



CLAY COUNTY

PUBLIC HEALTH CENTER



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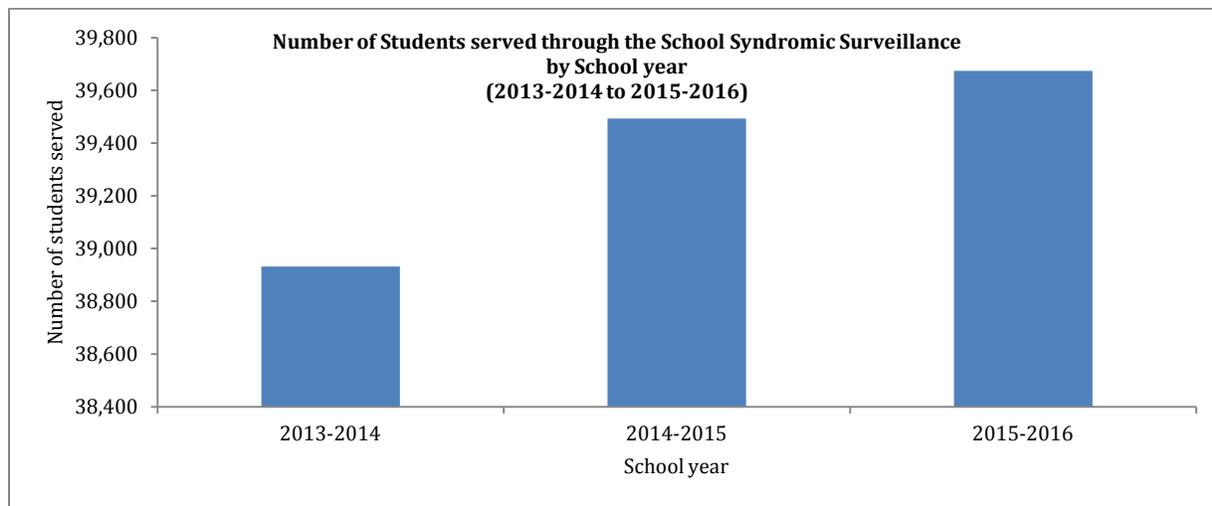
2015-2016 School Syndromic Surveillance Annual Summary

During the Missouri Elementary and Secondary Schools school year for 2015-2016, the Clay County Public Health Center conducted the School Syndromic Surveillance from Sept. 14, 2015 through May 7, 2016 (Week 37, 2015 – Week 18, 2016). A total of 31 reports were released out of the 37 week span of the school year. No reports were released Weeks 51 and 52, when all school districts were closed for winter break, for the first three weeks of the school year prior to Labor Day Holiday, following when the last school district returned back to school on Aug. 20, 2015 and for Week 12 when all the other school districts, except for Kearney were on spring break. (Please note that based on this all percentages were calculated based on 31 weeks.)

A few years ago, the Epidemiology Program, together with the School Nurse Coordinators, made a decision to have the first report of the school year released after the Labor Day Holiday. This decision was made based on school districts' request to give the school nurses and anyone involved in reporting from the schools, enough time to settle into the school year routine. It also provides the Epidemiology Program time to resolve any software or connectivity issues that may arise before generating and distributing the first report of the year.

The School Syndromic Surveillance System supports the general disease surveillance in the county through monitoring of the burden of disease symptoms in Clay County school-aged population. This is done through timely reporting and detection of any unusual occurrence or increase in selected symptoms or syndromes of diseases among school-aged children.

In 2015-2016, five out of six school districts participated; Excelsior Springs School District, Kearney School District, Liberty School District, North Kansas City School District, and Smithville School District. The sixth school district (Missouri City) enrolls about twenty three student per school year, and decided not to participate in the School Surveillance System. A total of 65 schools and approximately 39,674 students were monitored in the five major school districts.

