

EPI Update for Friday May 13th
Center For Acute Disease Epidemiology
Iowa Department of Public Health

Items for this week's EPI Update include:

- **Update on Pertussis Vaccine**
- **Exclusions for Varicella-Zoster Virus (chickenpox and shingles)**
- **May is Hepatitis Awareness Month - Hepatitis A, Hepatitis B, and Vaccinations**
- **The Epi 5 - Answers to last week's questions**
- **CADE is on the move!**
- **HAPPY NURSE'S WEEK**
- **Meeting Announcements and Training Opportunities**

Update on Pertussis Vaccine:

The Food and Drug Administration gave final approval on May 3, 2005, to the first pertussis booster vaccine Boostrix GSK (Tdap), indicated for 11-18 years of age. Final approval is also expected for Sanofi Pasteur's Adacel, indicated for ages 11-64. An ACIP workgroup is in the process of finalizing vaccine recommendations. It is anticipated that the primary strategy for adolescents would be replacing Td on the routine childhood immunization schedule given universally to adolescents at 11 to 12 years of age. Adolescents age 13 to 18 would fall into a catch-up category if they did not receive the vaccine at 11 or 12. Questions still surround whether Tdap would also be utilized for select target populations such as HCWs, pregnant women, and parents of infants under one year of age. Possibly, the vaccine may be available to the private sector by the end of the month, with the vaccine for the Vaccine for Children (VFC) program lagging by several months due to funding.

Exclusions for Varicella-Zoster Virus (chickenpox and shingles):

Recently the Iowa Department of Public Health has received inquiries regarding exclusion for patients with varicella (chickenpox) and herpes zoster (shingles). Chickenpox is easily spread person-to-person by droplet or airborne spread of droplets from the nose or throat or contact with the fluid from the blisters. A susceptible contact may develop symptoms approximately two to three weeks after the exposure and will be infectious as early as five days before the rash occurs and will remain infectious until the blisters are crusted and dry. Therefore, *children* with chickenpox should be excluded from school, medical offices, emergency rooms and public places until vesicles become crusted and dry. Likewise, infected *adults* should be excluded from the workplace and should avoid contact with those who are susceptible until their vesicles are crusted and

dry. Simply covering the vesicles with bandages before they are dry and crusted is *not an acceptable form of avoiding exclusion*. Additionally, exclusion is recommended for *exposed susceptible individuals* who may be in contact with persons at high risk of serious complications (e.g., health care workers, family members of immunocompromised persons). In these situations, exclusion is required for the duration of the period of communicability (e.g., from the 10th until the 21st day post-exposure).

Shingles are a reactivation of a previous chickenpox infection. A person who comes into contact with blister fluid from a shingles lesion can get chickenpox if they have never had chickenpox before, but they will not get shingles. The lesions are usually confined to one side of the body in the distribution of a nerve root. Patients with zoster are not infectious when the lesions are crusted and dry, usually about seven days. If shingles lesions are confined to a localized area of the body that can be easily covered, the person does not have to be excluded from school or work. An exception is for healthcare workers or others who work with high-risk populations. They should not care for those particular high-risk patients (such as neonates and immunocompromised persons). They can continue to care for those at low-risk.

May is Hepatitis Awareness Month - Hepatitis A, Hepatitis B, and Vaccinations:

Hepatitis A is found in the stool of persons infected with the hepatitis A virus (HAV). HAV is usually spread from person-to-person by putting something in the mouth that has been contaminated. You should always wash your hands after going to the bathroom, changing a diaper, or before preparing or eating food. Hepatitis A is not considered a chronic or long-term infection, but about 15 percent of people infected experience prolonged or relapsing symptoms over a six to nine month period.

Vaccine is recommended for the following persons, two years of age and older, who are most at risk of becoming infected with HAV:

Travelers to areas with increased rates of hepatitis A;
Men who have sex with men;
Injecting and non-injecting drug users;
Persons with clotting factor disorders;
Persons with chronic liver disease;

Children living in areas with increased rates of hepatitis A during the baseline period from 1987-1997; and

Native American Indian populations, especially children.

