

Healthy Kansans living in safe and sustainable environments.



Chelsea Raybern, MPH

Senior Epidemiologist

Bureau of Epidemiology and Public Health Informatics



Measles

- Transmission: airborne and droplet
 - Breathing, coughing, sneezing
 - Survives up to 2 hours on environmental surfaces
 - Contagious 4 days before until 4 days after rash onset
- 90% of susceptible contacts infected
- Complications: <5 and >20 years
 - Ear infections
 - Diarrhea
 - Pneumonia
 - Encephalitis



Signs and Symptoms

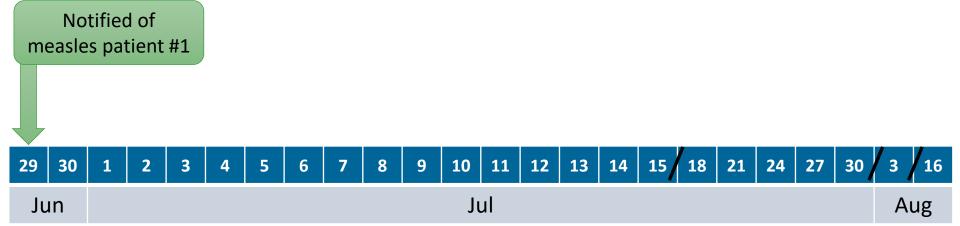
 Prodrome: fever, cough, coryza, conjunctivitis

- Maculopapular rash that begins on face at the hairline, spreads downward and outward
 - 3-5 days after prodrome
 - Fades in same order it appears





Timeline



Measles #1 – Notification

- Travel to Europe
 - Landed in Wichita, KS
- Unvaccinated child
- Butler County resident



- Rash → 3 days
- Conjunctivitis





Measles #1 – Notification

- Hospital A collected blood for IgM testing
- Hospital A began line list of ER contacts
- Patient transferred to hospital B in Sedgwick County
 - Respiratory isolation
- Butler County Health Department (BCHD) notified
 - Followed up with family to determine exposure and get flight information

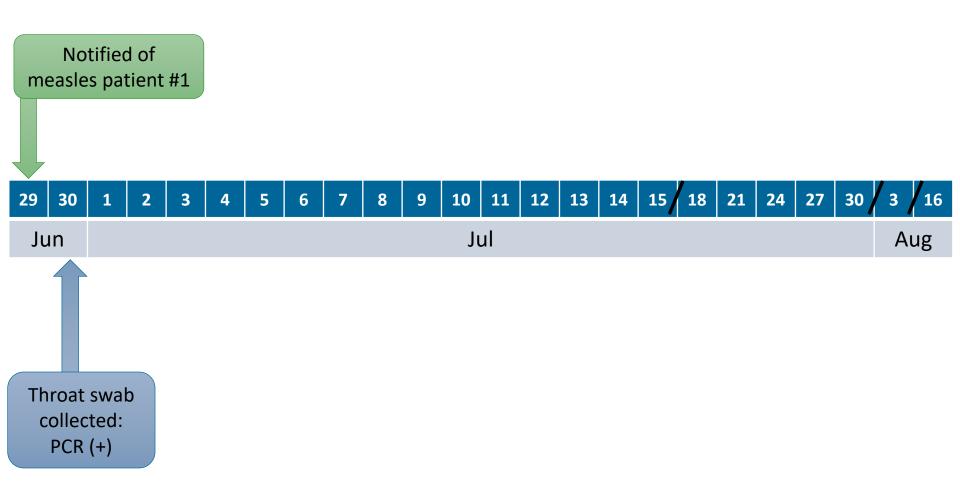
Measles #1 – Notification

 Sedgwick County Division of Health (SCDH)

CDC EOC and CDC DGMQ

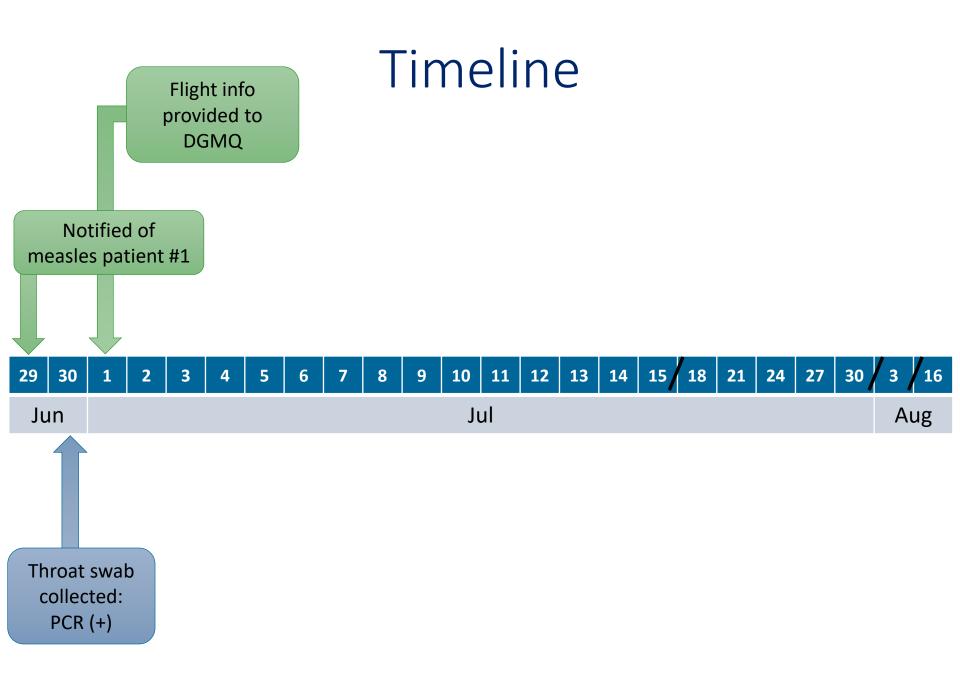


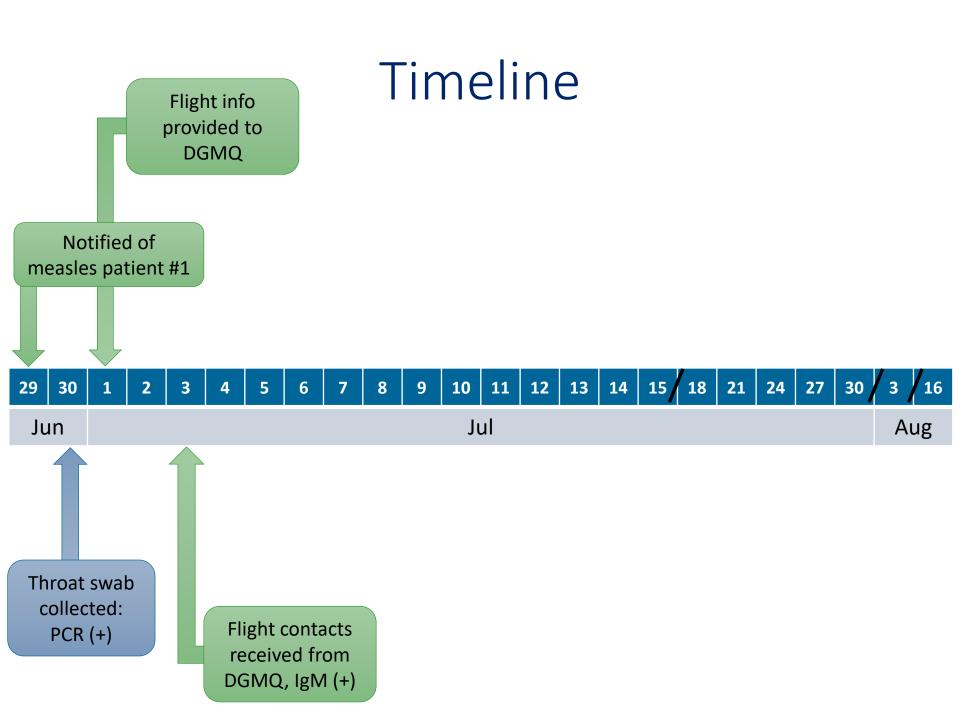
Timeline



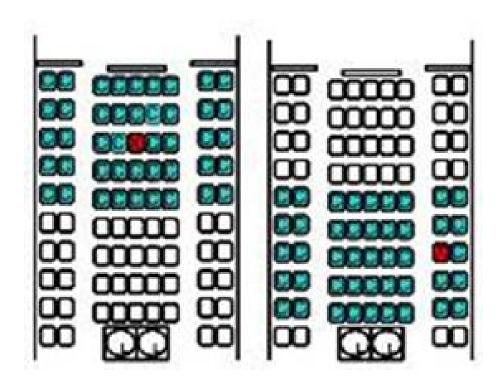
Measles #1 – Investigation

- 4 separate flights from Europe to Wichita
 - BCHD having difficult time obtaining accurate flight information from patient's family
- Family and travel companion contacts
 - 9 contacts → 3 unvaccinated, received MMR on 6/30
- Hospital contacts
 - 18 contacts → 3 unsure of vax status, titers pulled
 - 1 with negative titer → 21 day quarantine
- Patient discharged from hospital B on 7/1, isolated at home





Flight Exposure Determination by CDC



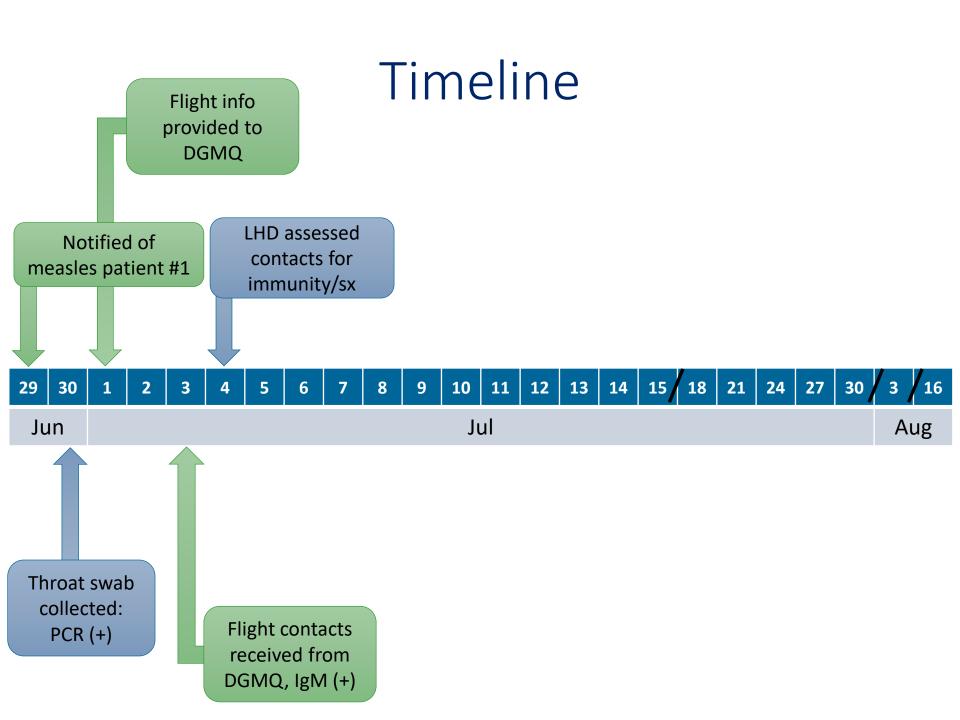


Measles #1 – Flight Contacts

- Counties
 - Sedgwick 22 contacts
 - Butler 2 contacts
 - Harvey 2 contacts
 - McPherson 1 contact
 - Pawnee 1 contact

 KDHE provided recommendations to LHDs on contact investigation



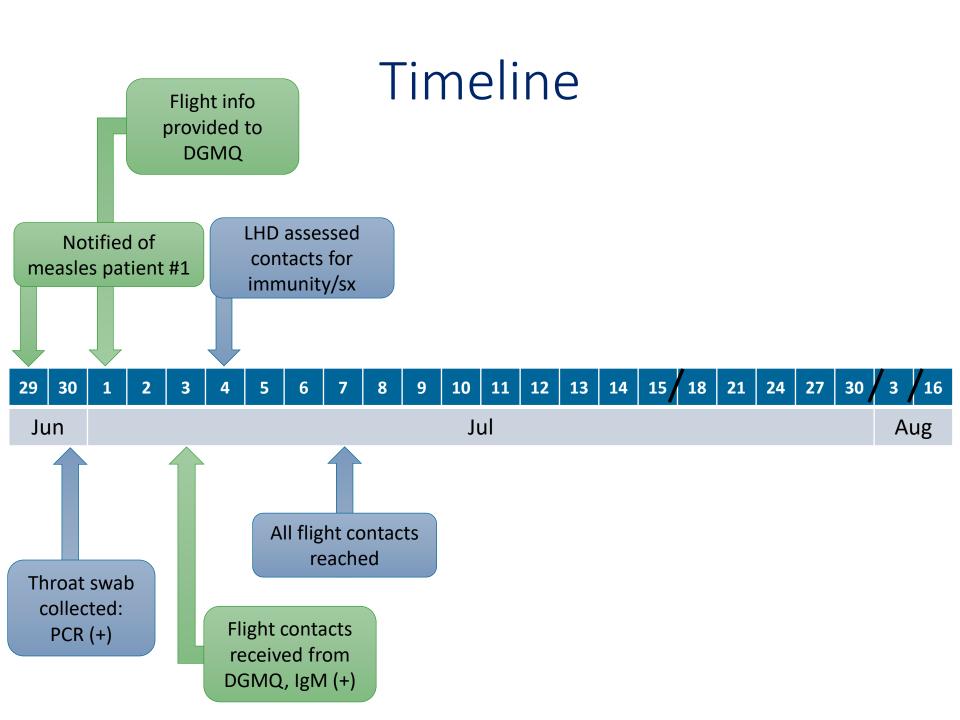


Measles #1 – Flight Contact Follow Up

Outside 72 hour window for MMR

- Immune globulin (IG) effective if given within 6 days
 - IGIM located, but discussion with CDC revealed not effective in persons >30 kg (66 lbs)
 - IGIV recommended for high risk persons
- 20/28 flight contacts reached → all immune





Back to Europe?

