

EPI Update for Friday, May 22, 2015
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Avian influenza update**
- **Ebola update**
- **Increased number of *Salmonella* and *Shigella* cases in Iowa**
- **Cryptosporidiosis and Giardiasis surveillance in the U.S., 2011-2012**
- **Sleep-related deaths among infants**
- **Meeting announcements and training opportunities**

Avian influenza update

As of May 20, avian influenza (H5N2) has been confirmed in 51 Iowa farms. More than 180 Iowa workers have been monitored for symptoms and/or recommended to take antiviral prophylaxis. No human infections have been reported in Iowa. More than 25,000,000 poultry have been affected and depopulated.

For more information about avian influenza in Iowa, visit

www.iowaagriculture.gov/avianinfluenza.asp.

For more information about avian influenza in the United States, visit

www.cdc.gov/flu/avianflu/h5/index.htm.

Ebola update

The Ebola outbreak in Liberia was declared over by WHO on May 9th, meaning that 42 days (two incubation periods) had passed since the last Ebola patient was buried. The health system in Liberia continues to monitor for new cases and take precautions to prevent transmission in the country. CDC is also closely monitoring the situation, but has not yet changed its recommendations concerning the screening of patients, nor surveillance in travelers coming from Liberia.

For more information on the current Ebola situation in Africa, visit

apps.who.int/ebola/en/current-situation/ebola-situation-report-20-may-2015.

Increased number of *Salmonella* and *Shigella* cases in Iowa

As of May 21, 101 cases of *Shigella* have been reported in Iowa. This is triple the five-year average of 30 cases usually seen by this date. A total of 197 cases of *Salmonella* have been reported during this time, an increase over the five-year average of 120 cases.

Stool testing is encouraged for patients presenting with gastrointestinal illness. Positive tests for both *Salmonella* and *Shigella* are to be reported to IDPH and local public health departments for follow-up. In this way, public health can track potential exposures, identify outbreaks, and prevent further cases.

Proper hand hygiene after changing diapers, after using the toilet, and before preparing or eating food can prevent the spread of foodborne illness.

Exclusion from child care, school, and work is also important. Individuals ill with vomiting or diarrhea should stay home until their illness has resolved. More strict exclusion criteria apply for certain diseases, such as Shigellosis. Child care attendees and employees, food handlers, and health care providers with Shigellosis should be excluded from these activities until diarrhea has resolved AND have two negative stool cultures taken 24 hours apart. If treated with antibiotics, wait 48 hours after completion of antibiotics before obtaining the first stool specimen and allow an additional 24 hours before obtaining the second specimen.

For more information on *Shigella*, visit

www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Shigella.

For more information on *Salmonella*, visit

www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Salmonella.

Cryptosporidiosis and Giardiasis surveillance in the U.S., 2011-2012

Cryptosporidiosis is a gastrointestinal illness caused by an extremely chlorine-resistant protozoan. Risk factors for the disease include ingestion of recreational water, ingestion of untreated drinking water, livestock contact, international travel, and contact with infected people. Over 9,000 cases were reported nationally in 2011, followed by over 8,000 cases in 2012. Less than 6 percent of cases reported nationally during this time were associated with a detected outbreak. The highest rates of disease are seen in young children, but cases are increasing among the elderly. To view the cryptosporidiosis surveillance summary, visit

www.cdc.gov/mmwr/preview/mmwrhtml/ss6403a1.htm?s_cid=ss6403a1_e.

Giardiasis is a gastrointestinal illness caused by a moderately chlorine-resistant protozoan. Risk factors for the disease include consumption of fecally contaminated food or water, international travel, and contact with infected people. (Very few, if any, Iowans get this from drinking water out of streams with beavers in them - as taught by some textbooks. The biggest risk factor in Iowa is child care). Nearly 17,000 cases were reported nationally in 2011, followed by over 15,000 cases in 2012. Less than 2 percent of cases were linked to a detected outbreak. Giardiasis rates appear to be decreasing nationally. To view the giardiasis surveillance summary, visit

www.cdc.gov/mmwr/preview/mmwrhtml/ss6403a2.htm?s_cid=ss6403a2_e.

Sleep-related deaths among infants

Approximately 38,000 live births occur in Iowa every year; of those, an average of 43 children does not survive to their first birthday because of sleep-related death. Sleep-related deaths are the second leading cause of infant death in Iowa, following congenital anomaly. Among children with sleep-related deaths in Iowa between 2004 and 2011, 29 percent of the infants were co-sleeping with an adult.

In 2011, the American Academy of Pediatrics (AAP) recommended avoiding co-sleeping. To promote breastfeeding without jeopardizing infant safety, the AAP

recommends infants should sleep next to the parent's bed in a separate bed. An adult sleeping with a baby on a couch, recliner, or any other sleep surface is also not considered safe. Infants should be placed to sleep flat on their back alone in a crib with a firm mattress and a tight fitting sheet for all sleeps (naps and nighttime.) There should be no bedding, bumper pads, pillows, stuffed animals, or anything else in the crib with the infant. Infants should also be in a nicotine-free environment. The room should not be overheated.

For more information on the AAP Safe Sleep guidelines, visit www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-expands-guidelines-for-infant-sleep-safety-and-sids-risk-reduction.aspx.

Meeting announcements and training opportunities

None

Have a healthy and happy week and a great Memorial Day weekend!

Center for Acute Disease Epidemiology

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