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Inside

Impact of Nonpharmaceutical Interventions on Respiratory Viruses in Reno County, KS

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Introduction

Many nonpharmaceutical interventions (NPIs) were used to prevent and reduce the spread of COVID-19 throughout the pandemic. NPIs include any disease preventing strategy that does not involve medicine, such as social distancing, wearing a mask, and washing hands often. These interventions have been enforced and encouraged throughout different points of the pandemic to reduce cases, along with pharmaceutical interventions.[1] There were other benefits to NPIs according to medical experts than just a reduction in COVID-19, namely a reduction in other common viruses that spread via respiratory droplets.[2] This report discusses the impact that NPIs had on the spread of Respiratory Syncytial Virus (RSV) and Influenza in Reno County, KS throughout the pandemic.

Methodology

Data was gathered from the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). ESSENCE is a syndromic surveillance system for capturing and analyzing public health indicators in near real-time. The Kansas Syndromic Surveillance Program (KSSP) monitors this data and is currently capturing ~98% of total ED visits in Kansas. Counts should be considered preliminary estimates due to variable data quality. Data was accessed from ESSENCE on 3/8/2023.

RSV cases were determined by using discharge diagnosis codes B974, J121, J205, J210, 46611, 0796, 55735004, 408684006, and 19588. Influenza cases were determined by using discharge diagnosis codes J09, J10, J11, 487.018, 488.018, 488.19, 442696006, 442438000, 6142004, and 195878008. Covid-19 cases were determined by using discharge diagnosis codes U071, J1282, 840539006, 840544004, and 840533007.

Demographics

Reno County is a semi-urban county in south central Kansas[3] with a population of about 62,000 individuals.[4] It includes a total of 1,255.[3] square miles, which equates to about 49.4 people per square mile.[4] The median age is 40.7 and 83% of the population is non-Hispanic Whites.[4] Hispanics make up about 10% of the population, and the medium household income is $53,359.[4]

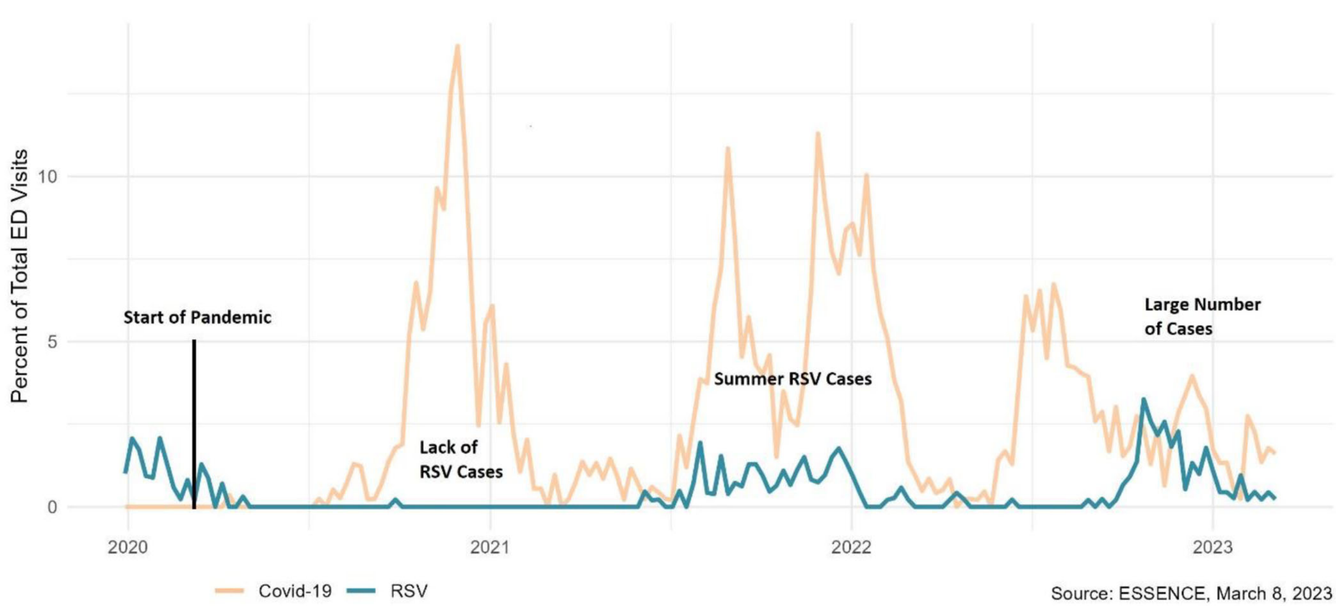
RSV

RSV is a common virus that spreads through respiratory droplets and generally causes cold-like symptoms.[5,6] It is mostly mild but results in about 57,000 hospitalizations and 500,000 ED visits each year in the United States among children under the age of 5.[5,7] RSV season begins in the fall and cases peak in the winter before declining in early spring.[7]