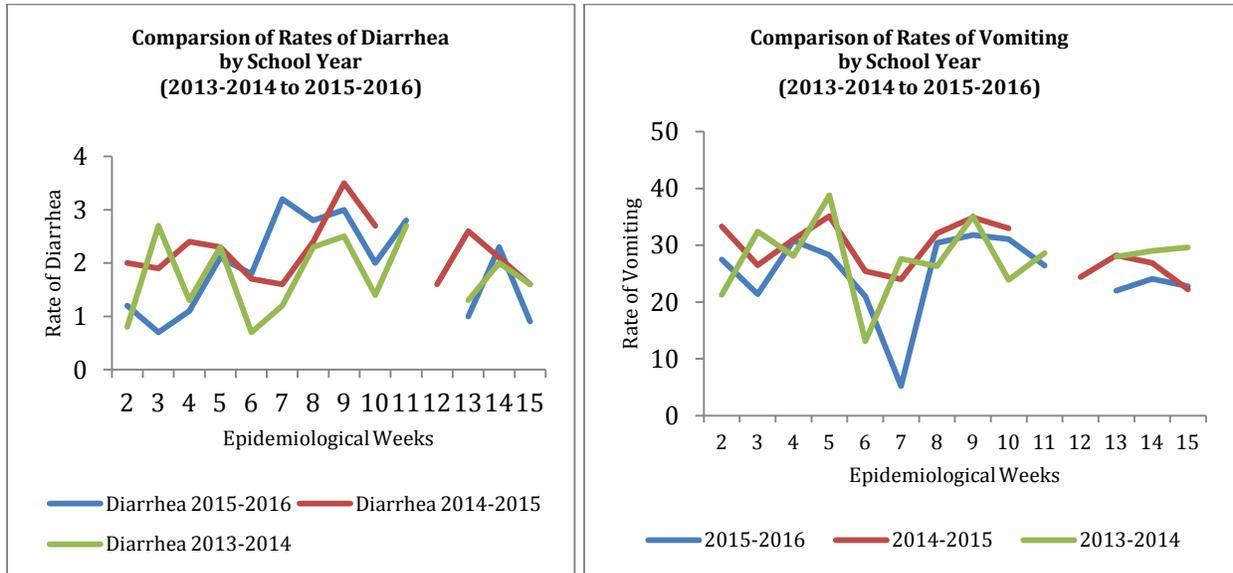


<https://mcds.dese.mo.gov/Pages/District-and-School-Information.aspx>

The mission of the Clay County Public Health Center is to deliver the essential public health services of prevention, promotion and protection to the communities of Clay County.

Symptom trends and outbreak detection

No outbreaks were detected early from the school surveillance system, and no outbreaks were detected in any of the schools. However, during the regional shigellosis outbreak, an increase number of cases of diarrhea and vomiting symptoms were noticed at multiple schools.



Asthma reports remained high for some schools and especially for the North Kansas City School District. We have determined that it could be connected with the School Asthma Program in some of the schools within the district. The program works in collaboration with the Children’s Mercy Asthma Program to provide asthma medications for underserved children in the district. It also encourages and supports the use of the medications both at home and in school. Also, some schools report every visit of a child to the nurse’s office for inhaler use, regardless of how many times a day that a child visited the nurse, while other schools only report once per day.

