

EPI Update for Friday January 14, 2005
Center For Acute Disease Epidemiology
Iowa Department of Public Health

Items for this week's EPI Update include:

- **Don't Call it "the Stomach Flu"**
- **Iowa Influenza Update**
- **New Dietary Guidelines will Help Americans Make Better Food Choices, Live Healthier Lives**
- **ATSDR**
- **Canada has second BSE positive cow**
- **Answers to last week's Epi 5 trivia**

Don't call it "the Stomach Flu"

Some people, when they get diarrhea, mistakenly think that they have 'the stomach flu'. In reality, influenza almost never causes gastrointestinal symptoms. However, up to 25% of children who have either influenza A(H1N1) or B, can have GI symptoms in ADDITION to respiratory symptoms. If a person has GI symptoms alone, it is NOT the flu.

Most of the diseases that people call the stomach flu, are actually caused by viruses, especially Noroviruses. Noroviruses (previously called Norwalk-like viruses) can cause nausea with vomiting, diarrhea, and cramps. Diarrhea is more common among adults; vomiting is more common in children. Illness usually lasts 24-48 hours. Since the illness is mild, it is unusual for patients to seek medical care with norovirus infections.

Noroviruses are found in the stool or vomit of infected people, and is quite contagious, with oral fecal spread, or rarely airborne (to figure out how airborne spread occurs, you just have to use your imagination.) People most often become infected by eating food that are contaminated with norovirus by someone with diarrhea who does not wash their hands, then handles food.

Persons working in day-care centers or nursing homes should pay special attention to children or residents who have norovirus illness, as this virus can spread rapidly throughout in these situations. IDPH has already confirmed a norovirus outbreak in a long-term care facility in 2005.

To prevent the spread of these viruses anyone with GI symptoms should not handle food, and if food is contaminated it should be thrown away. Anyone who is ill with diarrhea, vomiting or fever should not work with food, the elderly, or in healthcare or childcare settings. **Thorough handwashing should be encouraged at all times.**

Norovirus testing is available at the University Hygienic Laboratory (call 319-335-4500 for more information.)

Iowa Influenza Update

For the week ending January 7, 2005, Iowa remains at regional influenza activity. The percentage of positive influenza isolates the University Hygienic Laboratory continues to increase weekly. Both Influenza A (H3N2) and Influenza B have been confirmed in the state of Iowa and all have been similar to strains contained in this year's vaccine. In the past two weeks, several long-term care facilities in the state have reported influenza outbreaks within their facilities. IDPH can provide guidance in containing these outbreaks; call the Center for Acute Disease Epidemiology (1-800-362-2736).

Information for actions to be taken by long-term care facilities can also be found on IDPH's website. To view the latest Iowa Influenza Activity Map or read the Week 52 Iowa Influenza Surveillance Report, visit IDPH's influenza website at

[<http://www.idph.state.ia.us/adper/flu.asp>](http://www.idph.state.ia.us/adper/flu.asp) .

New Dietary Guidelines will Help Americans Make Better Food Choices, Live Healthier Lives

On Jan. 12, 2005, HHS Secretary Tommy G. Thompson and Agriculture Secretary Ann M. Veneman announced the release of the *Dietary Guidelines for Americans 2005*, the federal government's science-based advice to promote health and reduce risk of chronic diseases through nutrition and physical activity.

This is the sixth edition of the *Dietary Guidelines for Americans*, and because almost two-thirds of Americans are overweight or obese, and more than half get too little physical activity, this edition places a stronger emphasis on calorie control, reducing calorie consumption, and physical activity. The press release is available at: [<http://www.usda.gov/documents/NewsReleases/2005/01/0012.doc>](http://www.usda.gov/documents/NewsReleases/2005/01/0012.doc) and includes a list of key recommendations from the *Dietary Guidelines*.

The 2005 *Dietary Guidelines* and consumer brochure are available at:

[<http://www.healthierus.gov/dietaryguidelines>](http://www.healthierus.gov/dietaryguidelines)

ATSDR

Last week's train derailment in South Carolina which released 150 tons of chlorine into the environment, killed nine people and exposed hundreds more prompted us to touch on the subject in this week's Friday update. The public health impact of the exposure to chlorine gas in this accident is currently being surveyed. Victims are being asked questions about the effects of the chlorine gas, their location at the time of the exposure, and demographic information necessary for monitoring of long-term health effects and psychosocial consequences. An accident of this nature could happen anywhere in the United States, including Iowa. Would you know where to go to find information? The Centers for Disease Control's (CDC) website is an excellent source of information on hazardous substances, toxicology, and the medical management (even down to a check off/information sheet to send home with potentially exposed patients). Go to <http://www.bt.cdc.gov/agent/chlorine/> [<http://www.atsdr.cdc.gov/toxfaq.html>](http://www.atsdr.cdc.gov/toxfaq.html)

Canada has second BSE positive cow

On January 11, 2005 the Canadian Food Inspection Agency (CFIA) announced a second positive Bovine Spongiform Encephalopathy (BSE) cow. The second cow was born in March 1998, and the farm of origin has been confirmed. Based on preliminary information, feed produced prior to the introduction of the 1997 feed ban in Canada remains the most likely source of infection in this animal. No part of the animal has entered the human food or animal feed systems.

In January 2004 after the “BSE cow that stole Christmas 2003”, USDA-APHIS-FSIS established additional regulations to ensure the safety of our food and the health of the public. One such regulation is the policy on removal of specified risk material (SRM) from all animals slaughtered for human food, and prohibiting the use of these tissues in the human food supply. Specified risk material includes the skull, brain, trigeminal ganglia, eyes, vertebral column, spinal cord and dorsal root ganglia of cattle 30 months of age or older and the small intestine of all cattle. **The removal of SRM is internationally recognized as the most effective public health measure to prevent humans from becoming infected with BSE.**

Information on the USDA-FSIS BSE regulations and federal measures to further reduce and minimize the risk of BSE is available at:

<http://www.fsis.usda.gov/oa/news/2004/bseregs.htm> and
http://www.aphis.usda.gov/lpa/issues/bse/04-047-1_docket.pdf

Answers to last week's Epi 5 Trivia:

Q. Who is considered the father of modern epidemiology?

A. John Snow

Q. What criteria were used to develop the CDC's category “A” diseases/agents list?

A. High-priority agents include organisms that pose a risk to national security because they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness.

Q. What is the difference between the terms infectious and communicable?

A. Infectious means capable of causing illness, while communicable refers to the capability to transmit illness from person to person.

Q. What is primary prevention?

A. Primary prevention is an action taken to prevent development of disease in a person that doesn't have the disease.

Q. What observation led to the development of the first smallpox vaccine?

A. The failure of dairymaids to develop smallpox disease after having cowpox.

Meeting Announcement and Training Opportunities:

National Incident Management System

January 20, 2005 12:00 p.m.- 1:00 p.m.

Broadcast via the Iowa Communications Network and Mercy Telemedicine System

This program will provide an understanding of the National Incident Management System from a Federal

perspective as well as how this affects planning, funding and response at the state and local level

Objectives:

- Describe the National Incident Management System (NIMS)
- Discuss compliance issues for state and local government
- Discuss how NIMS will affect local planning, training and response activities

Audience:

All disciplines and agencies that are responsible for responding to a public emergency

Presented by:

Iowa Homeland Security and Emergency Management

To register go to www.prepareiowa.com <<http://www.prepareiowa.com>> . For general program questions, please contact DeAnne Sesker (515) 242-5037.

Have a healthy and happy week. Stay warm!

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800-362-2736