Reno County experienced varying amounts of RSV throughout the pandemic, as shown in Figure 1. The weekly percentage of ED visits dropped quickly after the start of the pandemic and there were little to no RSV cases during the usual 2020-2021 season as Covid-19 cases increased and restrictions were put in place.[8] Then during the summer there was an abnormally high number of cases as Covid-19 vaccines were widely available and restrictions were eased.[8] The 2022-2023 season had more RSV cases than the typical season, which was likely due to the limited use of NPIs and restrictions in effect.

Figure 1

Weekly Percentage of Reno County ED Visits for RSV Among All Visits

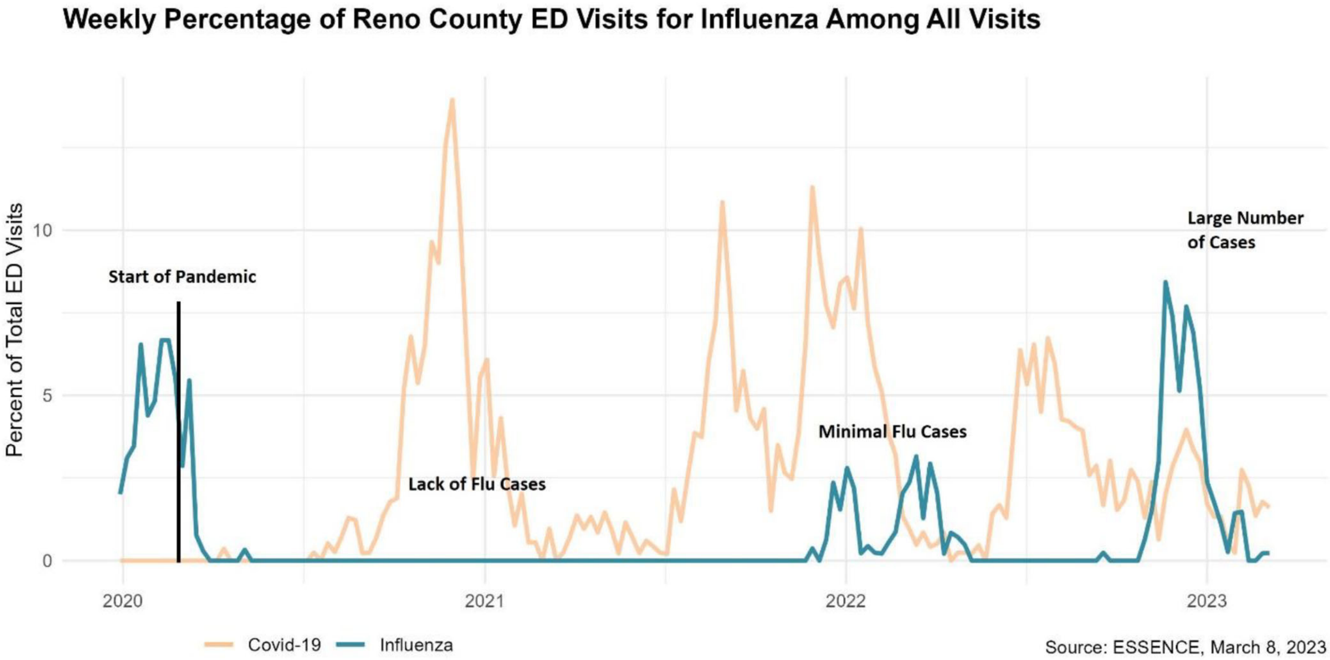


Parts of this pattern were seen in other places around the world, such as Western Australia and a hospital in New York City. Western Australia observed an increase in RSV cases starting in late September 2020 (their spring season) after there were little to no physical distancing measures.[9] The schools were open and there were no mask mandates, restrictions on gathering sizes, or strict quarantines for oversea arrivals.[9] Also, at Maimonides Children's Hospital in NYC, there were no RSV cases during the 2020-2021 season until February 2021 and continued to increase through the spring and summer months.[6] Physicians stated that closures of day care centers may have resulted in less disease spread, which caused the increase in cases during the summer when NPIs were relaxed.[6]