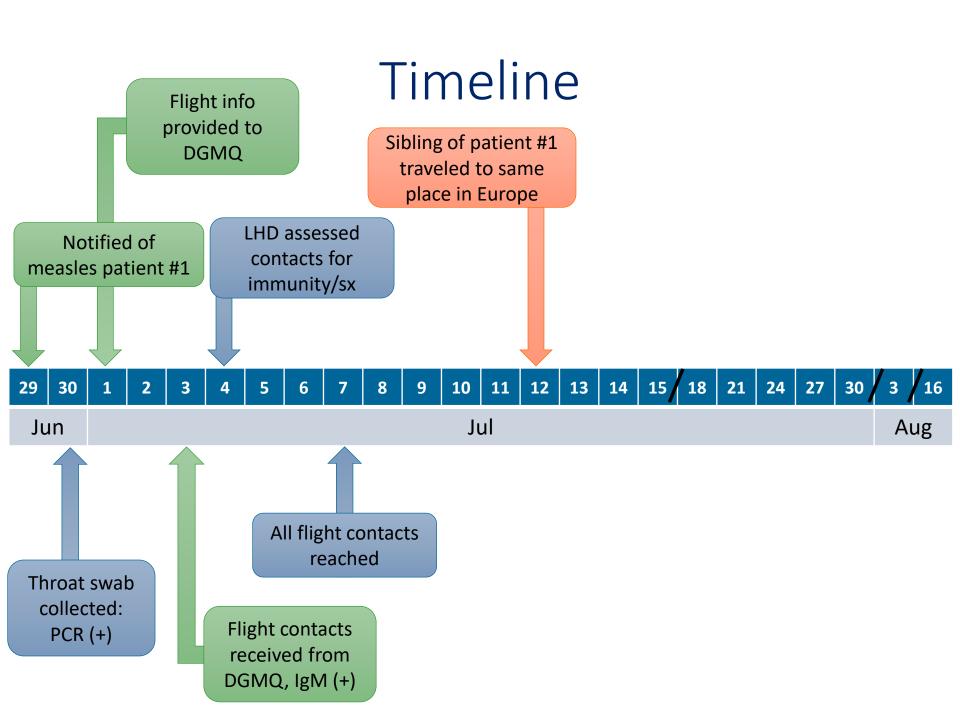
 Older sibling of measles patient planned to go to Europe on 7/12

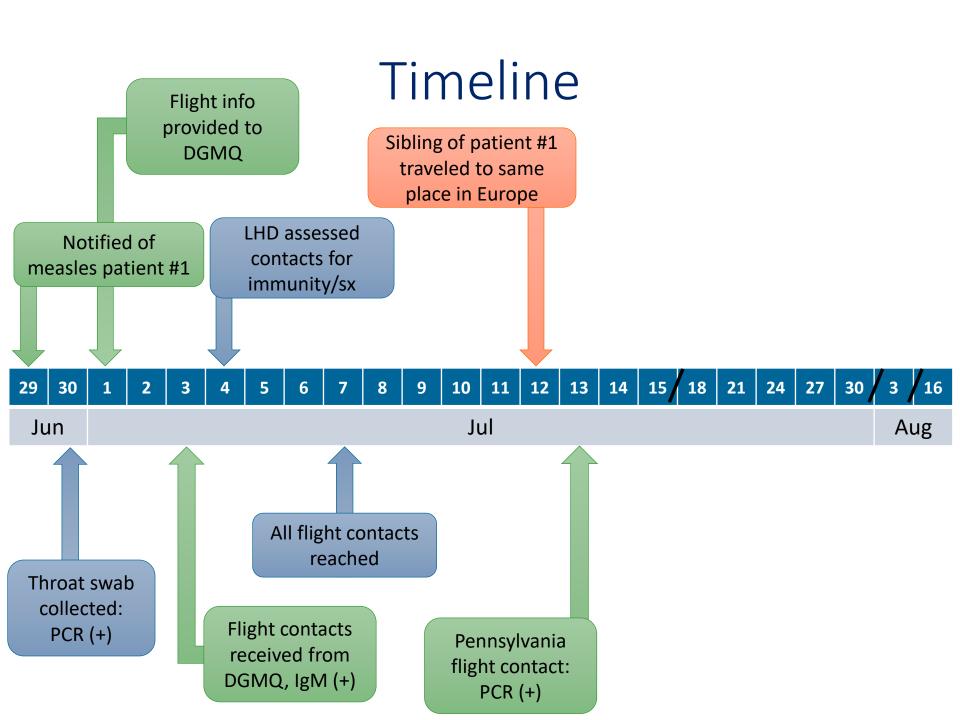
 Received MMR on 6/30 (12 days prior to planned trip)

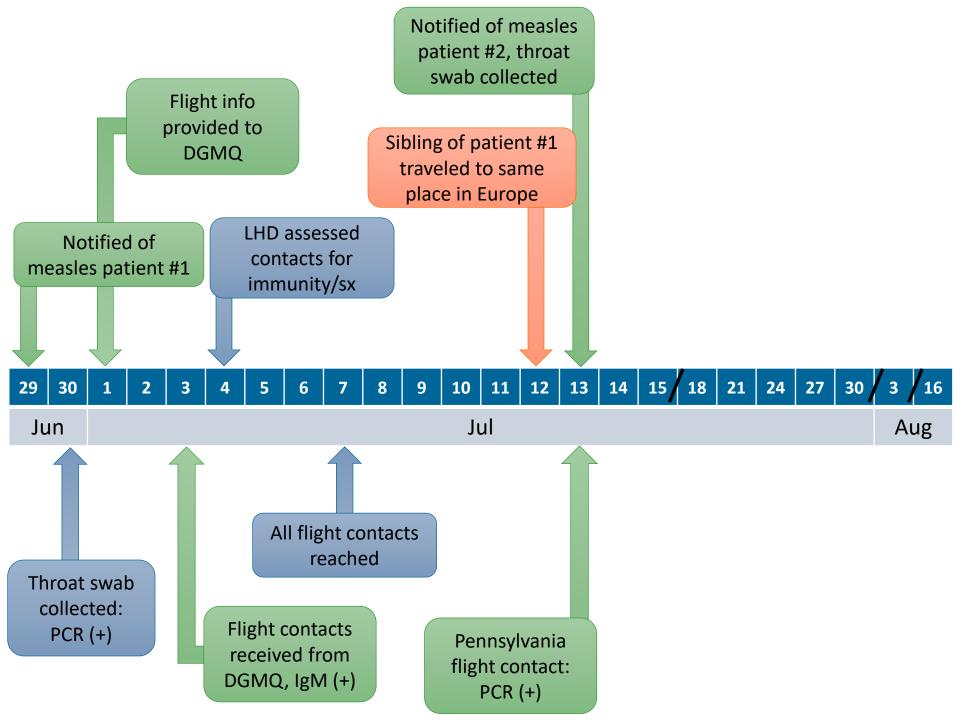


 Public health repeatedly discouraged travel







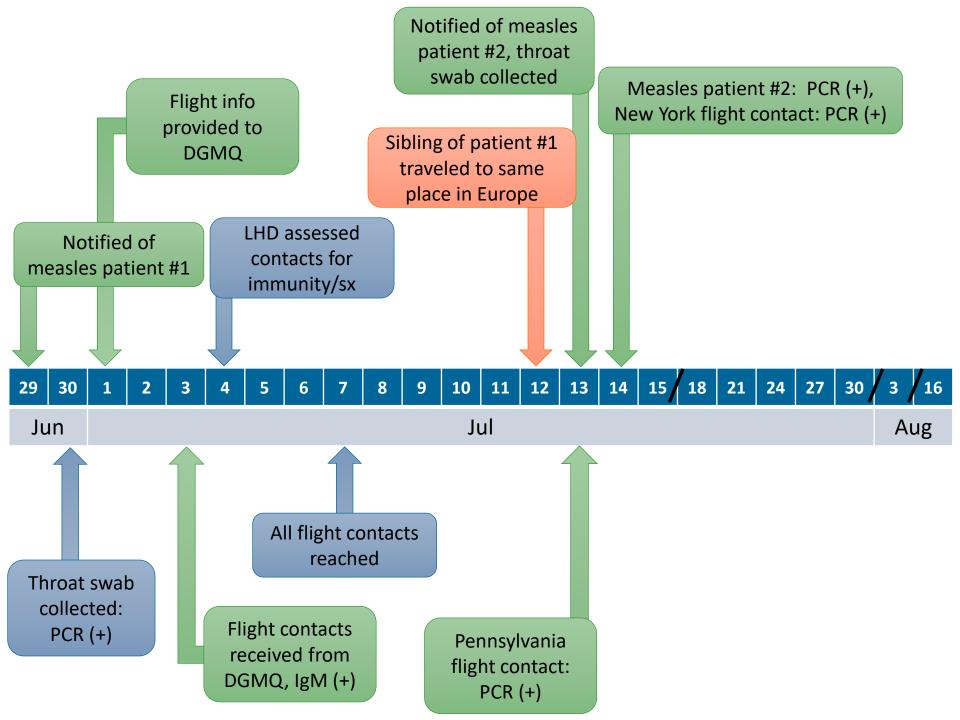


Measles #2 - Notification

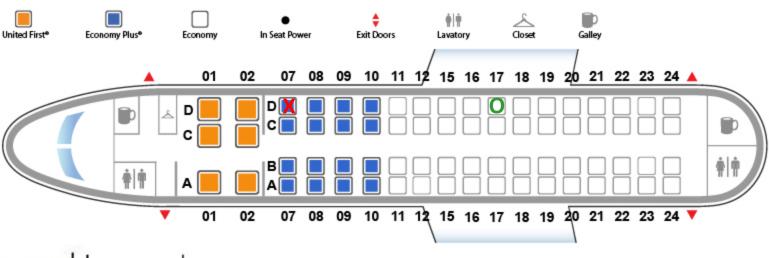
- Flight contact to 1st measles patient
- Vaccinated with autoimmune disorder

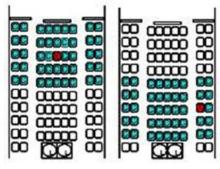
- Had oral surgery performed 7/7
- Fever
- Koplick spots
- Rash (neck behind ear, progressed to thighs and chest)





