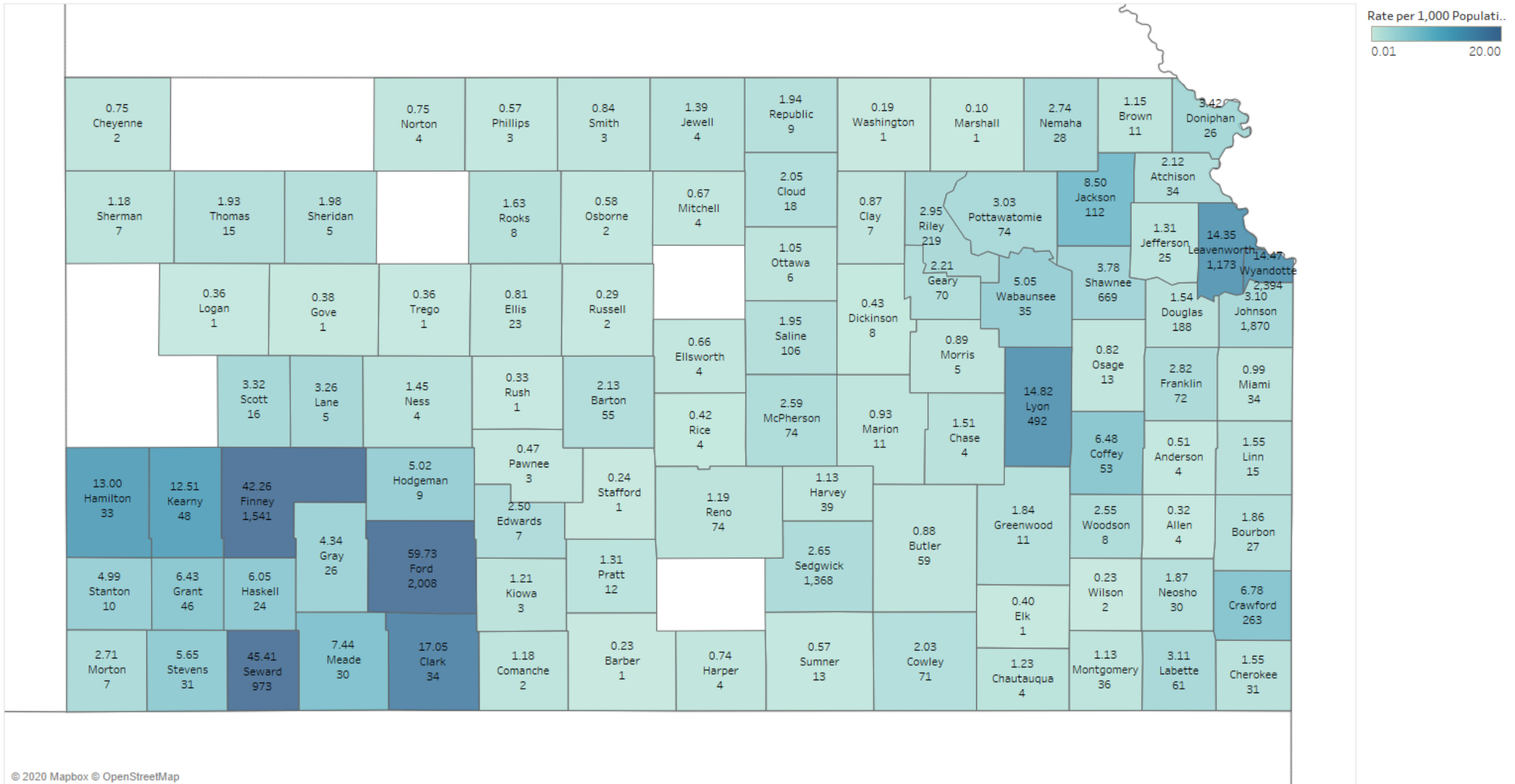
Total Case Rate per 1,000 by County

06/15/2020



Total Case Rate per 1,000 by County

07/01/2020



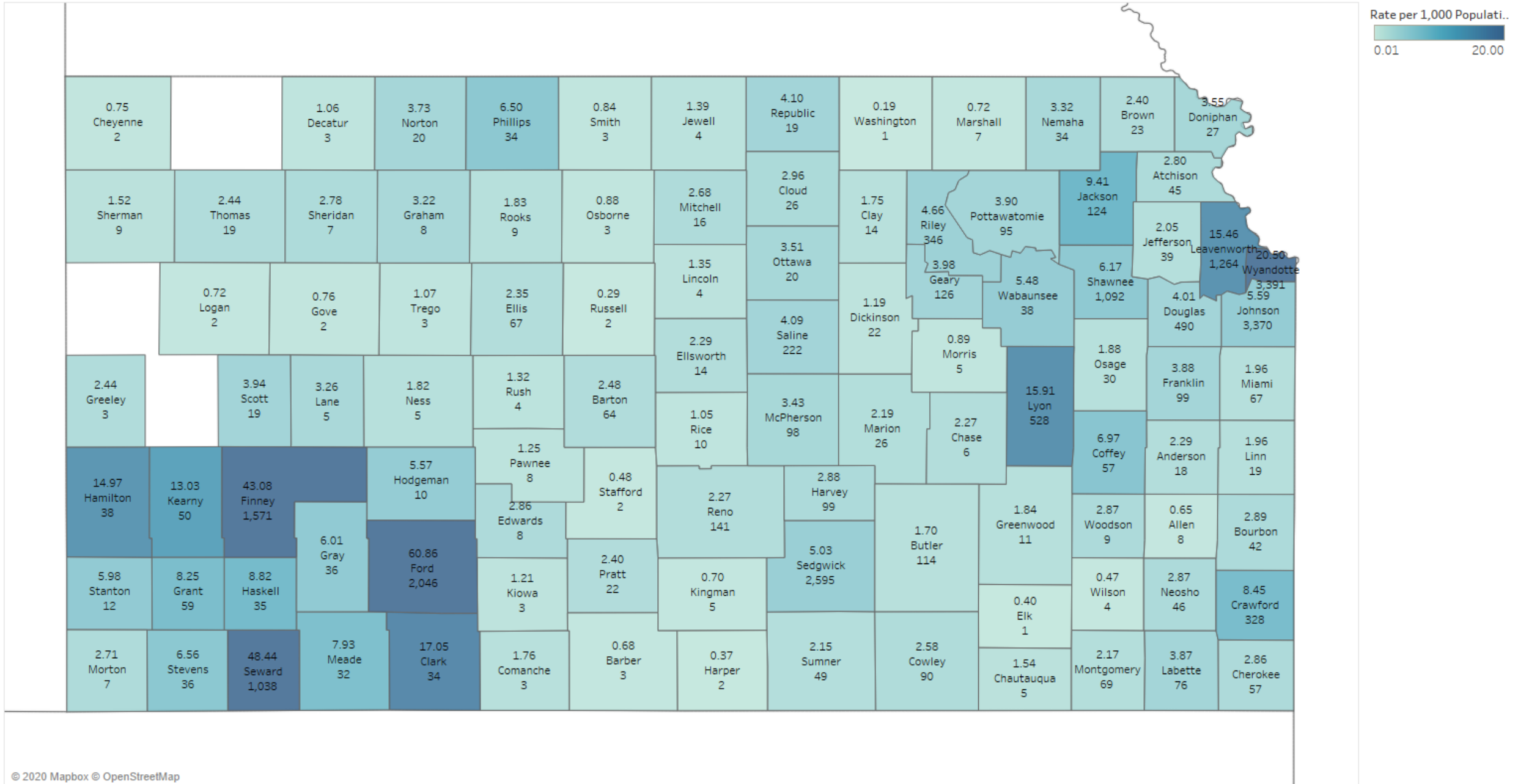
July Trends

- **12,822 new cases**
- **27,812 total cases** in 103 counties
- 264,695 total number of negative tests
- 358 total deaths
- **86 new deaths**