Influenza

Influenza is another respiratory illness that infects about 8% of the United States population each season.[10] Reno County has had atypical influenza seasons since the beginning of the pandemic as shown in Figure 2. The percentage of influenza cases dropped drastically at the start of the pandemic, which may be due to restrictions and NPIs being enforced.[8] Then there was a lack of influenza cases during the 2020-2021 season, with practically no ED visits among residents when Covid-19 cases increased. The 2021-2022 season was less intense, which could be due to high levels of Covid-19 still circulating, and the 2022-2023 season had a high percentage of ED visits, which was likely due to the lack of NPI utilization.[8]

Figure 2



Researchers estimated the effect of NPIs during the pandemic and the effects it had on rates of influenza A/H1 and B and found that nationally, influenza A/HI incidence was reduced by about 61.8% (95% CI: 53.9%-67.9%) 4 weeks after NPIs were instigated and 70.8% (95% CI: 66.7%-74.3%) after 10 weeks.[2] Influenza B incidence was reduced by about 58.0% (95% CI: 49.4%-64.6%) 4 weeks after NPIs were instigated and 67.4% (95% CI: 65.0%-72.9%) after 10 weeks. In region 7 (includes KS, NE, MO, & IA), influenza incidence was reduced by 84.7% (95% CI: 80.8%-87.6%) for influenza A/H1 and 91.3% (95% CI: 88.5%-93.2%) for influenza B 10 weeks after March 15, 2020.[2] These numbers show that NPIs are effective at reducing disease incidence when they are largely being used by the population.

Multiple NPIs

During the pandemic, the use of several NPIs being used together was shown to have a greater impact on reducing disease spread than using fewer or no interventions. One study compared implementing three NPIs (mask mandates, bar closures, and gathering bans) at the county level and the odds of having anti-N antibodies, an estimator of prior COVID-19 infection. They found that when no NPIs were used, the odds of having anti-N antibodies were 2.2 (95% CI: 2.0-2.3) times higher than counties where all three were used. When only one or two NPIs were used, odds of anti-N antibodies were 1.4 (95% CI: 1.3-1.5) and 1.6 (95% CI: 1.5-1.7) times higher, respectively, than when all three were implemented.[11] A meta-analysis also found that the risk of developing influenza was 42% (95% CI: 30%-55%) with no NPIs, 29% (95% CI: 23%-36%) with one NPI, and 22% (95% CI: 16%-29%) with multiple NPIs.[12] Implementing multiple NPIs have a stronger effect in reducing disease transmission than using only one.

Conclusion

In conclusion, Reno County experienced a reduction in both RSV and influenza when NPIs were heavily enforced and utilized at the beginning of the pandemic. Once these NPIs were relaxed, disease rates eventually increased back to their usual seasonal pattern and burden of disease. NPIs are important and effective at reducing incidence, transmission, and mortality of disease and can be even more powerful when interventions are used together in a multifaceted approach.

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Trends in naming Kansas-born infants, 1901–2012 (with a peek beyond)

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For each year in the period 1996–2009 the Vital Statistics Data Analysis section produced a short report listing the most popular names for babies born in the year. While there was some interest in the report, it was eventually discontinued because of constraints on staff time and because the effort involved in aggregating variants of popular names became onerous. (Some names had nearly forty variant spellings, and more seemed to be generated each year.)

This article groups Kansas-occurrence births using the popular concept of generations. While this is not a rigorous scientific concept, it is a better suited to an analysis of long-term trends than the year-to-year comparisons used in the older reports. No attempts were made to group variant spellings of names—frequency analyses were based on exact spellings of names.

A. Most popular names, by generation

In the discussion that follows, the names listed as the most popular for a sex in a generation were those that accounted for at least one percent (after rounding to the nearest 0.1%) of all births of that sex in that generation. Since the percentage of births with no sex registered was quite high for births before 1945, the denominator used to calculate percentages for each sex for the first two generations was approximated as one half the total number of births.

Generation born 1901–1927

The field for infant's sex was blank on sixty-seven percent (67.0%) of all records for Kansas-occurrence births during this period. No given name was recorded on the birth record for over five percent (5.1%) of baby boys and over four percent (4.4%) of baby girls.

The most popular names for boys were John, Robert, William, James, Charles, George, Harold, Donald, Richard, Kenneth, Paul, Joseph, Raymond, Ralph, Francis, Edward, and Frank.