Flight Exposure of Measles #2





←CDC considers exposed

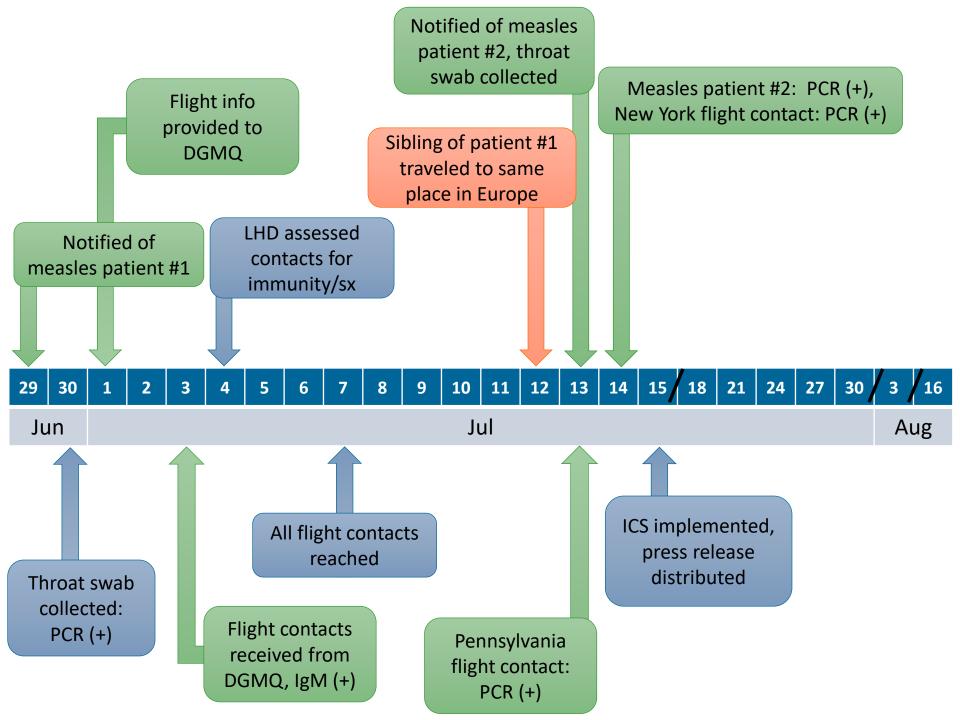


Measles #2 - Investigation

- Lamar's Donuts
- Pathway Church
- Walmart
- Kwik Shop
- Jason's Deli
- Jiffy Lube
- Academy Sports
- Michael's
- Family Video
- Moxley and Wagle Periodontics
- Vermillion Elementary







Goals of Incident Command Structure

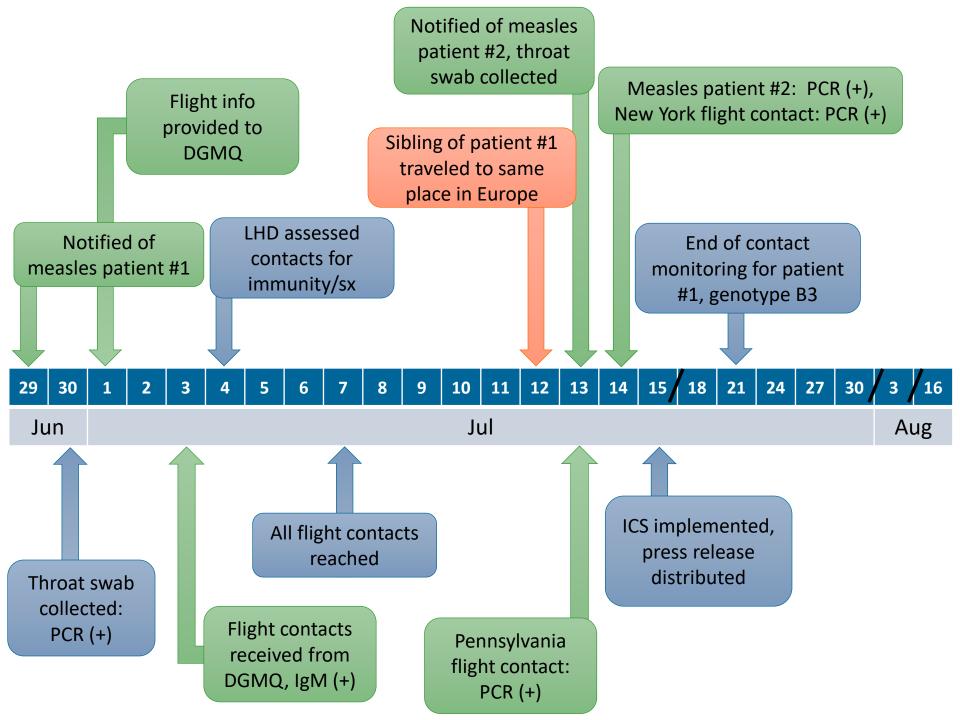
- Create and maintain surge capacity
- Provide consistent prevention recommendations
 - Susceptible
 - Out of 72 hour time frame for MMR for most
 - Recommended to get IG, but consult with PCP
 - Mandatory quarantine vs voluntary quarantine
 - Immune
 - Monitor for symptoms for 21 days

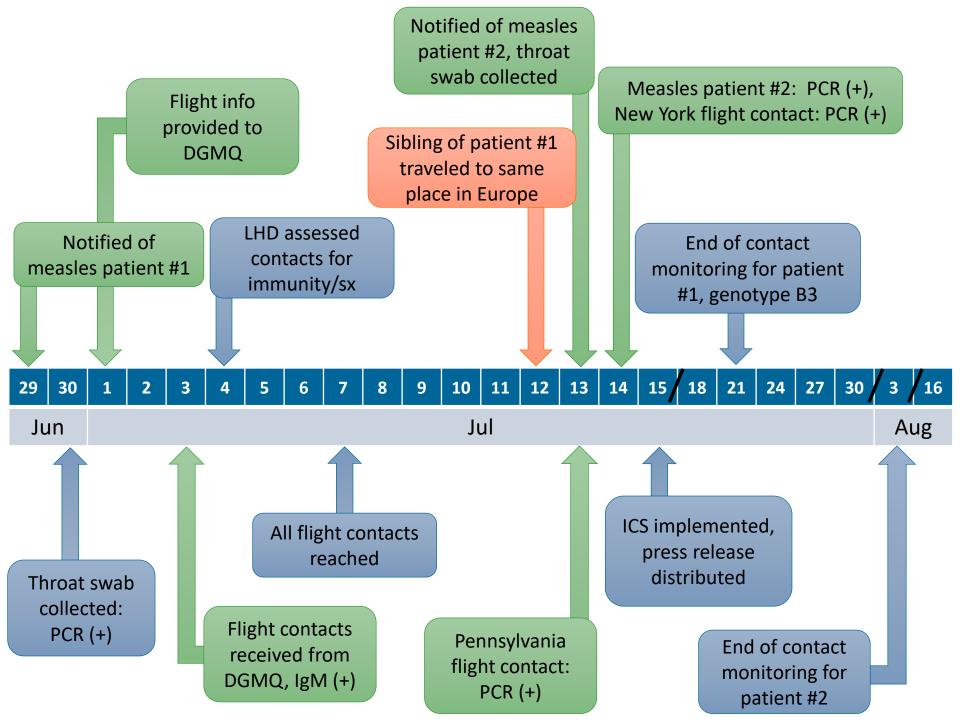


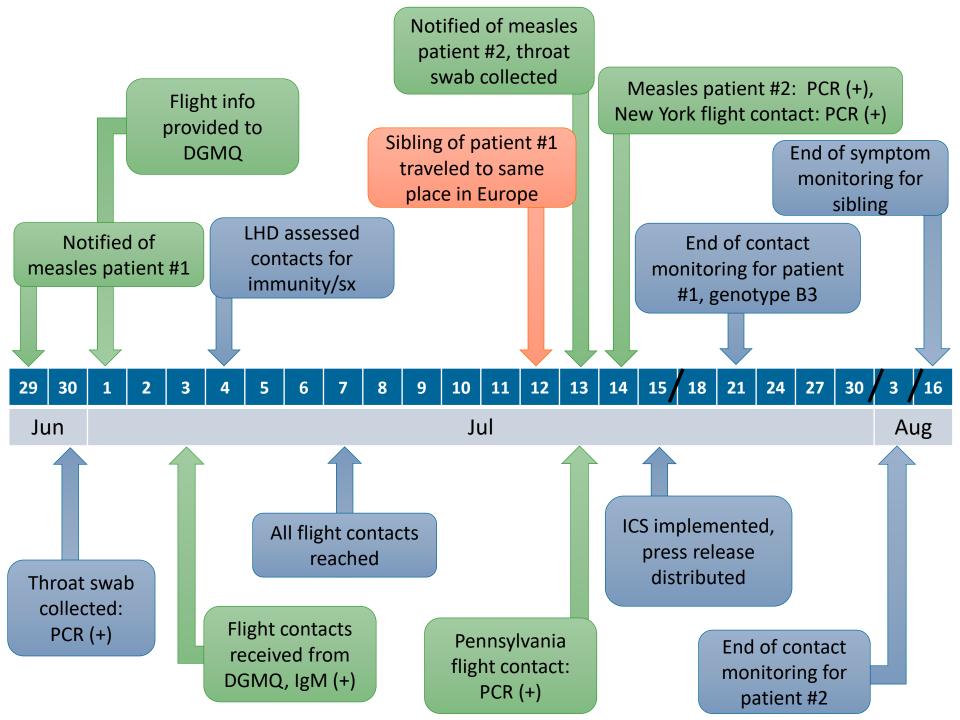
Measles #2 – ICS

- Received ~900 calls in July
 - On average, receive <200 calls/month
- >400 persons considered potentially exposed
 - 19 recommended IG → 7 received
 - 10 tested for measles → all negative
- Concluded on 7/17









Measles #1 – Summary

- Unvaccinated child traveled to Europe
- Exposed 55 persons in Kansas
 - 9 family → 3 unvaccinated received MMR
 - 18 hospital → 1 staff in quarantine
 - 28 flight → all immune
- 3 exposed flight contacts developed measles
 - Kansas
 - Pennsylvania
 - New York
- Vaccinated sibling traveled to Europe
 - Did not develop measles



Measles #2 – Summary

- Vaccinated, autoimmune disorder exposed on flight
 - 10 rows away
- ICS implemented

- Exposed >400 persons in Sedgwick County
 - 19 recommended IG → 7 received

0 developed measles



Questions





The Lumps and Bumps of Mumps

Kansas 2017

Chelsea Raybern, MPH

Senior Epidemiologist

Bureau of Epidemiology and Public Health Informatics



Mumps

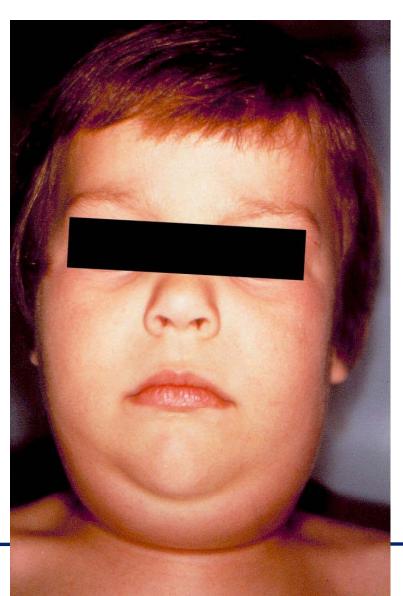
- Transmission: droplet, direct and indirect contact
 - Coughing, sneezing, talking, sharing utensils
 - Contagious 2 days before until 5 days after parotitis onset
- Complications:
 - Testicular inflammation
 - Ovarian inflammation
 - Meningitis
 - Encephalitis
 - Deafness



Signs and Symptoms

 Prodrome: fever, headache, muscle aches, fatigue, loss of appetite

- Parotitis (swelling of salivary glands)
 - Develops several days after prodrome
 - Unilateral or bilateral



December 2016 – July 2017

168 cases in 27 counties

Characteristics of Mumps Cases

| Gender | # of Cases | % of Cases |
|--------|------------|------------|
| Female | 73 | 43% |
| Male | 95 | 57% |

Characteristics of Mumps Cases

| Gender | # of Cases | % of Cases |
|------------------------|------------|------------|
| Female | 73 | 43% |
| Male | 95 | 57% |
| Symptoms/Complications | | |
| Parotitis | 165 | 98% |
| Fever | 74 | 44% |
| Meningitis | 1 | 0.6% |
| Orchitis | 13 | 8% |

