# Epi Update for Friday, April 4th, 2014
## Center for Acute Disease Epidemiology (CADE)
## Iowa Department of Public Health (IDPH)

**Items for this week's Epi Update include:**
- **IDSS Maintenance Window and Upgrade Instructions**
- **Ebola Outbreak in West Africa**
- **Global Tobacco Control**
- **Meeting announcements and training opportunities**

**IDSS Maintenance Window April 14, and Upgrade Instructions**
The Iowa Disease Surveillance System (IDSS) is an electronic database used in the surveillance, tracking, and reporting of infectious diseases. IDSS is due for a major upgrade, and all users must install the new version prior to April 15, 2014 in order to ensure uninterrupted service. IDSS will change from the old to the new version starting 4 p.m. April 14 and ending 7 a.m. April 15. Thus please close out of, and do not use IDSS, during this 12-hour maintenance window. However, you may use the current IDSS prior to, and the new IDSS after this maintenance window.

Please call Ngoc Tran (515) 242-5114, or email at Ngoc.Tran@idph.iowa.gov if you need assistance with the installation. The IDSS upgrade is installed from a web portal: https://deploy.idph.state.ia.us/portal.

Note: You may get a "log in window" after finishing with the upgrade. If you log in to the new IDSS prior to April 15, you will get an error message - simply ignore, and close this "log in window". In the meantime, please continue to use the current version of IDSS until 4 p.m. April 14, 2014.

**Ebola Outbreak in West Africa**
Guinea has reported a total of 127 suspect and confirmed cases of Ebola Hemorrhagic Fever (EHF), including 83 deaths as of April 1, 2014. Of these suspect cases, 35 have been laboratory confirmed positive cases. Neighboring Liberia has reported 8 suspect cases, which include 5 deaths and 2 laboratory-confirmed cases of EHF (in persons with recent travel history to Guinea). Additional reports of suspect cases in Liberia and Sierra Leone are being investigated.

Ebola Hemorrhagic Fever is a severe, highly fatal disease in humans and nonhuman primates (such as monkeys, gorillas and chimpanzees) and is caused by *Ebolavirus*. The natural reservoir host remains unknown, but is believed to be bats. Transmission occurs through 1) contact with an infected animal, 2) person to person via direct contact with the blood or secretions of an infected person, or 3) after exposure to objects contaminated with infected secretions.

Symptoms typically appear from 2 to 21 days after exposure and include fever, headache, diarrhea, vomiting, weakness, flu like symptoms and bleeding inside and outside of the body. Treatment for Ebola Hemorrhagic Fever is supportive. Preventive

measures for *Ebolavirus* include isolation of infected patients, wearing of protective clothing like masks, gloves, gowns and goggles and use of stringent infection control measures.

If *Ebolavirus* testing is indicated, please contact the IDPH epidemiologists at (800) 362-2736 and the State Hygienic Laboratory at (800) 421-4692 for information and approval.

For more information on *Ebolavirus*, visit www.cdc.gov/vhf/ebola

**Global Tobacco Control**
During the 20th century, use of tobacco products contributed to the deaths of 100 million persons worldwide.  One third to one half of lifetime users die from illnesses associated with tobacco products, and smokers die an average of 14 years earlier than nonsmokers. In 2008, WHO introduced its MPOWER measures as practical, cost-effective ways to scale up global implementation of global tobacco control. The six measures of MPOWER are 1) monitoring tobacco use and prevention programs and policies; 2) establishment of smokefree public places; 3) offering persons help to quit tobacco use; 4) warning about the dangers of tobacco use through mass media campaigns and labels on tobacco packages; 5) enforcing bans on tobacco advertising, promotion, and sponsorship; and 6) raising taxes on tobacco products.

Without effective global tobacco control efforts, low-income and middle-income countries with high population densities will continue to suffer the most impact from the harm of tobacco use. Even a modest decline in smoking prevalence from 25% to 20% could prevent 100 million global deaths by the end of this century.

More information on this topic can be found at: www.cdc.gov/mmwr/

**Meeting announcements and training opportunities**
None

**Have a healthy and happy (and hopefully the last snowy) week!**
Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736