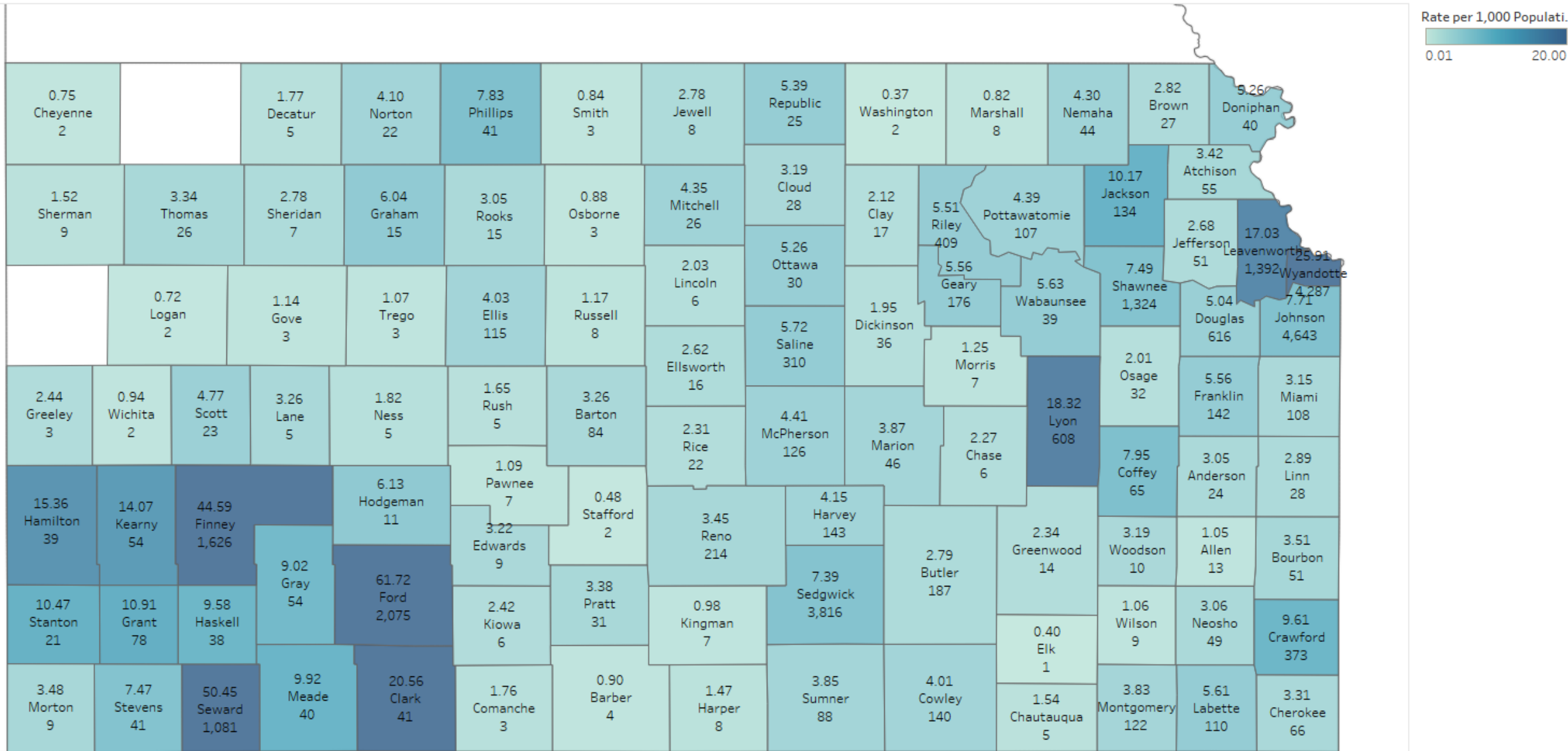
Total Case Rate per 1,000 by County

07/15/2020



Total Case Rate per 1,000 by County

08/03/2020



August Trends



- **As of August 10th, 2020**
- **2,854 New cases**
- **31,730 total cases** in 103 counties
- 294,939 total number of negative tests
- 387 total deaths
- **22 new deaths in 10 days**

Thank You/Questions