Characteristics of Mumps Cases

| Gender | # of Cases | % of Cases |
|------------------------|------------|------------|
| Female | 73 | 43% |
| Male | 95 | 57% |
| Symptoms/Complications | | |
| Parotitis | 165 | 98% |
| Fever | 74 | 44% |
| Meningitis | 1 | 0.6% |
| Orchitis | 13 | 8% |
| Vaccination Status | | |
| Vaccinated | 143 | 85% |
| 2 doses | (89) | (62%) |
| 1 dose | (10) | (7%) |
| No documented doses | (44) | (31%) |
| Not Vaccinated | 9 | 5% |
| Unknown | 16 | 10% |

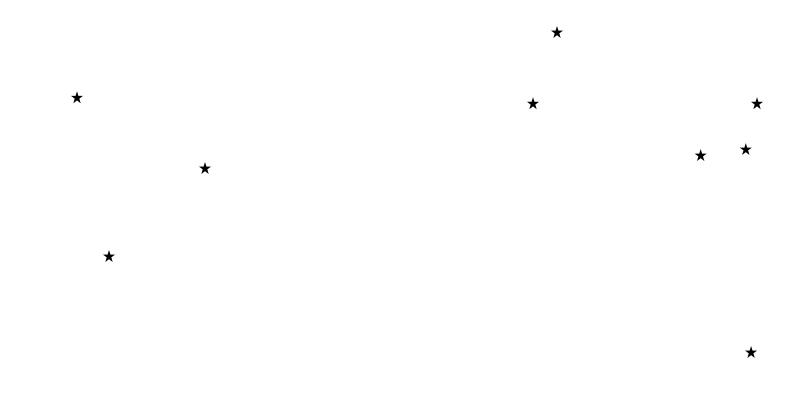
Test Results

- 430 specimens for mumps testing at KHEL
 - 82 (19%) PCR positive
 - 25 forwarded to CDC → genotype G
- 155 specimens for RP testing at KHEL
 - 43 (28%) PCR positive
 - 21 influenza A
 - 14 rhinovirus/enterovirus
 - 7 coronavirus
 - 1 influenza B
- 4 co-infections

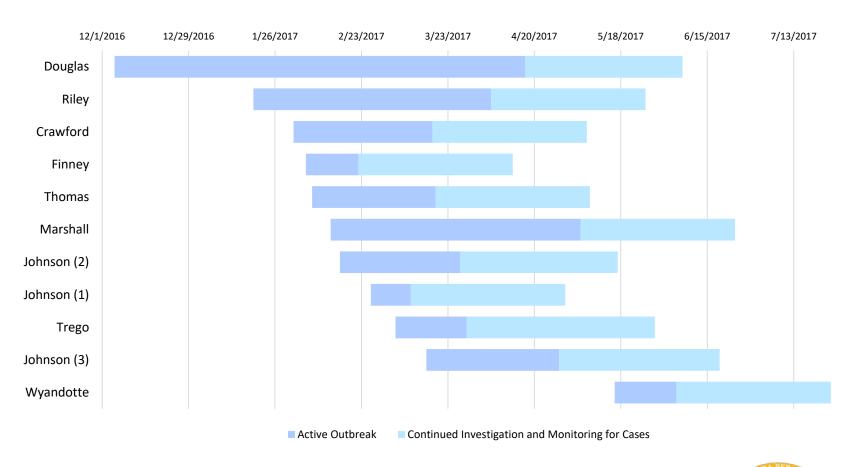


Mumps Outbreaks

■ 133 (79%) associated with an outbreak



Timeline of Outbreak Investigations





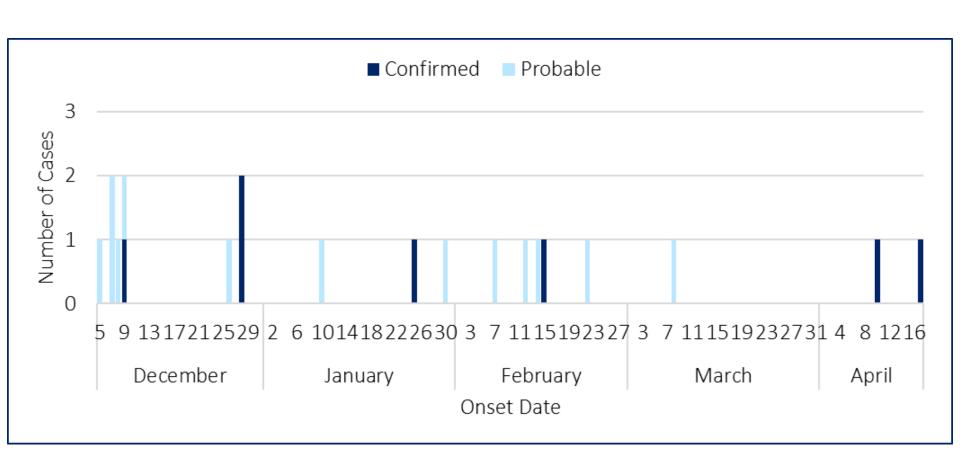
KU Outbreak – December 12, 2016

- 20 cases
 - 16 students
 - 3 staff
 - 1 contact to student
- 10 (50%) male
- 18 (90%) fully immunized
- Parotitis duration: 2 6 days
- 2 complications (1 hospitalization)
 - Orchitis
 - Meningitis





KU Outbreak Number of Cases by Onset Date (n=20)



KU Outbreak After-Action Meeting

Strengths

- Communication
- Existing vaccination policy
- Weaknesses
 - Educating healthcare providers
 - Specimen collection

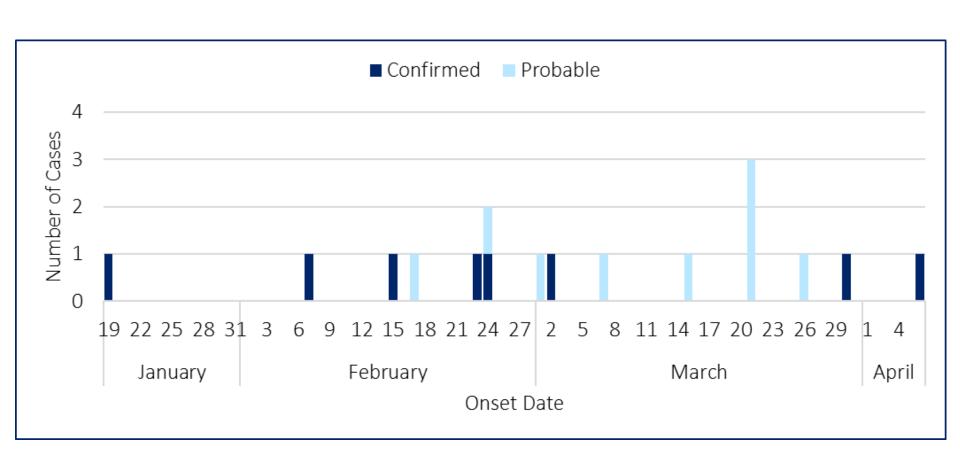


KSU Outbreak - February 20, 2017

- 17 cases
 - 13 students
 - 2 staff
 - 2 contacts to student
- 8 (52%) male
- 17 (100%) fully immunized
- Parotitis duration: 3 7 days
- No complications or hospitalizations



KSU Outbreak Number of Cases by Onset Date (n=17)



KSU Outbreak

3rd MMR Dose Recommendation

- 3 vaccination clinics
 - April 7
 - April 11
 - April 12

415 total MMR doses administered



Marshall County High School Outbreak – March 2, 2017

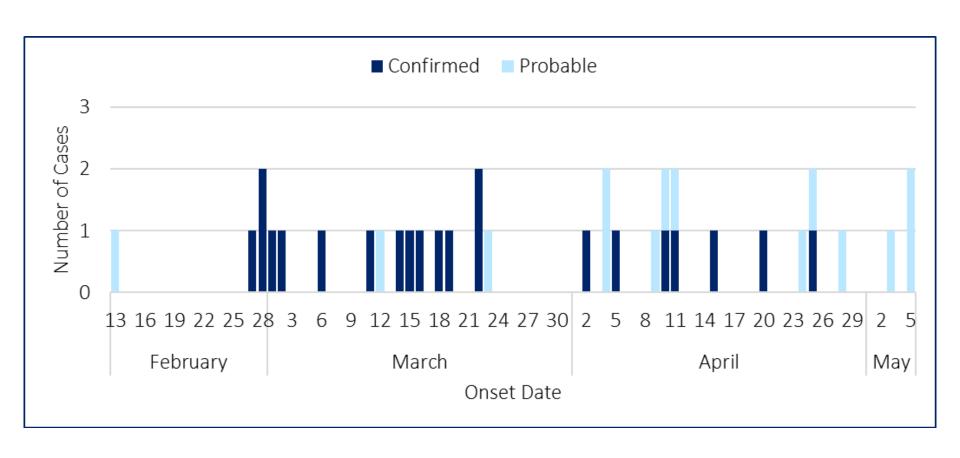
- 35 cases
 - 20 students
 - 3 staff
 - 12 contacts to student
- 20 (57%) male
- 25 (71%) fully immunized



- Parotitis duration: 2 8 days
- 2 complications (no hospitalizations)
 - Orchitis



Marshall County High School Outbreak Number of Cases by Onset Date (n=35)



Marshall County High School Outbreak 3rd MMR Dose Recommendation

- 3 vaccination clinics
 - May 1
 - May 8
 - May 10

197 total MMR doses administered



Questions







www.kdheks.gov

Chelsea Raybern
Senior Epidemiologist
Bureau of Epidemiology and Public Health Informatics
Kansas Department of Health and Environment
785-296-0339 Chelsea.Raybern@ks.gov

Healthy Kansans living in safe and sustainable environments.

Outbreak of Shiga Toxin-Producing *E. coli* O157:H7 Associated with a Cider Festival — Kansas, 2016

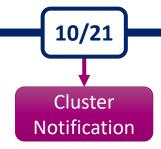
Lindsey Martin Webb, MPH Advanced Epidemiologist

Bureau of Epidemiology and Public Health Informatics



It's always a Friday...

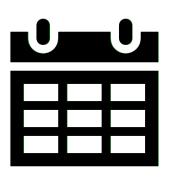
- Friday, October 21, 2016 at 4:56 pm KDHE received a call
- 6 persons with Shiga toxin-producing Escherichia coli (STEC) O157:H7 with indistinguishable pulsedfield gel electrophoresis (PFGE)

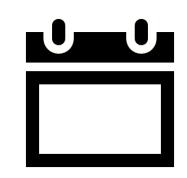




Shiga toxin-producing *E. coli* (STEC)

Incubation 1 to 10 days





Duration 5 to 10 days

Diarrhea
Bloody Stool
Abdominal Pain





Hemolytic Uremic Syndrome (HUS)



STEC



100 cases/year

STEC

- Common sources
 - Contaminated sprouts
 - Raw/undercooked ground beef
 - Animals (cattle, sheep, goats)
- Recent outbreaks
 - Soynut butter



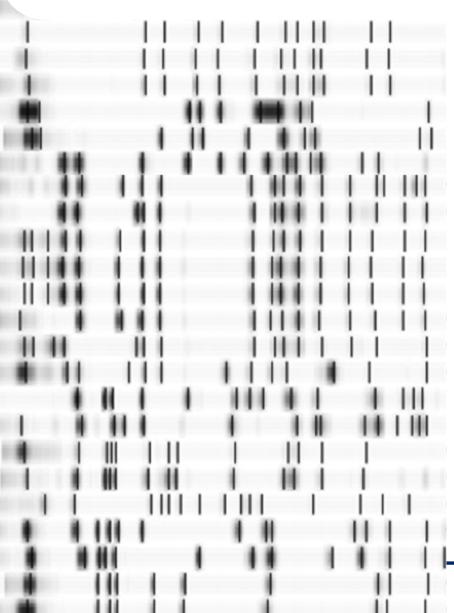








STEC Outbreak Identification



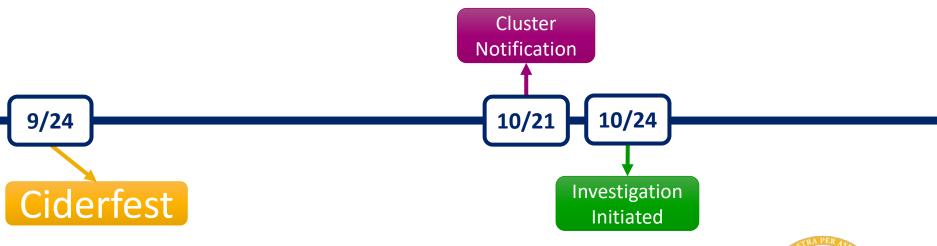
 Epidemiology: increase in the number of cases in a geographic area in a period of time, or identification of common exposures through case interviews

