EPI Update for Friday, July 7, 2017

Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Influenza: 2016-2017 summary and 2017-18 recommendations**
- **SHL confirmation of rapid flu positives (especially important now)**
- **Patient confusion: shingles and chickenpox**
- **In the news: What to blame for your stomach bug? Not always the last thing you ate**
- **Infographic: Chickenpox vaccine**
- **Meeting announcements and training opportunities**

Influenza: 2016-2017 summary and 2017-18 recommendations

The 2016-17 season peaked in February with influenza A(H3N2) being identified most frequently; this is similar to what was seen in Iowa.

The 2017–18 influenza trivalent vaccine will contain an A/Michigan/45/2015 (H1N1)pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008-like (B/Victoria lineage) virus. The quadrivalent vaccines will be adding a B/Phuket/3073/2013-like (B/Yamagata lineage) virus. The 2017-18 vaccine recommendations also include an update in the influenza A(H1N1) component from the composition of the 2016–17 influenza vaccines.

For more information on the 2017-2018 influenza vaccine recommendations, visit www.cdc.gov/mmwr/volumes/66/wr/mm6625a3.htm?s_cid=mm6625a3_w.

SHL confirmation of rapid flu positives (especially important now)

The positive predictive value of rapid tests (i.e., proportion of patients with positive influenza tests who truly have influenza) is poorest when influenza prevalence in the community is low. So it is important to have these tests confirmed. Another reason to request further testing on rapid positive results is that some rapid tests do not differentiate between influenza A and B and no rapid tests detect novel influenza A virus infection.

Thus, hospitals should continue to submit specimens to SHL for all hospitalized patients with influenza-like illness without other apparent cause. Long term care facilities should continue to work with IDPH to submit specimens when an influenza or other respiratory illness outbreak is suspected. The influenza-like illness (ILI) sentinel sites should continue to follow IDPH guidelines to submit a sampling of specimens for patients with ILI illness.

For more information on influenza testing in Iowa, visit www.shl.uiowa.edu/dcd/influenza/index.xml.

Patient confusion: shingles and chickenpox

Anecdotally, persons diagnosed with shingles sometimes do not understand that they can transmit the virus and cause chickenpox in others. Health care providers, please ensure that patients understand that while "shingles" cannot be passed from one person

to another, the varicella zoster virus can be spread from a person with active shingles to another person (who has never had chickenpox) and cause them to get chickenpox.

A person with active shingles can spread the virus when the rash is in the blister-phase (a person is not considered infectious before the blisters appear). Once the rash has developed crusts, the person is no longer contagious. Shingles is less contagious than chickenpox and the risk of a person with shingles spreading the virus to others is low if the rash is covered.

Outbreaks of chickenpox (two or more linked cases) are required to be reported to public health and are investigated. IDPH has investigated clusters of chickenpox cases that potentially resulted from exposure to a person with shingles.

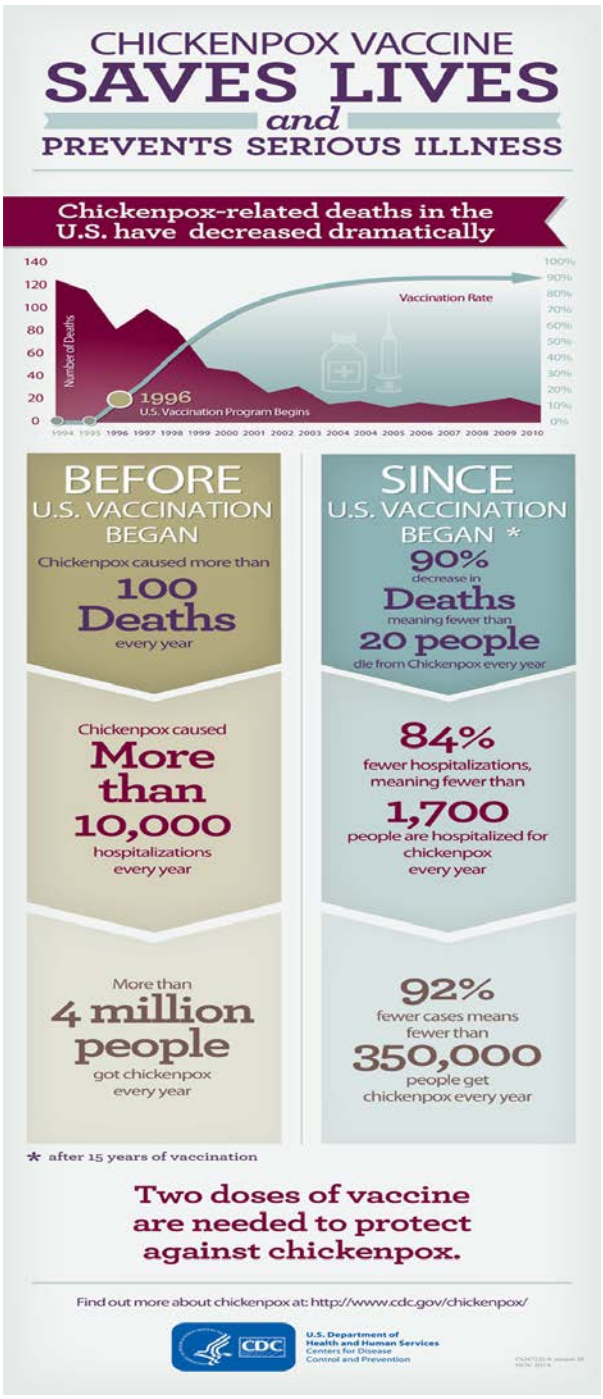
Patients with shingles should be advised to:

- Keep the rash covered.
- Avoid touching or scratching the rash.
- Wash their hands often to prevent the spread of varicella zoster virus
- Until the rash has developed crusts, avoid contact with pregnant women who have never had chickenpox or the chickenpox vaccine; premature or low birth weight infants; and people with weakened immune systems, such as people receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with human immunodeficiency virus (HIV) infection.

For additional information about shingles (and for educational resources that you can use with your patients), visit www.cdc.gov/shingles/index.html.

In the news: What to blame for your stomach bug? Not always the last thing you ate
www.nytimes.com/2017/06/29/well/live/what-to-blame-for-your-stomach-bug-not-always-the-last-thing-you-ate.html

Infographic: Chickenpox vaccine



To view in full size, visit www.cdc.gov/chickenpox/vaccine-infographic.html.

Meeting announcements and training opportunities

None

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