The most popular names for girls were Mary, Helen, Dorothy, Betty, Ruth, Margaret, Mildred, Virginia, Anna, and Doris.

Generation born 1928–1945

The field for infant's sex was blank on sixty-one percent (61.0%) of all records for Kansas-occurrence births during this period. No given name was recorded on the birth record for under one percent (0.5%) of baby boys and under one percent (0.4%) of baby girls.

The most popular names for boys were Robert, James, John, Donald, William, Richard, Charles, Larry, Ronald, Kenneth, Gary, David, George, Thomas, Harold, Gerald, Jerry, and Paul.

The most popular names for girls were Mary, Patricia, Betty, Barbara, Shirley, Carol, Donna, Judith, Dorothy, Sharon, Nancy, Marilyn, Joyce, Virginia, Norma, Margaret, Linda, Helen, Carolyn, Phyllis, Karen, and Ruth.

Generation born 1946–1964

The field for infant's sex was blank on five percent (5.0%) of all records for Kansas-occurrence births during this period. No given name was recorded on the birth record for under one percent (0.3%) of baby boys and under one percent (0.2%) of baby girls.

The most popular names for boys were Michael, David, James, Robert, John, William, Richard, Steven, Mark, Gary, Ronald, Charles, Larry, Thomas, Donald, Kenneth, Daniel, Dennis, Timothy, Gregory, Stephen, Terry, Kevin, Douglas, and Jeffrey. The most popular names accounted for 50.0 percent of all male births for this generation.

The most popular names for girls were Linda, Mary, Patricia, Debra, Susan, Karen, Cynthia, Deborah, Barbara, Nancy, Pamela, Sharon, Sandra, Carol, Donna, Janet, Brenda, and Cheryl. The most popular names accounted for 29.0 percent of all female births for this generation.

Generation born 1965–1980

The field for infant's sex was blank on one percent (1.0%) of all records for Kansas-occurrence births during this period. No given name was recorded on the birth record for under one percent (0.1%) of baby boys and under one percent (0.1%) of baby girls.

The most popular names for boys were Michael, Christopher, David, James, Jason, John, Robert, Brian, Matthew, Jeffrey, William, Mark, Scott, Steven, Kevin, Timothy, Richard, Daniel, Eric, Joseph, Charles, and Jeremy. The most popular names accounted for 39.6 percent of all male births for this generation.

The most popular names for girls were Jennifer, Michelle, Amy, Angela, Lisa, Kimberly, Melissa, Heather, Stephanie, Julie, and Rebecca. The most popular names accounted for 17.7 percent of all female births for this generation.

Generation born 1981–1996

The field for infant's sex was blank on less than 0.1 percent of all records for Kansas-occurrence births during this period. The number of babies with no given name on the birth certificate was under 0.1 percent for each sex.

The most popular names for boys were Michael, Matthew, Christopher, Joshua, Andrew, Ryan, Brandon, Jacob, Justin, Tyler, James, David, John, Daniel, Nicholas, Kyle, Joseph, Robert, Zachary, Aaron, Jason, Adam, William and Cody. The most popular names accounted for 34.7 percent of all male births in this generation.

The most popular names for girls were Jessica, Ashley, Amanda, Sarah, Jennifer, Megan, Emily, Amber, Elizabeth, Rachel, and Samantha. The most popular names accounted for 16.2 percent of all female births in this generation.

Generation born 1996–2012

The field for infant's sex was blank on less than 0.1 percent of all records for Kansas-occurrence births during this period. The number of babies with no given name on the birth certificate was under 0.1 percent for each sex.

The most popular names for boys were Jacob and Ethan—no other names reached the one percent threshold for inclusion. These names accounted for 2.4 percent of all male births in this generation. A few more names reached a 0.75 percent threshold: Michael, Andrew, William, Joshua, Alexander, Tyler, Austin, Logan, and Matthew.

The most popular names for girls were Madison, Emma, and Emily—no other names reached the one percent threshold for inclusion. These names accounted for 3.1 percent of all female births in this generation. A few more names reached a 0.75 percent threshold: Hannah, Abigail, and Elizabeth.

Generation born 2013–202x *(not yet complete, terminal year not yet determined)*

The field for infant's sex was blank on none of the records for Kansas-occurrence births during this period. The number of babies with no given name on the birth certificate was under 0.1 percent for each sex.