 PFGE: pulsed-field gel electrophoresis (DNA fingerprint)

and Environment

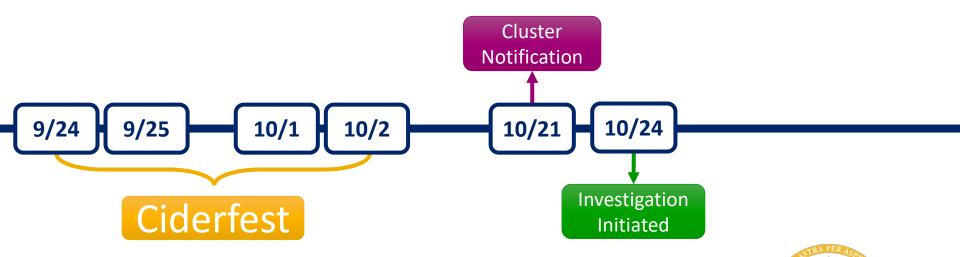
Investigation Initiation

- 5 of 6 persons attended Ciderfest at Louisburg
 Cider Mill in Louisburg, KS on September 24, 2016
- Outbreak investigation initiated October 24, 2016





Ciderfest



Department of Health and Environment

Ciderfest

Pumpkin Patch & Corn Maze

Admission \$9 (tax included)

3 yrs old and under FREE

Admission includes:

10 Acre Ghost of the Corn Maze Access to the Pumpkin Patch Wagon Rides

Wagon Rides Hill Slide Pallet Maze

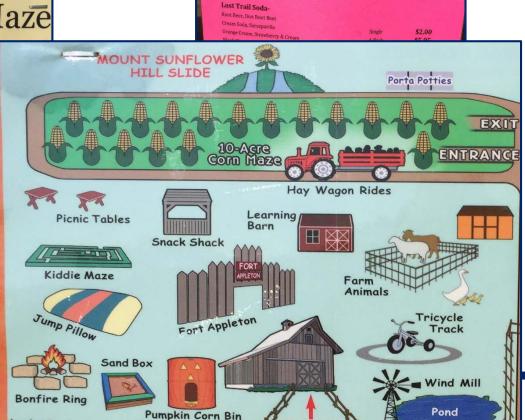
Play Areas Trike Track

Farm Animals

Corn Bin

9/24 9/25 10/1 10/2

Ciderfest



Porta Potties

Cider Drinks-One Size Hot, Cold or Slush

Apple Sippers-Cold Cider Only

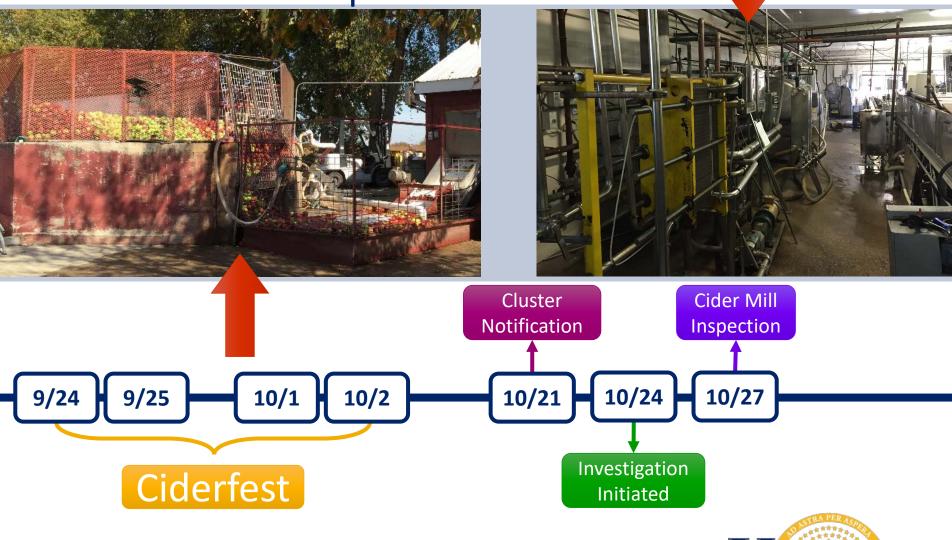
MENU

\$2.25

\$3.75



Barn Entrance to Loads of Fun Cider Mill Inspection





Cider Mill Inspection



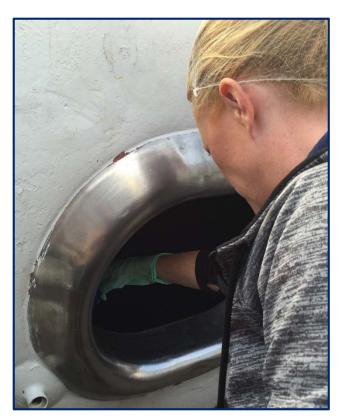
Cider Mill Inspection



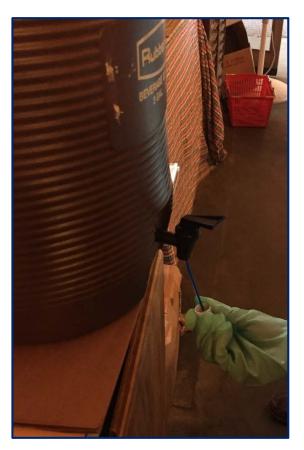




Environmental Sampling Results

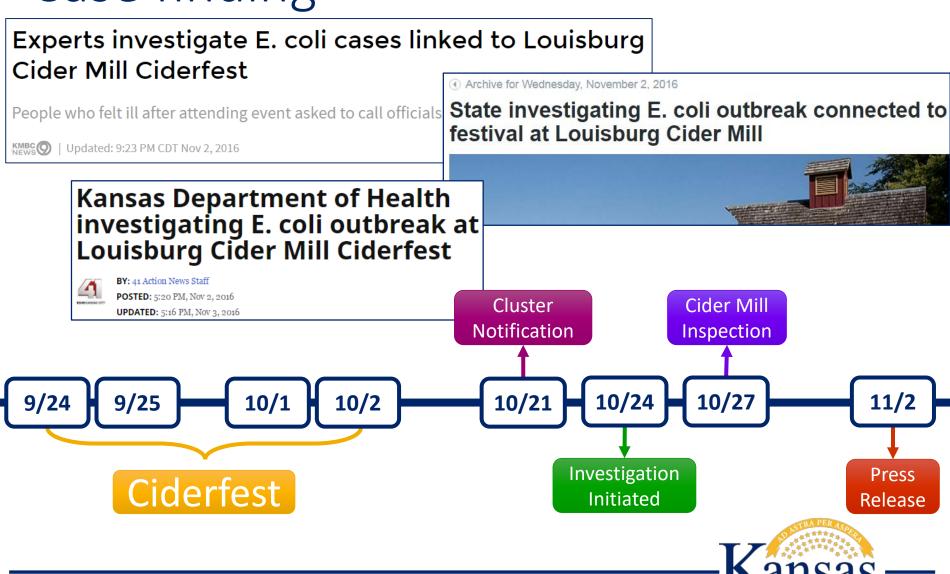








Case finding



Department of Health and Environment

Methods

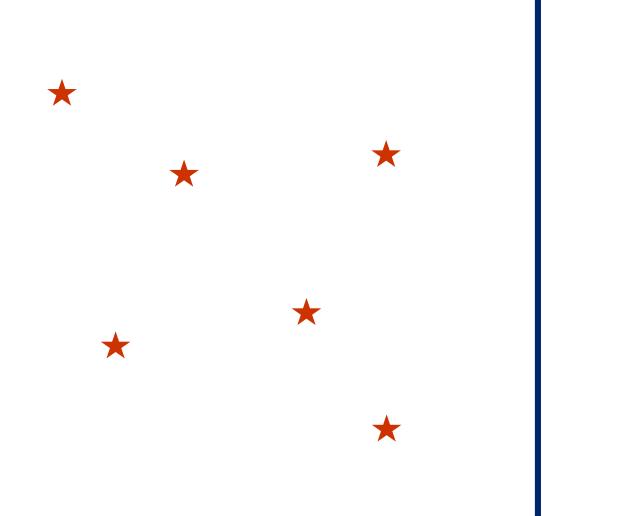
- Case definition: diarrhea in a person beginning ≥1 day after attending Ciderfest and lasting ≥2 days
- Matched case-control study
 - Friend-and-family group controls
 - Interviewed with outbreak-specific questionnaire
- Calculated matched odds ratios and 95% confidence intervals
 - Conditional logistic regression with exact estimates