Hepatitis B (HBV) can be spread through exposure to infected blood, body fluids, and sexual contact. Due to similar risk factors, those at risk for HBV may also be at risk for Hepatitis C virus (HCV) or Human Immunodeficiency Virus (HIV). The Hepatitis B vaccine is recommended for the following persons who are most at risk of becoming infected with HBV:

Infants born to infected mothers;
Household contacts of chronically infected persons;
Infants and children of immigrants from areas with high rates of HBV infection;
Healthcare and public safety workers;

Persons with multiple sex partners or having a diagnosis of a sexually transmitted disease;

Men who have sex with men;
Injecting drug users;
Sex contacts of infected persons;
Hemodialysis patients; and
People with chronic liver disease;

Hepatitis B vaccine has routinely been recommended for all infants and adolescents since 1991. The Iowa Administrative Code, Chapter 7 (641-7.4(6)), requires three doses of Hepatitis B vaccine for all children born on or after July 1, 1994, who are enrolled or attempting to enroll in public or nonpublic elementary or secondary school.

Eight county public health agencies provide hepatitis A and B vaccination at no charge for at-risk clients. Risk factors include persons currently diagnosed with a sexually transmitted disease, men who have sex with men, injecting drug users, or patients diagnosed with hepatitis C virus.

For information on Vaccination at no charge for at risk populations, visit the following link:

[Hepatitis A and B Vaccination at Eight Local Public Health Departments](http://www.idph.state.ia.us/common/pdf/hepatitis/hep_a_hep_b_vaccine_sites.pdf)
<http://www.idph.state.ia.us/common/pdf/hepatitis/hep_a_hep_b_vaccine_sites.pdf>

For more information on viral hepatitis, visit the [Iowa Department of Public Health Hepatitis Program Website](http://www.idph.state.ia.us/adper/hepatitis.asp) <<http://www.idph.state.ia.us/adper/hepatitis.asp>>

The Epi 5 - Answers to last week's questions:

1. What are the three key components of a questionnaire?

Demographic information, illness status/clinical information and exposure history
2. What base information does an Epi Curve provide?

Magnitude of the outbreak, point source versus person-to person spread, incubation or latency period, and prediction of the duration of outbreak
3. What information is included in a case definition?

Clinical criteria-symptoms of patients in the outbreak and restrictions as to time, place and person epidemiologically linked to the outbreak

4. What is the origin of the word Epidemiology?

The word **epidemiology** is based on the Greek roots *epi* (upon), *demos* (the people, as in “democracy” and “demography”) and *logia* (discoursing, to speak of, or “the study of”). Specific use of the English term epidemiology dates to the mid-19th century.

5. What type of study identifies a study population based on their exposure?

A cohort study

CADE is on the move!:

It’s moving week at CADE. IDPH offices (cubicles) in the Lucas Building will be moving over the next two months. From May 11-13 CADE is packing boxes and will be moved to from the sixth to the fifth floor, many of us will be in temporary space for 30 days. However, we are still available for disease reporting and consultations, so don’t hesitate to call.

HAPPY NURSE’S WEEK:

May 6-12 is National Nurse’s Week. Please take a minute to acknowledge the nurses that you work with and thank them for their leadership and commitment. IDPH/CADE salutes them all.

Meeting Announcements and Training Opportunities:

Nutrition, Physical Activity, and Obesity Prevention Symposium is May 31

The Iowa Department of Public Health will host a nutrition, physical activity, and obesity prevention symposium on Tuesday, May 31, 2005. The event is at Scheman Center in Ames from 9:30 a.m. to 3:00 p.m., and will include a working lunch.

The symposium will bring together key leaders from throughout the state who have an interest in and the capacity to impact obesity prevention in Iowa through nutrition and physical activity initiatives. The symposium will provide an interactive forum and give the opportunity to share thoughts and ideas regarding Iowa-specific nutrition and physical activity issues.

For more information about the symposium, or if you would like to attend, please contact Madhu Gadia at mgadia@idph.state.ia.us <<mailto:mgadia@idph.state.ia.us>> or 281-7501.

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