No names account for one percent of the boys born so far in this generation. A few names reached a 0.75 percent threshold: Liam, Oliver, William and Henry.

The most popular name for girls was Olivia—no other names reached the one percent threshold for inclusion. Two names reached a 0.75 percent threshold: Emma and Charlotte.

B. Unisex names

There has always been a low level of use of names commonly associated with one sex for the other sex. Even in the generation born 1901-1927 there were at least fifty-one (51) boys named Mary and forty-seven (47) girls named John.

If names are ranked by popularity for the whole 1901-2012 period, without regard for sex, there are only eleven names in the top five hundred that were only used for one sex. Those names are #273 Kayla (girls only), #308 Isabella (girls only), #322 Alyssa (girls only), #378 Amelia (girls only), #379 Ian (boys only), #384 Chloe (girls only), #402 Clinton (boys only), #406 Colton (boys only), #423 Mia (girls only), #431 Molly (girls only), #449 Erica (girls only), and #483 Cassandra (girls only).

For most of the top five hundred names, the number of cross-sex use cases was small. Names most commonly given to boys but sometimes to girls included #122 Francis (20.1% girls), #128 Jordan (30.6% girls), #292 Lee (20.0% girls), #293 Marion (28.7% girls), #375 Angel (32.7 percent girls), #427 Parker (20.2% girls), #429 Dakota (20.9% girls), #446 Jayden (18.2% girls), #465 Hayden (25.3% girls), and #475 Merle (10.1% girls). Names most commonly given to girls but sometimes to boys included #110 Kelly (31.2% boys), #147 Taylor (29.2% boys), #168 Leslie (36.2% boys), #215 Alexis (10.4% boys), #221 Tracy (29.0% boys), #246 Robin (16.8% boys), #261 Morgan (13.4% boys), #281 Billie (35.9% boys), #306 Avery (23.0% boys), #320 Stacy (10.9% boys), #340 Riley (46.2% boys), #398 Jessie (34.7% boys), #409 Lynn (47.4% boys), #440 Gail (18.2% boys), #485 Peyton (41.9% boys), and #488 Kim (29.4% boys). More complete data could lead to the deletion or addition of names to these lists, as some of these names had a significant number of births with no sex assigned.

C. Playing with names

The American people apparently enjoy playing with names, especially by creating new names that rhyme with older names. One example, mostly from the generations before 1945, is a series of names ending in -ELMA. Ignoring spelling variants, the series (with number of Kansas instances in parentheses) includes Belma (10), Celma (1), Chelma (2), Delma (197), Elma (480), Felma (4), Helma (15), Jelma (1), Kelma (11), Melma (1), Nelma (22), Phelma (6), Selma (193), Telma (11), Thelma (3,384), Velma (2,422), Welma (41), and Zelma (309).

In the generations born since 1945, and especially since 1996, there has been a proliferation of Celtic and pseudo-Celtic names ending in -AYDEN. Ignoring spelling variants (of which there are many) the series (with number of Kansas instances in parentheses) includes Aayden (10), Ayden (774), Bayden (7), Blayden (12), Brayden (1,705), Cayden (441), Chayden (6), Clayden (4), Crayden (3), Dayden (4), Drayden (36), Fayden (1), Grayden (30), Hayden (1,871), Jayden (1,985), Jhayden (1), Kayden (632), Khayden (5), Krayden (1), Layden (9), Mayden (3), Nayden (2), Payden (40), Qayden (1), Rayden (61), Sayden (1), Shayden (23), Slayden (6), Stayden (1), Tayden (44), Thayden (6), Trayden (5), Vayden (4), Vrayden (1), Wayden (2), Xayden (7), Zayden (309), and Zhayden (2).

Subjective Cognitive Decline in Kansas

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Background

Alzheimer's disease is the most common form of dementia and the ninth-leading cause of death for people in Kansas. In 2022, approximately 6.5 million U.S. adults had Alzheimer's disease or related dementia. By 2060, approximately 14 million people are expected to have Alzheimer's disease, a nearly three-fold increase.[1] The Secretary of the Department of Health and Human Services added a new goal to accelerate action to promote healthy aging and reduce risk factors for Alzheimer's disease in the 2021 National Alzheimer's Disease Plan. This goal focuses on reducing prevalence of 10 key risk factors, including: alcohol use, depression, diabetes, hearing loss, hypertension, obesity and poor diet quality, physical inactivity, poor sleep quality and sleep disorders, tobacco use, and traumatic brain injury.[2] The objectives of this analysis are to determine the prevalence of eight modifiable risk factors for Alzheimer's disease and related dementias (ADRD) among Kansas adults aged ≥45 years and to examine whether the prevalence of each risk factor and number of risk factors varies by SCD status among Kansas adults aged ≥45 years.