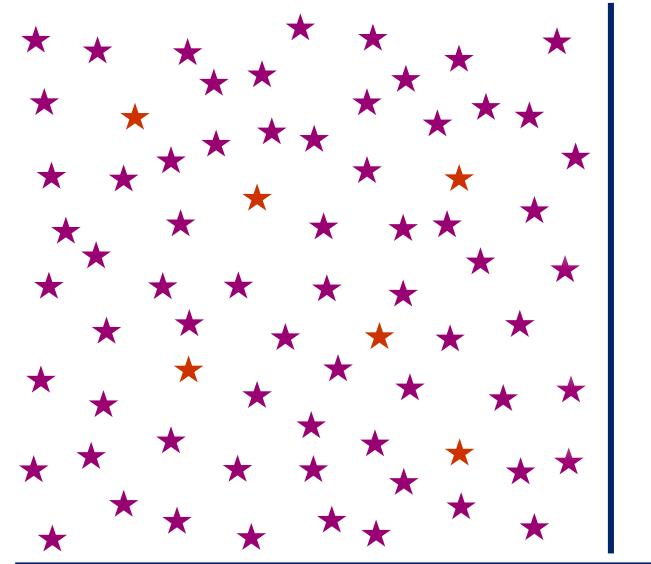
Matched Case-Control Study



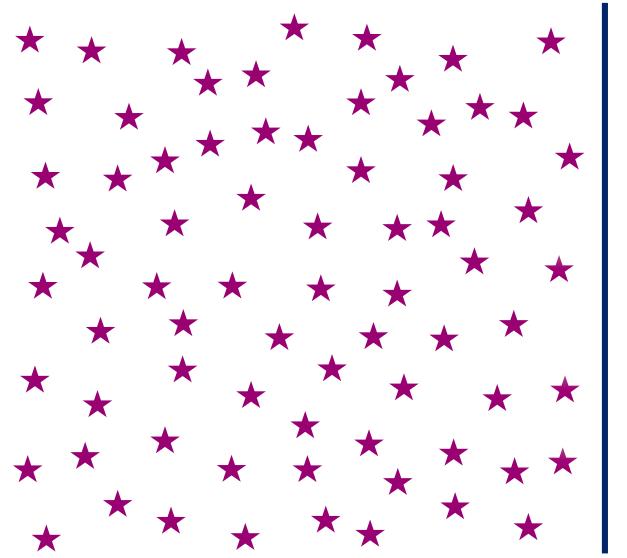
Matched Case-Control Study





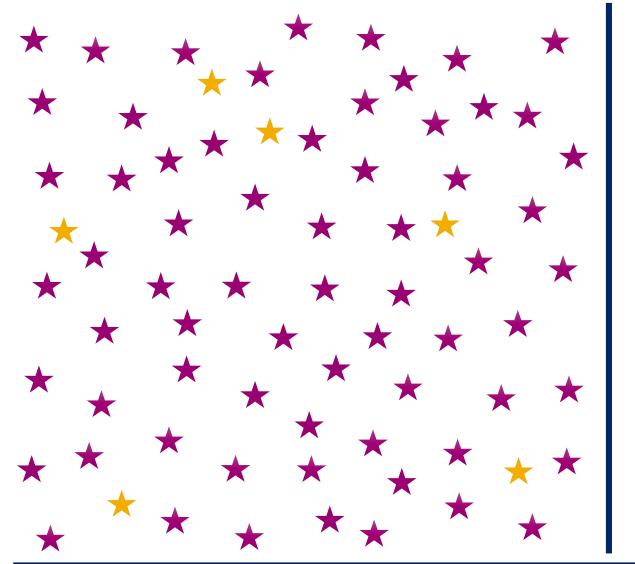






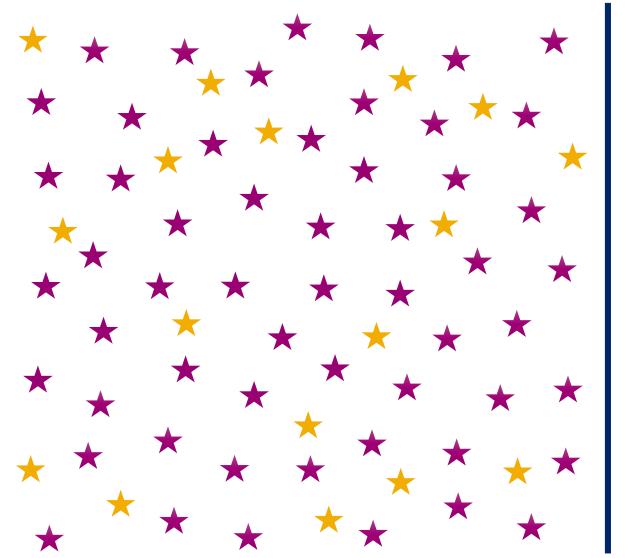
73
persons
reported
illness





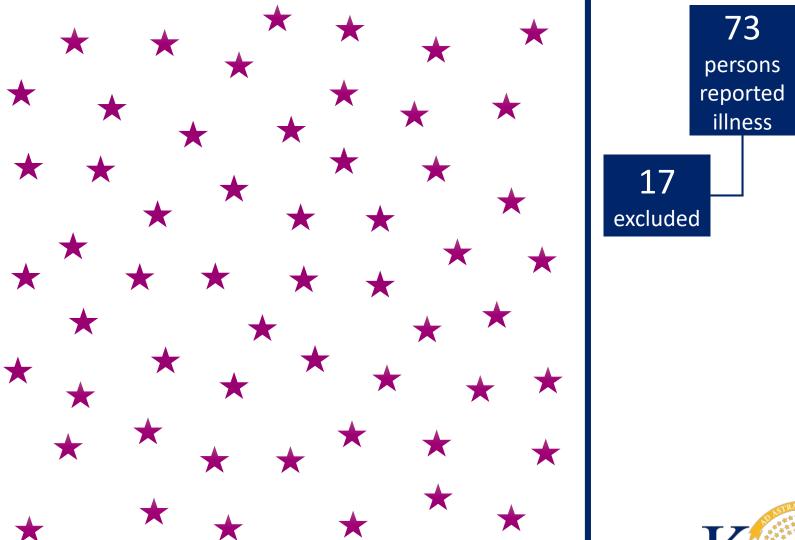
73
persons
reported
illness



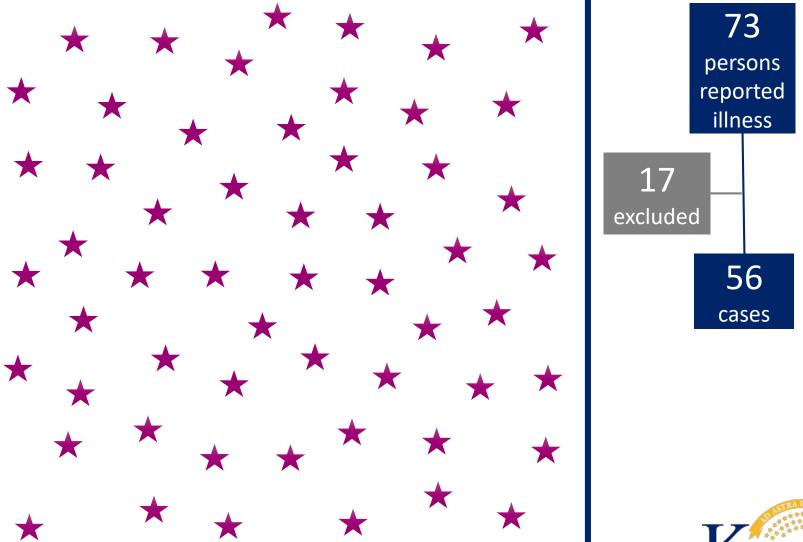


73
persons
reported
illness

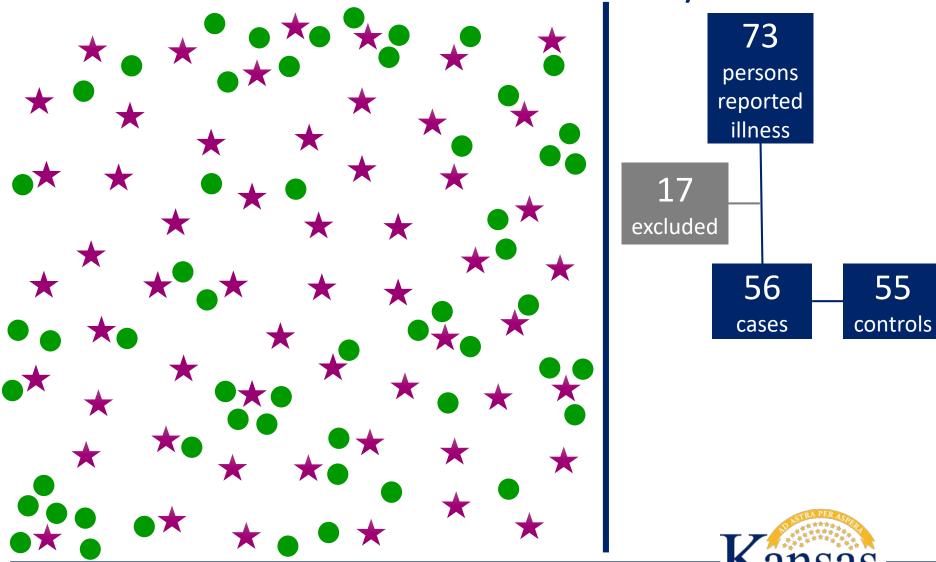




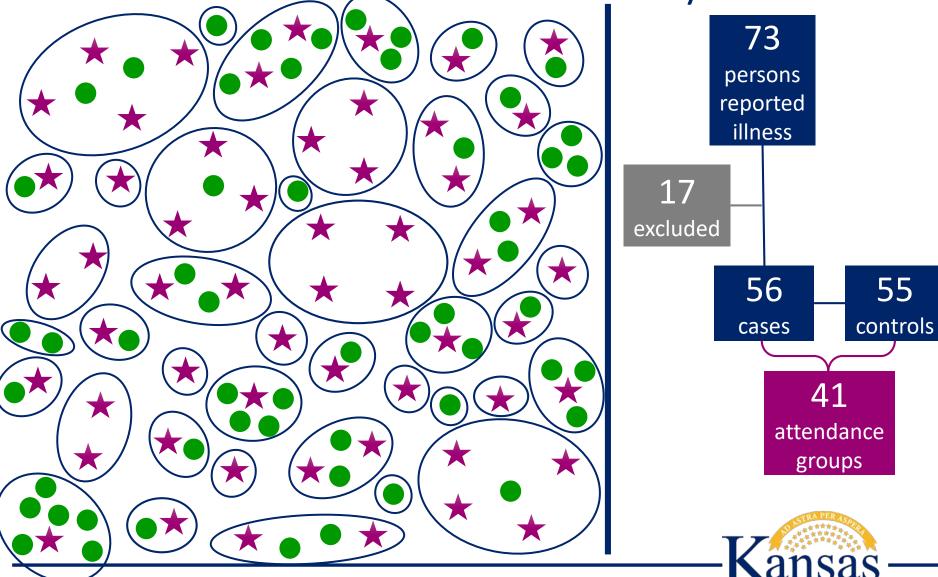








Department of Health and Environment



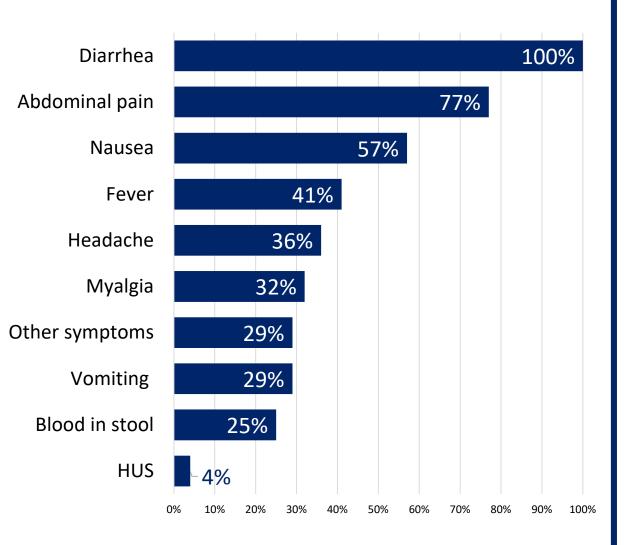
Department of Health and Environment

Study Population Characteristics

| | Case-Patients, n=56 | Control Subjects, n=55 |
|--------------------|---------------------|------------------------|
| | n (%) | n (%) |
| Median age | 22 | 29 |
| Sex | | |
| Male | 18 (32%) | 26 (47%) |
| Female | 38 (68%) | 29 (53%) |
| State of residence | | |
| Kansas | 37 (66%) | 37 (67%) |
| Missouri | 19 (34%) | 18 (34%) |
| Date of attendance | | |
| September 24, 2016 | 32 (57%) | 36 (65%) |
| September 25, 2016 | 3 (5%) | 2 (4%) |
| October 1, 2016 | 5 (9%) | 4 (7%) |
| October 2, 2016 | 16 (29%) | 12 (24%) |



Symptoms and Outcomes (n=56)





