EPI Update for Friday, October 25, 2013 Center for Acute Disease Epidemiology (CADE) lowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Unpasteurized apple cider can be a health risk
- · Overprescribing rates remain high for pharyngitis, bronchitis
- IDPH doubles nicotine replacement therapy (NRT) offer
- Severe acute illness in a toddler exposed to multiple pesticides
- Soap and water or alcohol-based sanitizers?
- Meeting announcements and training opportunities

Unpasteurized apple cider can be a health risk

Unpasteurized apple cider has been linked to numerous outbreaks, including *E. coli*, *Salmonella*, and *Cryptosporidiosis* (young children and people who are immune-compromised are at increased risk of these infections). The key to preventing illness associated with apple cider is purchasing product that has been pasteurized, or by heating unpasteurized apple cider. Please educate patients, family and friends on the importance of heating unpasteurized apple cider to at least 170°F or until it boils. Unpasteurized products may be purchased as freshly pressed from local orchards, roadside stands, local stores, or farmer's markets.

Johnson County Public Health is investigating a cluster of cryptosporidiosis cases that are linked to unpasteurized apple cider. All of the ill persons are recovering and one was hospitalized.

For additional information, visit www.foodsafety.gov/blog/apple_cider.html.

Overprescribing rates remain high for pharyngitis, bronchitis

Despite the efforts of antimicrobial stewardship programs, recently published data indicates that physicians continue to overprescribe for common viral conditions.

While only 10 percent of adults with sore throat have streptococcus infections - the only common cause of sore throat that needs antibiotics - the U.S. national prescribing rate of antibiotics for adults with sore throat has stayed at 60 percent. Antibiotics were prescribed for 73 percent of visits for acute bronchitis, but empiric antibiotic treatment is not indicated for acute bronchitis.

For more information on antimicrobial prescribing, visit cid.oxfordjournals.org/content/44/2/159.full www.cdc.gov/getsmart/campaign-materials/info-sheets/adult-approp-summary.html and www.cdc.gov/getsmart/campaign-materials/info-sheets/child-approp-treatmt.html.

IDPH doubles nicotine replacement therapy (NRT) offer

Any lowan who now enrolls in the no-cost nicotine replacement therapy program could be eligible for twice as much NRT - eight weeks instead of four weeks.

lowans can take advantage of this no-cost program by calling 1-800-QUIT-NOW (1-800-784-8669), or visiting www.quitnow.net/iowa to enroll. The program offers access to a trained Quit Coach® who will help develop a quitting plan and determine which NRT offering is best for each individual. Services include:

- Preparing participants for their quit date
- Helping develop an individualized Quitting Plan
- Providing tips and support to live in a smoke-free environment
- Offering advice and information on medications that may help with withdrawal symptoms

Severe acute illness in a toddler exposed to multiple pesticides

A recent article in the Journal of Agromedicine reported acute pesticide poisoning of a toddler exposed to multiple agricultural pesticides and an insect repellent. Health care providers suspected pesticide poisoning, but were unable initially to determine the causal agent. Investigation by a public health program documented four pesticide exposures that occurred within one-half hour of acute illness.

The case illustrates the importance of a thorough environmental and occupational exposure history including family members and the benefit of obtaining biological samples. The child's exposure was ultimately linked to a combination of transfer from a parent's clothing, oral ingestion from unwashed fruit, and topical application of the insect repellent.

For additional information, contact the IDPH Pesticide Poisoning Surveillance Program at 800-972-2026 and ask for Kathy or Rob.

Soap and water or alcohol-based sanitizers?

As the winter months approach, IDPH offers a reminder about the importance of hand hygiene in preventing the acquisition and spread of disease.

Both alcohol-based hand sanitizers and hand-washing are effective ways of preventing disease, but remember these important facts:

- Hand sanitizers are not as effective when hands are visibly dirty. Hand washing should be used to physically remove the oil and grime that can harbor bacteria.
- Hand sanitizers should not replace hand-washing in situations that warrant it, including food preparation, restroom use, and diaper-changing.
- Hand sanitizers are not effective in killing certain pathogens such as Cryptosporidium, norovirus or Clostridium difficile.

Hand hygiene is one of the best ways to prevent infections in any season, using handwashing or hand-sanitizing as appropriate. For more information, visit www.cdc.gov/handwashing/.

Meeting announcements and training opportunitiesNone

Have a healthy and happy week! Center for Acute Disease Epidemiology Iowa Department of Public Health 800-362-2736