Methods

Subjective cognitive decline (SCD) is an early indicator of possible future ADRD. SCD is a Behavioral Risk Factor Surveillance System (BRFSS) module that estimates self-reported memory problems that have been worsening over the past year. SCD was last included in the Kansas BRFSS in 2019 as a state-added module. Respondents aged ≥45 years yielded an analytic sample of 3,417. The prevalence of each modifiable risk factor overall, by SCD status, and select demographic characteristics were calculated. Modifiable risk factors are defined as behaviors or circumstances that can raise or lower an individual's risk for having the condition. The proportion of respondents with 0, 1, 2, 3, or ≥4 risk factors by SCD status was also calculated. The risk factors assessed were binge drinking, current smoking, depression, diabetes, difficulty hearing, hypertension, lack of aerobic physical activity, and obesity. SAS complex procedures were used to calculate weighted prevalence rates and age-adjusted race/ethnicity prevalence rates. Significance was defined as non-overlapping confidence intervals.

Results

More than one in nine (11.5%) Kansas adults aged 45 years and older reported subjective cognitive decline in 2019. There is no significant difference in SCD by gender or age-adjusted race/ethnicity; however, there were significant differences by age group, education, and annual household income (Table 1).

The prevalence of modifiable risk factors overall is shown in Figure 1.

The prevalence of modifiable risk factors was stratified by SCD (Figure 2). There were no significant differences in obesity, binge drinking, or current smoking by SCD status. More than three in five (61.6%, 95% CI: 55.6% - 67.6%) adults aged ≥45 years with SCD report not meeting aerobic physical activity guidelines compared to 49.1% (95% CI: 33.8% - 45.5%) without SCD. More than three in five (62.8%, 95% CI: 57.1% - 68.5%) adults aged ≥45 years with SCD report hypertension compared to 46.2% (95% CI: 44.1% - 48.3%) without SCD. Over two in five (41.7%, 95% CI: 35.8% - 47.6%) adults aged ≥45 years with SCD report depression compared to 13.4% (95% CI: 11.9% - 14.9%) without SCD. More than a quarter (27.9%, 95% CI: 22.3% - 33.5%) of adults with SCD report diabetes compared to 16.5% (95% CI: 14.9% - 18.0%) without SCD. Just over one in five (21.0%, 95% CI: 16.2% - 25.7%) adults aged ≥45 years with SCD report hearing loss compared to 9.1% (95% CI: 8.0% - 10.2%) without SCD.

Table 1. Subjective Cognitive Decline by Select Demographic Characteristics

Demographic Variable	Estimate	95% Confidence Interval	Significance
Age Group			
45 – 54 years	8.9%	6.4% - 11.4%	reference
55 – 64 years	11.5%	9.1% - 13.9%	n.s.
65 – 74 years	11.4%	8.9% - 13.9%	n.s.
≥75 years	15.7%	12.6% - 18.8%	significant
Gender			
Male	11.1%	9.3% - 13.0%	reference
Female	11.8%	10.0% - 13.6%	n.s.
Race/ethnicity (age-adjusted)			
Non-Hispanic White	10.6%	9.4% - 11.9%	reference
Non-Hispanic Black	12.8%	4.8% - 20.7%	n.s.
Hispanic	14.2%	5.1% - 23.3%	n.s.
Non-Hispanic American Indian or Alaskan Native	10.0%	0.0% - 20.2%	n.s.
Non-Hispanic Other Race	14.2%	6.2% - 22.3%	n.s.
Education			
Less than high school	18.6%	11.1% - 26.2%	significant
High school diploma or GED	12.8%	10.3% - 15.3%	significant
Some college or technical school	12.7%	10.4% - 15.1%	significant
College degree	7.3%	5.8% - 8.7%	reference
Annual household income			
<$25,000	19.8%	16.0% - 23.5%	significant
$25,000 - <$50,000	13.2%	10.1% - 16.3%	significant
≥$50,000	6.9%	5.5% - 8.2%	reference

Significantly more adults aged ≥45 years with SCD report four or more modifiable risk factors compared to those without SCD (Figure 3). One-third (33.3%, 95% CI: 27.7% - 39.0%) of those with SCD report four or more modifiable risk factors compared to those without SCD (10.5%, 95% CI: 9.3% - 11.7%). Significantly less adults aged ≥45 years with SCD report zero, one, or two risk factors (8.6%, 95% CI: 5.1% - 12.1%; 16.2%, 95% CI: 12.2% - 20.3%, 20.8%, 95% CI: 15.8% - 25.8%, respectively) compared to those without SCD (15.2%, 95% CI: 13.8% - 16.7%; 27.1%, 95% CI: 25.2% - 29.0%, 27.7%, 95% CI: 25.8% - 29.6%, respectively).