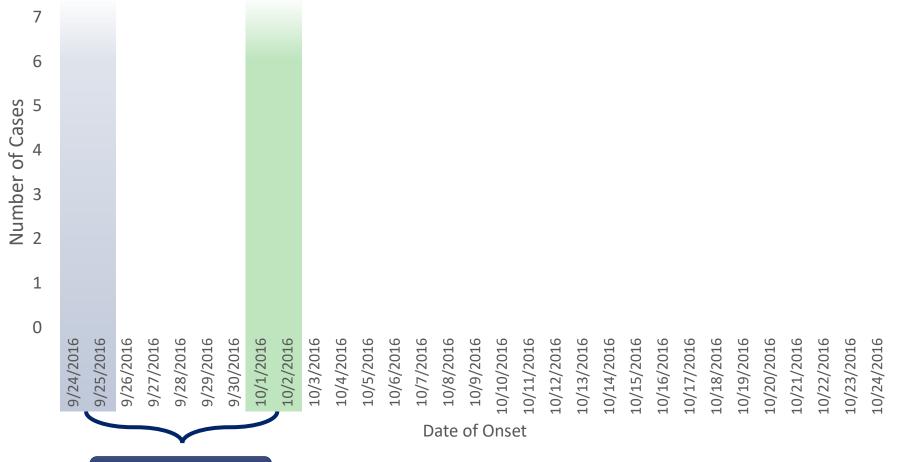






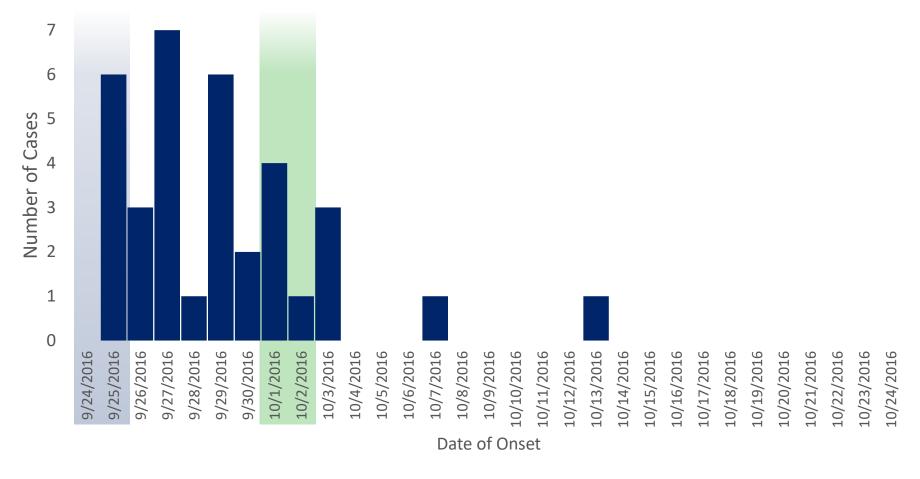






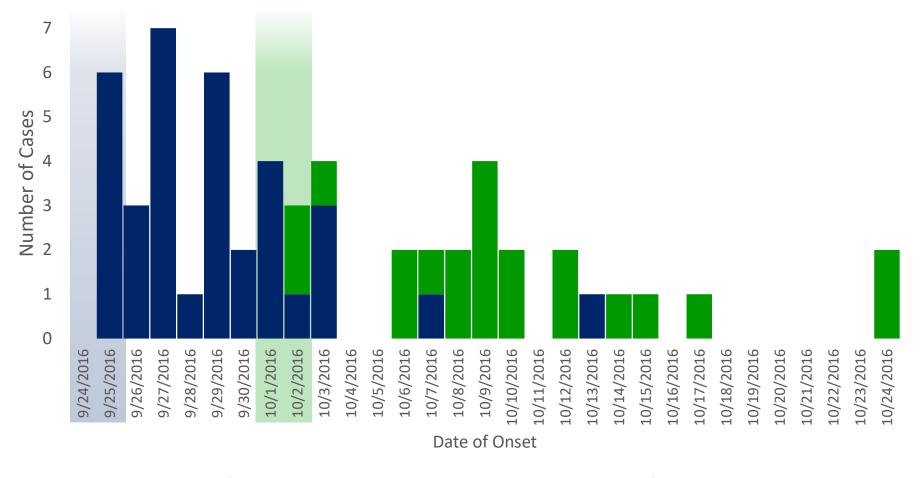
Ciderfest





■ Attended Ciderfest September 24-25, 2016





■ Attended Ciderfest September 24-25, 2016

■ Attended Ciderfest October 1-2, 2016



Associations between Illness and Exposures

| Exposure/Food Item | Matched Odds Ratio | 95% CI |
|------------------------------|--------------------|----------------|
| Any type of cold cider | 6.6 | 1.2 - infinity |
| cup of cold cider | 2.1 | 0.4 - 11.6 |
| cider slush | 4.5 | 0.7 - infinity |
| Hot cider | 1.2 | 0.2 - 8.6 |
| Pre-packaged bottle of cider | 3.3 | 0.3 - 39.1 |
| Cider doughnuts | 10.3 | 1.1 - 94.8 |
| Caramel apples | 1.3 | 0.1 - 17.3 |
| Pony ride | 1.0 | 0 - 19 |
| Contact with farm animals | 4.7 | 0.5 - infinity |
| Pumpkin patch | 2.2 | 0.1 - 157 |
| Mobile food vendors | 0.3 | 0.3 - 2.4 |



Conclusions

 56 persons with STEC O157 after Ciderfest

 Cider and cider doughnuts were associated with illness

 Onsite inspection was essential for identifying un-pasteurized cider was served during the cider festival



Recommendations

 All tanks holding unpasteurized cider should be labeled

 Employees should be cross-trained about all processes on site



After-Action Review

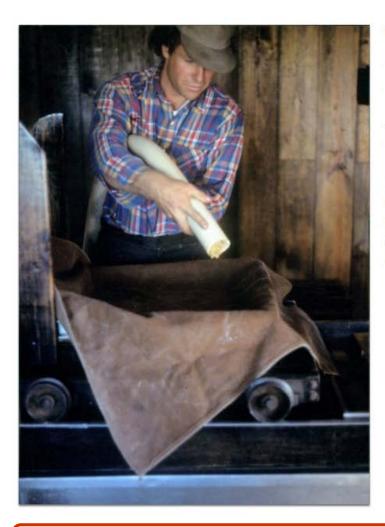
February 2017

- KDA
 - Food Safety and Lodging
 - Laboratory
- KDHE
 - Epidemiology
 - Laboratory





Investigation Follow-up



This apple pulp is then pressed by a continuous belt press, and the juice is expressed.

After screening and filtering out the largest pulp particles from the juice, it is ready to be pasteurized and filled.

Most important to the whole process of pressing apples and bottling cider is doing so in a safe manner. The Louisburg Cider Mill has a thorough Food Safety Program and many experienced staff members that are employed to ensure that products manufactured are not only to a high standard of quality, but meet the requirements of Good Manufacturing Practice.



Key production staff are all trained in Cider HACCP (Hazard Analysis Critical Control Points) and through FSPCA (Food Safety Preventative Controls Alliance) as "preventative controls qualified individuals".

Investigation Follow-up

 No reports of illness were received following the 2017 cider festival

 No cases were found to be associated with the mill's nationally-distributed finished cider products



Acknowledgments

- Kansas Department of Health and Environment
 - Charlie Hunt
 - Ingrid Trevino-Garrison
 - IDFR Staff
- Kansas Department of Agriculture
 - Amber Barham*
 - Adam Inman*
 - Autumn Schuck
 - Steve Moris
- Centers for Disease Control and Prevention
 - Jessica Nadeau Tomov**
 - Andrea Winquist
 - Rashida Hassan

- Missouri Department of Health and Senior Services
 - Elizabeth Anderson
 - CJon Hinkle
 - Mark Buxton
- United States Food and Drug Administration
 - Sam Gibbons
 - Jeffrey Moody
 - Erin Dugan

**Lead Author *Co-Author





West Nile Virus Investigation Turon, Kansas

Sheri Tubach and Amie Worthington

Epidemiologist

Bureau of Epidemiology and Public Health Informatics



West Nile Virus

- Leading cause of domestically acquired arboviral disease in the United States
- Arthropod-borne virus (arbovirus) spread by infected mosquitoes
- Culex species are the primary vector for West Nile virus (WNV)



WNV Clinical Information

- Incubation period: 3-15 days
- 80% asymptomatic
- Symptoms include:
 - Fever
 - Headache
 - Weakness
 - Myalgia
 - Arthralgia
 - Rash

- Less than 1% develop neuroinvasive disease
 - Meningitis
 - Encephalitis
 - Acute flaccid paralysis
- Persons over 50 years are at greater risk for complications and death



WNV Epidemiology

United States (1999-2016)

Kansas (2002-2016)

Cases

46,086

590

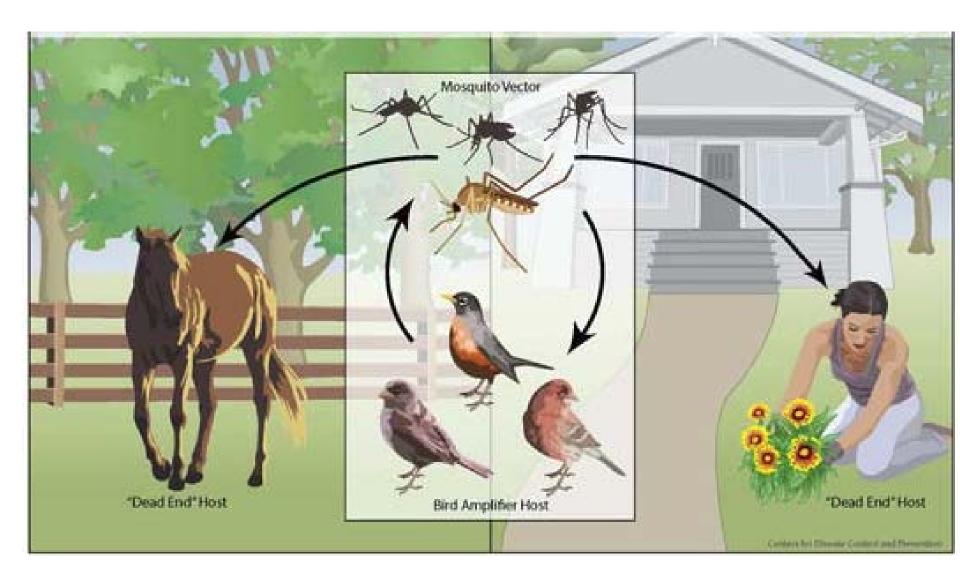
Deaths

2,017

30



WNV Transmission



Mosquito Life Cycle

| Egg | Rafts float on surface of water and hatch into larvae within 48 hours | |
|--------|---|--|
| Larvae | Live in water and float at surface of water to breathe oxygen | |
| Pupae | Resting non-feeding state of the life cycle | |
| Adult | Flying, biting mosquito | |

Mosquito Control and Prevention

Personal Protection

- Insect repellent
- Wear long-sleeved shirts and long pants



Property Protection

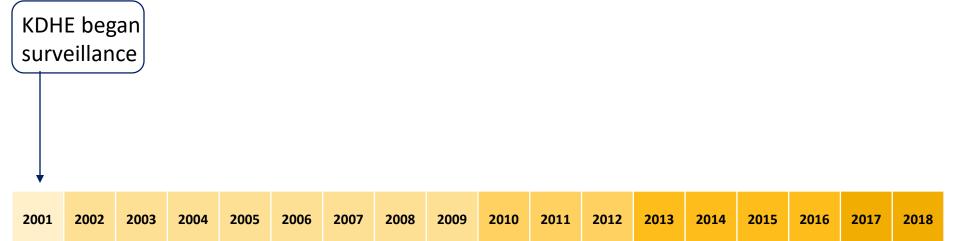
- Ensure screens are in good repair
- Empty items that can collect water once a week
- Larvicide can be used in standing water that cannot be dumped
- Adulticide can be used in outbreak situations



Mosquito Control

- In Kansas mosquito control may be performed by the city or county
 - There is no state vector control program
- A 2015 survey of city and county mosquito control programs found
 - 53% cities performed mosquito control
 - 20% counties performed mosquito control
 - None of these entities used mosquito surveillance data to direct control efforts

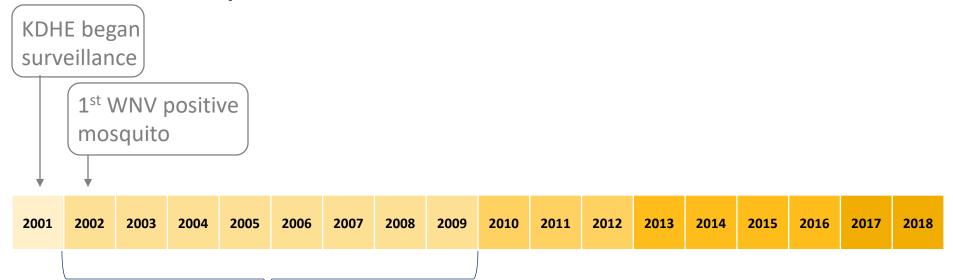






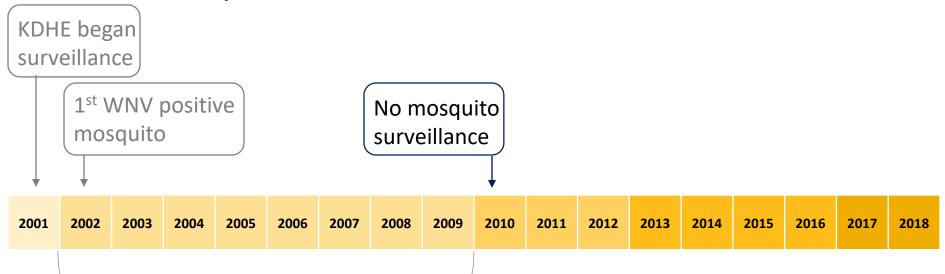






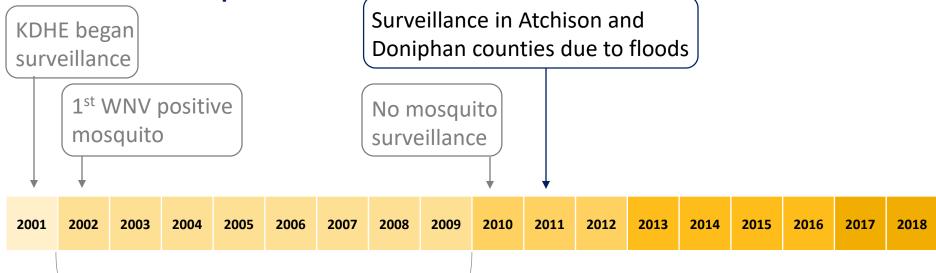
Mosquito surveillance performed in at least one county in each region by K-State, funded by KDHE through CDC grant. (Method used did not act as an 'early warning system')