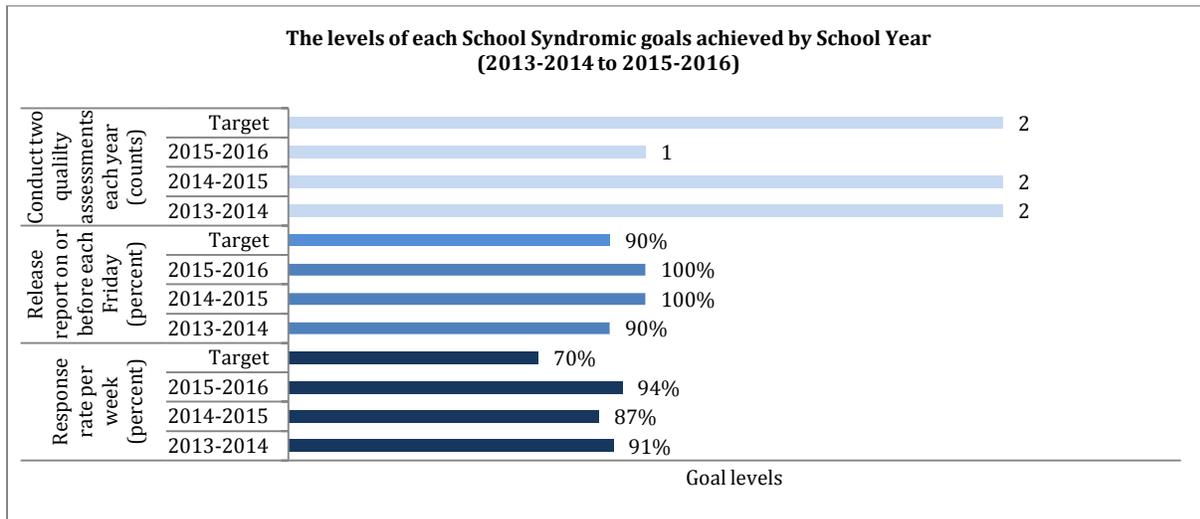
Goals and Objectives

The program consistently met and exceeded its goal of achieving a minimum of a 70% response rate (percentages of schools who submit a reporting form) each week for School Syndromic Surveillance. Our minimum for the 2015-2016 school year was at 75% (this excludes those weeks around major holidays when some schools within districts chose not to participate).

The program also met and exceeded its goal to conduct and complete reports for all weeks that schools were in session. In the 2015-2016 school years, we achieved 93.5% by reporting out on 29 weeks out of the 31 weeks that schools were in session. The first week to report out was week 37 for the week of Sept. 14 -18, 2015, following school districts’ request that school surveillance does not commence until after Labor Day.

The program aimed for 90% of reports to be released on or before each Friday. However, all (100%) of the reports were released on or before each Friday of the week that reports were generated. The School Surveillance Program only conducted one qualitative assessment of all users who participated in the system and/or read the weekly reports at the end of the first semester. Since our goal was to conduct two of such report, one at the end of the first semester and another at the end of the second semester, the goal were not met. The Epidemiology Program had to evaluate its priorities based on short staff and staff

transition towards the end of the second semester. This enabled the program to meet up with its most important function, which is to monitor and investigate infectious disease occurrence in the county.



How the School Syndromic Surveillance information is used

Following any indication of an increase in cases or symptoms through the School Syndromic Surveillance System, the Epidemiology Program worked in collaboration with the School Nurse Coordinator and the School Nurses. For example, an emphasis on hand washing among students and staff members could occur. Another example would be whenever a case is identified among the daycare population. If they have a sibling in school, especially in the grade school, the school nurse of that school is notified. This encourages active surveillance and monitoring of their school aged siblings for early signs and symptoms.

Cross-training

The new Epidemiology Specialist came on board at the end of April, 2016 and is currently trained on conducting weekly School Syndromic System activities. She has also received trainings on setting up the system for the school year and has assumed that role. She will be training the new Chronic Disease Epidemiologist for redundancies of skills in Epidemiology functions/activities to ensure program continuity when needed.

Future needs/plans for the program

- To have the new Chronic Disease Epidemiologist take the role to continue to monitor and develop recommendations to reduce the high asthma rate trends in North Kansas City School District.
- To continue to seek ways to improve the system for ease of operation.
- To continue to work on the weekly reporting format to ensure it is useful for the end users.
- To completely train the new Chronic Disease Epidemiologist in School Syndromic System activities to provide for operational continuity when needed.
- To have all related SOPs reviewed by the Epidemiology Specialist by Dec. 31, 2016.