

Epi Update for Friday, September 16, 2016
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **West Nile virus update**
- **Influenza update**
- **Investigation of Zika Virus Infection in a Patient in Utah with No Known Risk Factors**
- **Infographic: Four steps to food safety**
- **Meeting announcements and training opportunities**

West Nile virus update

West Nile virus cases continue to be identified across the state. Since the end of July, seven confirmed cases of human West Nile virus (WNV) have been reported and additional cases are currently being investigated. Statewide surveillance has also detected nine infected horses and 19 infected mosquito pools. For more information on WNV activity in Iowa, visit the current surveillance data section of idph.iowa.gov/cade/disease-information/west-nile-virus.

Influenza update

Influenza activity over the summer months has remained low in Iowa and nationally. However in recent weeks, there has been a slight increase in respiratory illness reports across the nation. In Iowa, there have been three confirmed cases of influenza A(H3) since August 1.

The Centers for Disease Control and Prevention recommends that healthcare providers begin offering influenza vaccine before the onset of influenza activity in the community. Influenza vaccine should be offered by providers when it becomes available. Children ages 6 months through 8 years who have not received two doses of influenza vaccine prior to July 1, 2016 should receive two doses at least four weeks apart in the 2016-17 flu season.

For more information about influenza in Iowa, please visit idph.iowa.gov/influenza.

Investigation of Zika Virus Infection in a Patient in Utah with No Known Risk Factors

On July 12, 2016, the Utah Department of Health was notified of a Zika infected patient who had no travel exposure, sexual exposure, mosquito bites, blood transfusions, or organ transplants. However, the patient did care for a person, the index patient, who had contracted Zika virus abroad. The index patient had a level of viremia 100,000 times higher than the average level reported in persons infected with Zika virus.

The investigation has included interviews and testing of the index patient's family contacts, a serosurvey of health care workers who provided care to the index patient, a community serosurvey around the index patient's residence, and area vector surveillance. All other family contacts have tested negative for Zika virus infection.

Testing of health care workers and community members is ongoing, however, all testing completed to date has been negative. Neither *Aedes aegypti* or *Aedes albopictus* mosquitoes have been identified.

It remains unclear how the patient was infected; however the patient was known to have had close contact (i.e. kissing and hugging) with the index patient while the index patient's viral load was found to be very high. Although it is not certain that these types of close contact were the source of transmission, family contacts should be aware that blood and body fluids of severely ill patients might be infectious. Given recognition of high levels of viremia during illness, it is essential that health care workers continue to apply standard precautions while caring for all patients, including those who might have Zika virus disease

To view the Morbidity and Mortality Weekly Report, please visit www.cdc.gov/mmwr/volumes/65/wr/mm6536e4.htm?s_cid=mm6536e4_e.

Infographic: Four steps to food safety



Infographic and recipe for chicken wings to enjoy at your next football viewing party available at blogs.usda.gov/2012/02/01/dont-just-wing-it-defeat-food-poisoning-at-your-super-bowl-party-with-food-safety-tips-and-a-bonus-recipe/.

Meeting announcements and training opportunities

2016 Iowa Environmental Health Association Fall Conference - Marshalltown, Iowa
October 18-19. For more information, visit www.ieha.net/2016FallEHConference.

Have a healthy and happy week!

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