Figure 1. Modifiable Risk Factors Overall

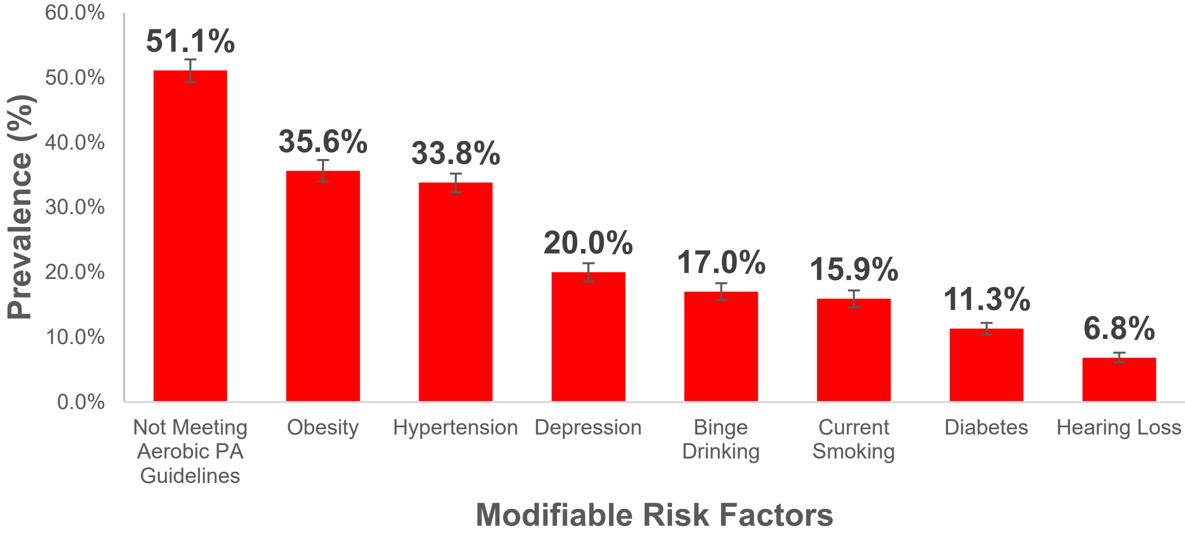
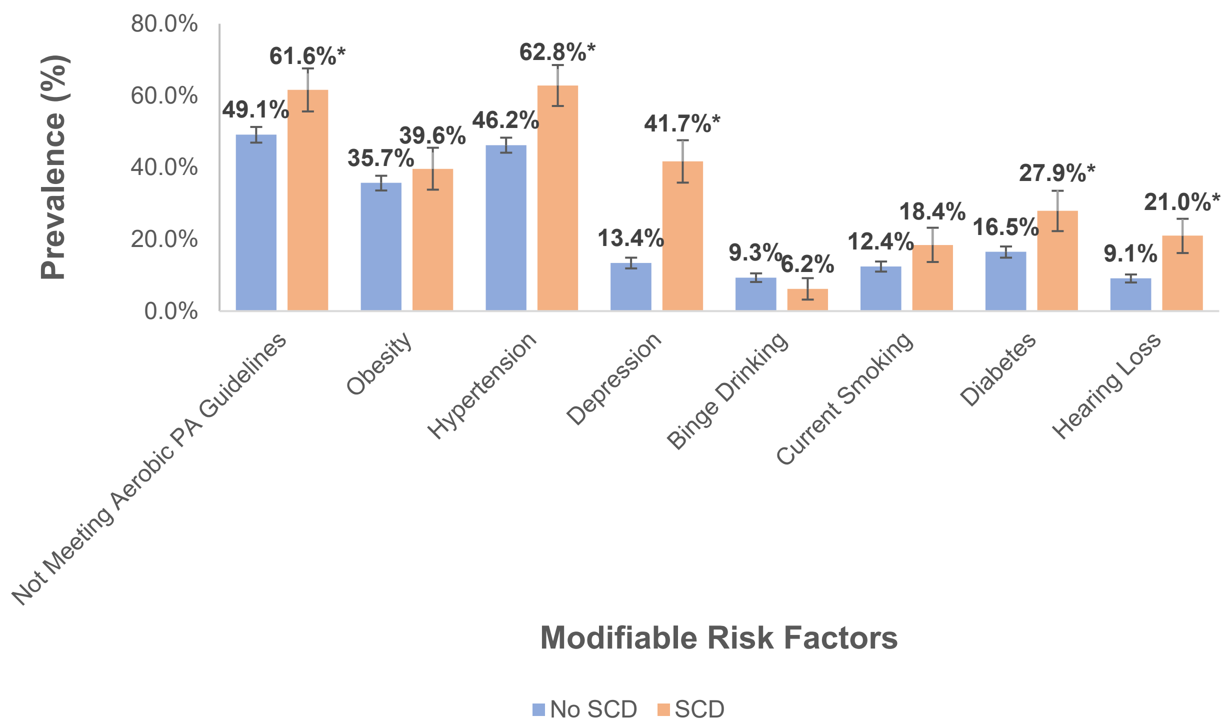
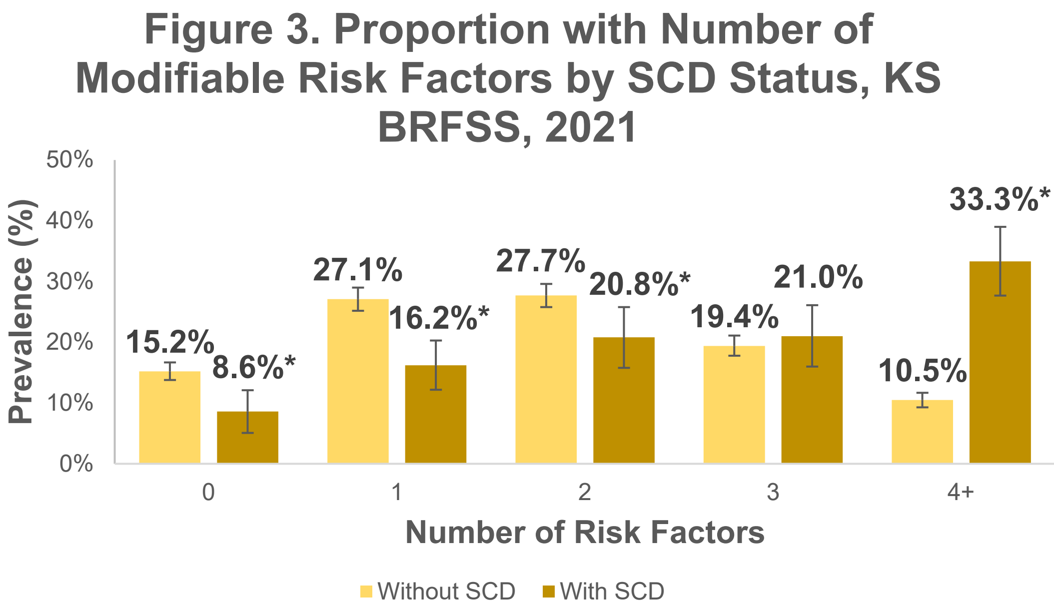


Figure 2. Modifiable Risk Factors by Subjective Cognitive Decline among Kansas Adults, KS BRFSS, 2021



*Indicates statistically significant differences between SCD groups.



*Indicates statistically significant differences between SCD groups.

Conclusions

Among adults aged ≥45 years, there were significant differences by age group, education, and annual household income. Age is the best-known risk factor for Alzheimer's disease. A healthy lifestyle could help reduce the risk of developing Alzheimer's disease. Several large, long-term studies indicate that limited alcohol consumption, not smoking, adequate physical activity, and a nutritious diet may help people.[1] Among adults aged ≥45 years, the prevalence of modifiable risk factors was greatest for not meeting aerobic physical activity guidelines (51.1%) and lowest for hearing loss (6.8%). Adults with SCD were more likely to report having any modifiable risk factors and more likely to report having more modifiable risk factors compared to those without SCD.

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Announcements

Item 1. *Preliminary Birth Report, Kansas, 2021 is now available*
https://www.kdhe.ks.gov/DocumentCenter/View/23194/Preliminary-Birth-Report-2021-PDF

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