

EPI Update for Friday, January 23, 2015
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Antiviral supply**
- **Measles outbreaks in the United States**
- **Measles immunization recommendations**
- **New testing recommendations for individuals with parotitis**
- **Simulation saline IV products**
- **Meeting announcements and training opportunities**

Antiviral supply

Despite the increased demand for influenza antiviral medications this season, antiviral manufacturers report sufficient supplies to meet the projected high demand for the 2014-2015 flu season. However, some spot shortages are being experienced, specifically for Tamiflu (oseltamivir). Genentech, the manufacturer of Tamiflu, has reported that they are working with distributors and national retail pharmacies to provide consistent access to Tamiflu.

Patients with an antiviral prescription may need to call their pharmacy to determine availability, and may need to be referred to a different pharmacy that has the drug in stock.

For long-term care facilities experiencing difficulty accessing antiviral supplies, contact IDPH; we can coordinate with CDC to try to facilitate large orders of antiviral drugs in institutional outbreak settings.

Measles outbreaks in the United States

There are currently NO confirmed or suspected cases of measles in Iowa; however, measles cases are occurring in Nebraska and South Dakota, as well as the West Coast, so it is possible that Iowans may be exposed. If a person is exposed to someone with measles, it is important to ensure MMR immunizations are up-to-date (see below).

Please contact IDPH immediately to report any Iowans (whether vaccinated or not) who have possibly been exposed to measles or who are suspected of having measles. To reach IDPH during business hours, call 800-362-2736; after hours call 515-323-4360 (the Iowa State Patrol will contact the person on call).

Measles immunization recommendations

Measles is highly infectious and spreads easily, especially to non-vaccinated individuals.

The Advisory Committee on Immunization Practices (ACIP) recommends all children receive the first dose of measles, mumps, rubella (MMR) vaccine at age 12-15 months. Measles antibodies develop in 95 percent of children vaccinated at 12 months of age and in 98 percent of children vaccinated at 15 months of age. Studies indicate 99 percent of people who receive two doses of MMR vaccine on or after age 12 months will

develop lifelong measles immunity. ACIP recommends a second dose of MMR vaccine at age 4-6 years. The minimum interval between the first and second doses of MMR vaccine is four weeks. There is no minimum age requirement for the second dose of MMR vaccine as long as it is given at least four weeks after the first dose; this dose will then count as the second dose required for school entry.

New testing recommendations for individuals with parotitis

Border states have reported individuals with parotitis testing negative for mumps, but positive for influenza or parainfluenza viruses. Thus, IDPH and SHL are recommending patients with parotitis have two specimens submitted for influenza and other respiratory pathogen testing:

For mumps testing, a buccal swab should be collected for polymerase chain reaction (PCR) testing. The swab should be collected as soon as possible (preferably within three days of parotitis onset, and not more than nine days after parotitis onset) for the best opportunity to detect mumps virus.

For influenza and other respiratory pathogen testing (which is part of the respiratory virus PCR panel) either a nasopharyngeal (preferred) or an oropharyngeal swab should be collected.

Simulation saline IV products

The FDA and CDC are investigating multiple instances of Wallcur's *simulated IV saline products* being administered to patients. This simulated IV saline solution (Practi-0.9% sodium chloride solution) was shipped to medical clinics, surgical centers, and urgent care facilities in numerous states for training purposes; however, it has been reported that some was administered to patients. Providers are being encouraged to inspect IV saline fluids to ensure that bags labeled "Wallcur" "Practi-products" "for Clinical Simulation" or "not for use on humans or animal patients" are NOT administered to patients. For information on the investigation and recall, visit www.fda.gov/Drugs/DrugSafety/ucm428431.htm.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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