

EPI Update for Friday, January 21, 2011
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Welcome, Dr. Miller-Meeks**
- **Influenza outbreaks in long term care facilities**
- **Pertussis vaccine can now be given to adults over 65**
- **National report on foodborne outbreaks released**
- **Appearance of new drugs of abuse disguised as "bath salts"**
- **One vs. two step TB skin testing**
- **Live Healthy Iowa 100 Day Challenge**

Welcome, Dr. Miller-Meeks

Dr. Mariannette Miller-Meeks, MD, was appointed Director of the Iowa Department of Public Health (IDPH) by Governor Terry E. Branstad in December 2010. Her experience in both academic and practical medicine, as well as leadership roles in numerous medical and service organizations, demonstrates that Dr. Miller-Meeks understands the challenges of promoting and protecting the health of Iowans. Under Dr. Miller-Meeks' leadership, the department will work with the Legislature, public health organizations, health care providers and the community to maintain and advance the health of all Iowans.

Dr. Miller-Meeks completed her undergraduate degree in nursing at Texas Christian University, master's degree in education from University of Southern California, and her M.D. from the University of Texas Health Science Center before completing her specialization in ophthalmology. She served as the first woman president of the Iowa Medical Society, became the first woman on faculty in the Department of Ophthalmology at the University of Iowa, and was appointed as councilor for Iowa to the American Academy of Ophthalmology. Dr. Miller-Meeks is a 24-year veteran of the United States Army, both active and reserve service, and retired after 24 years as a lieutenant colonel.

Dr. Miller-Meeks has volunteered at a free medical clinic in Cedar Rapids and is also a CASA volunteer. She and her husband, Curt, have two adult children.

Influenza outbreaks in long term care facilities

Several outbreaks of influenza in long term care facilities have been reported in the past month. Remember that an outbreak of influenza (or any illness) in any facility, including long term care facilities, is reportable (call 800-362-2736). Labs using rapid tests should send positives to SHL until three are confirmed to be positive by PCR, to confirm the strain of influenza causing the outbreak. The testing algorithm can be accessed at www.uhl.uiowa.edu/kitsquotesforms/influenzaalgorithm.pdf.

CDC guidance on prevention and control measures in long term care facilities recommends that residents with symptoms of influenza-like illness be isolated to prevent the spread of disease. For the complete guidance, go to www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm. Recommendations for the use of antivirals can be also found on the CDC website at www.cdc.gov/flu/professionals/antivirals/guidance/.

Pertussis vaccine can now be given to adults over 65

Adults 65 years and older who have close contact with infants less than 12 months of age should receive a single dose of Tdap. In addition, any adult 65 and older may be given a single dose of Tdap.

Tdap can be administered regardless of the interval since the last tetanus- or diphtheria-toxoid containing vaccine. For updated Tdap recommendations, see www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w.

National report on foodborne outbreaks released

The Center for Science in the Public Interest (CSPI) recently released a report card titled All Over the Map, based on 10 years of outbreak information collected by the CDC and CSPI. For more information, see www.cspinet.org/.

Consumers and medical providers should notify their local health department when they suspect a foodborne illness.

Appearance of new drugs of abuse disguised as “bath salts”

Two men in their early 20s were hospitalized in the Quad Cities area recently after exhibiting agitation, hallucinations, paranoia, tachycardia, mild hypertension, and violent behavior. Symptoms lasted from two to five days. Their clinical courses were consistent with the effects of mephedrone or MDPV.

Starting in 2009, these chemicals were sold in the U.S. under the guise of “bath salts”; often at shops that may be frequented by the drug-using community such as tobacco shops, gas stations, truck stops and head shops, as well as via the internet (using names such as Ocean Burst, Ivory Wave, and White Lightening). These products may also contain large amounts of caffeine. The packaging usually refers to the product as an adult novelty item and is labeled “not for human consumption”, but the user may snort, swallow or inject it intravenously.

If you have questions about these drugs or the treatment of patients exposed to these drugs, call the Iowa Statewide Poison Control Center at 1-800-222-1222.

One vs. two step TB skin testing

Two-step testing is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers or nursing home residents. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

The Iowa Code mandates that health care workers have a two-step TST upon hire (assuming no documentation of TB status exists) and one TST for residents of long term care facilities. However, the department recommends two-step testing of long term care residents (with no documented TB test results) to avoid misinterpretation of future test results in the unlikely event that a TB exposure were to occur in the facility.

Example: long term care resident Jane Doe is given a single TST on admission – it is negative. A year later, a fellow resident develops infectious TB, so the facility tests exposed residents. Now Jane Doe’s test result is positive. It is not known if this positive test result represents a boosted reaction to an old infection or infection due to the current exposure. If two-step testing had occurred on admission, and she had an old infection, she would have been positive on 2nd TST. If that test was negative, the current positive test would indicate recent exposure to the infectious resident.

Please note that if facilities use a blood assay (QFT-G/T-Spot) in lieu of TB skin test, two-step testing is not required. The State Hygienic Lab offers both of these blood assay tests. For more information, contact State Hygienic Laboratory at (319) 335-4500. For more information on the booster phenomenon and two step testing, visit www.cdc.gov/tb/publications/LTBI/diagnosis.htm.

Live Healthy Iowa 100 Day Challenge

The 2011 Live Healthy Iowa 100 Day Challenge begins this week, providing the opportunity to promote healthy behaviors for all Iowans. If the thought of shedding some pounds or improving your fitness level isn’t motivation enough, Live Healthy Iowa provides participants with a t-shirt, subscription to a “healthy” magazine of your choice, a \$5 coupon to Hy-Vee and a coupon booklet for healthy things to the first 30,000 registrants! For further information, see www.livehealthyiowa.org/ Good luck to all participants who ‘walk the talk’ of promoting a healthy Iowa, one person at a time.

Meeting announcements and training opportunities

None.

Have a healthy and happy (and cold) week!

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800-362-2736