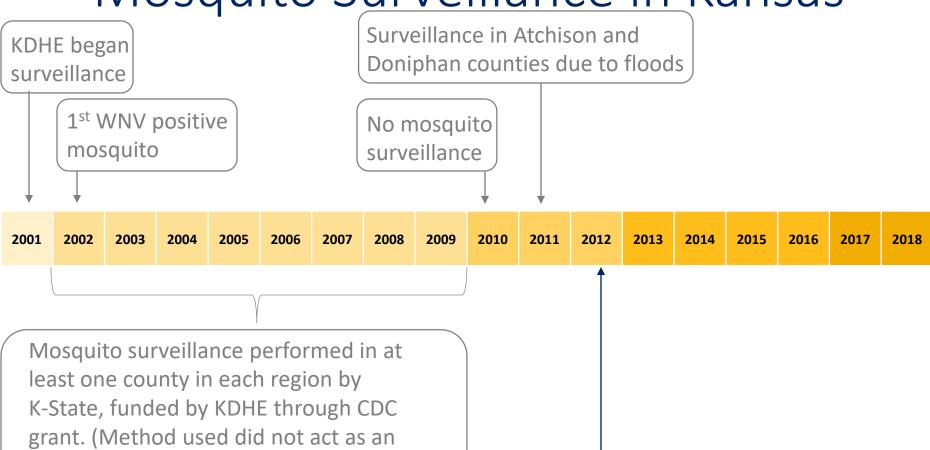
Mosquito surveillance performed in at least one county in each region by K-State, funded by KDHE through CDC grant. (Method used did not act as an 'early warning system')





Mosquito surveillance performed in at least one county in each region by K-State, funded by KDHE through CDC grant. (Method used did not act as an 'early warning system')



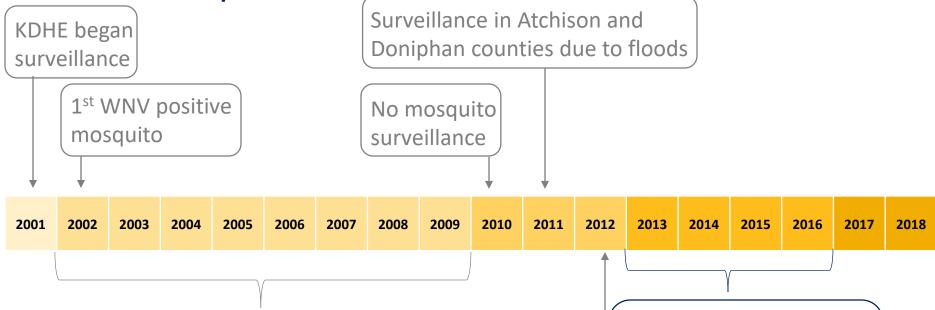


'early warning system')

Mosquito surveillance conducted in 9 counties (1 trap in each county)

and Environment

Mosquito Surveillance in Kansas



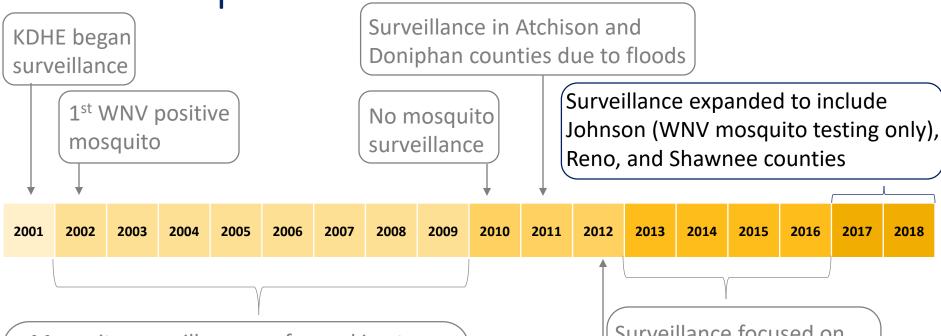
Mosquito surveillance performed in at least one county in each region by K-State, funded by KDHE through CDC grant. (Method used did not act as an 'early warning system')

Surveillance focused on Sedgwick County which acted as a sentinel site for WNV activity for the state

and Environment

Mosquito surveillance conducted in 9 counties (1 trap in each county)

Mosquito Surveillance in Kansas



Mosquito surveillance performed in at least one county in each region by K-State, funded by KDHE through CDC grant. (Method used did not act as an 'early warning system')

Surveillance focused on Sedgwick County which acted as a sentinel site for WNV activity for the state

and Environment

Mosquito surveillance conducted in 9 counties (1 trap in each county)







■ Sports

* Catch it Kansas



■ Livestream

Home / Health / Article

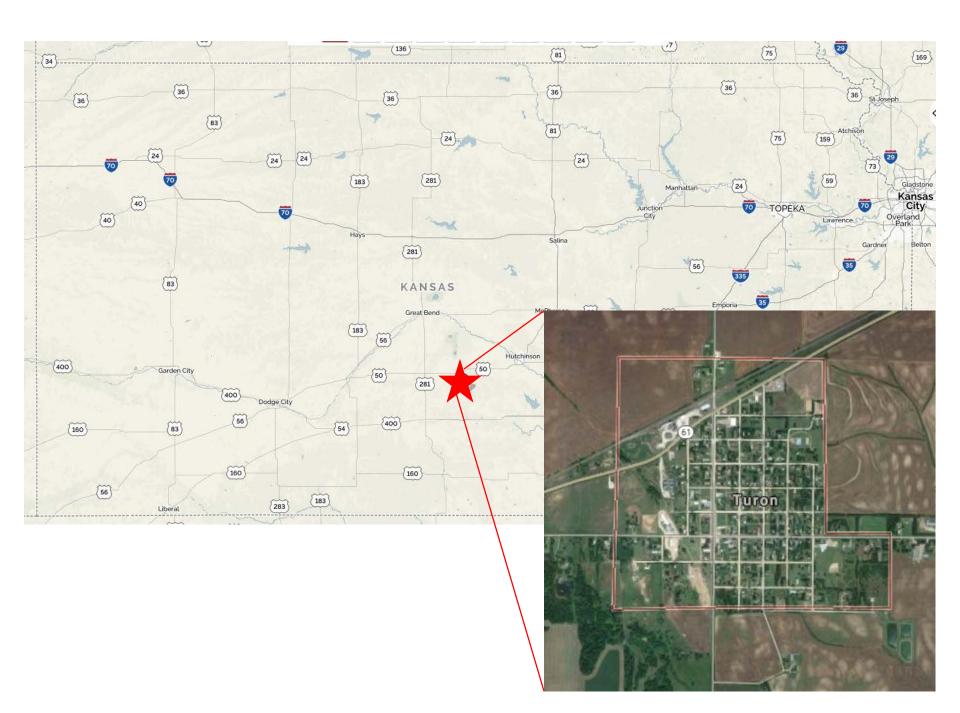
Family: Turon man had West Nile Virus when he died last month

THE HUTCHINSON NEWS

Subscribe Now

2nd Reno resident who had virus dies





Turon, KS

- City Area: 294 acres (0.46 sq mi)
- Population: 378
- 3 counties: Reno, Stafford, Pratt
- Median age: 39.6 years
 - 17.8% were 65 years of age or older
- Median household income: \$25,228



WNV Turon Cases

| Disease Type | Year | County | Hospitalization | Died |
|-------------------|------|----------|-----------------|------|
| Neuroinvasive | 2003 | Reno | Yes | No |
| Non-neuroinvasive | 2004 | Reno | No | No |
| Non-neuroinvasive | 2004 | Pratt | Yes | No |
| Non-neuroinvasive | 2013 | Reno | No | No |
| Neuroinvasive | 2013 | Reno | Yes | Yes |
| Neuroinvasive | 2016 | Pratt | Yes | Yes |
| Neuroinvasive | 2016 | Stafford | Yes | Yes |



Turon, KS – Past Mosquito Control

- Adulticide sprayed once a week for ~6 weeks
 - Begin spraying once they receive complaints about mosquito bites from citizens
 - Same adulticide product used for numerous years
- Larvicide dunks used in areas of standing water





Turon, KS – Mosquito Surveillance

- Mosquito surveillance last performed by KDHE in 2003 (Reno), 2005 (Stafford), 2009 (Pratt)
- In 2017, Reno county was added to the Kansas mosquito surveillance program
 - Due to the number of WNV neuroinvasive disease cases
 - Focused mosquito surveillance conducted by the Kansas Biological Survey (KBS) to evaluate ecological factors that may contribute to WNV transmission
 - 2/6 traps were set in Turon



Turon, KS – Mosquito Surveillance

 Mosquito surveillance training on May 10, 2017 for Reno County Health Department staff

- Two traps placed overnight for the training in Turon
 - ~600 female Culex mosquitoes in each trap
 - Above treatment threshold for adult mosquitoes
 - Previous Kansas surveillance data evaluation showed increased risk of WNV transmission when female *Culex* mosquitoes
 <u>></u> 40 per trap



Response

 May 17: Call with Reno County Health Department, KDHE, and KBS

- May 25: Call with CDC, Reno County Health Department and City of Turon
 - Recommendation to spray 2X per week based on surveillance data



Response

- May 30 June 2: Focused larval surveillance by RCHD
 - To try and identify primary source(s) of mosquito breeding habitat
- June 4 June 6: Focused larval and adult surveillance by KBS
 - To try and identify primary source(s) of mosquito breeding habitat
 - Significant sources of larval Culex mosquitoes in Turon, south of Turon, and north of Turon
 - To determine if adulticide efforts were effective



Community Outreach

Door-to-door campaign by city

officials

- Educational materials
- Larvicidal dunks
- Media
 - Local papers
 - Local TV channels
 - Social media
 - Website
 - Radio
- RCHD gave two presentations to their health department advisory group



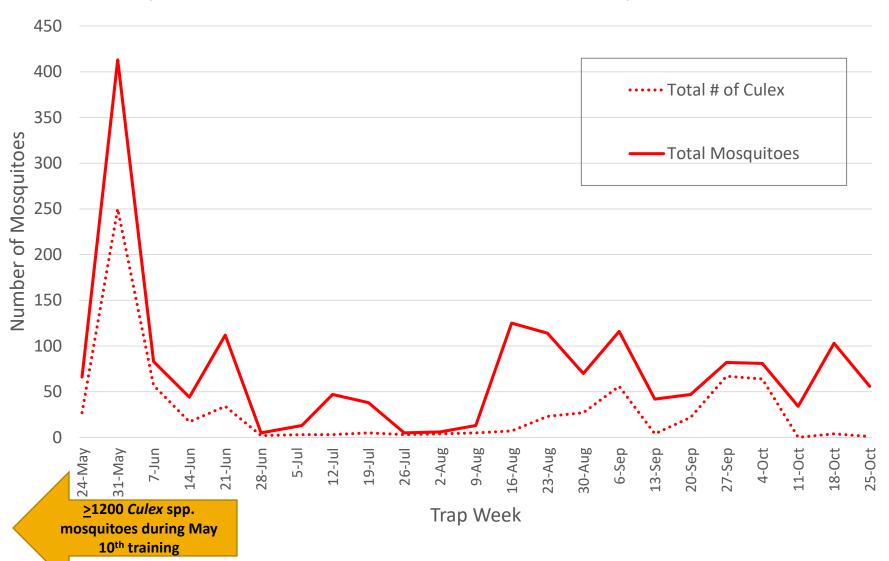


Success

- Near real-time mosquito surveillance used to guide mosquito control efforts may have decreased human cases of WNV in 2017
 - No WNV cases reported in Turon
 - No WNV cases reported in Reno or Stafford county
- Active, engaged outreach to community and city officials on WNV prevention
 - Consistent, timely messaging



Mosquito Surveillance in Turon, KS, 2017 Weekly Results from Two Trap Locations



Conclusions

 Mosquito surveillance is resource intensive but works when data is shared with partners

- Cities and counties should use surveillance data to guide control and outreach efforts
 - Adulticide spraying
 - Messaging to public



Acknowledgements

- Kansas Department of Health and Environment
 - Ingrid Trevino-Garrison
 - Sheri Tubach
- Kansas Biological Survey
 - D. Christopher Rogers

- Reno County Health Department
 - Darcy Bayse
 - Nick Baldetti
 - Megan Hammersmith
 - RCHD Environmental Staff
- Centers for Disease Control and Prevention
 - Janet McAllister
- City of Turon





www.kdheks.gov

Amie Worthington, MPH
Epidemiologist
Bureau of Epidemiology and Public Health Informatics
Kansas Department of Health and Environment
(785) 296-2898 amie.worthington@ks.gov

Healthy Kansans living in safe and sustainable environments.

Questions

Measles

Mumps

STEC

WNV

... or anything else!

1-877-427-7317

