

EPI Update for Friday December 9, 2005

Center For Acute Disease Epidemiology

Iowa Department of Public Health

Items for this week's EPI Update include:

- Influenza update
- Gastroenteritis talking points
- Pasteurization – it's good for fruit juices and ciders too
- Tuberculosis screening recommendations for HIV patients
- Meetings and announcements

Influenza update

Seasonal Influenza

Iowa and the United States

Iowa has the FLU! The first case of seasonal influenza was confirmed Monday in an elderly woman from western Iowa. The type was influenza A, H3. Neuraminidase determination will be conducted at CDC. It is very likely that this is the strain covered by the vaccine.

All neighboring states to the north and west have also reported influenza activity.

Influenza-like illness reported by participants in the Iowa Influenza Surveillance Network (IISN) is remaining *slightly* below the baseline. For more information on the IISN, visit our Web site at <http://www.idph.state.ia.us/adper/flu.asp>

Health care providers: Please continue to submit specimens from patients with influenza-like illness to UHL even if the rapid tests are negative.

Avian Influenza

Avian influenza activity continues to affect humans, and domestic poultry and birds in several provinces in China. Local health authorities in China have been conducting surveillance and screening of humans for influenza-like illness in villages where poultry and/or human cases have been identified. To date, these surveillance and screening efforts have not detected any additional human cases since last week. Most importantly there is still no evidence of mutation of the virus or of person-to-person spread, which would indicate potential to develop into a pandemic strain. Investigation of confirmed human cases of avian influenza continues to occur only after close contact with ill poultry.

As of Dec.7, WHO reports 135 cases of H5N1, with 69 deaths. For the most up-to-date information, visit the WHO's Web site on avian influenza at www.who.int/csr/disease/avian_influenza/en/.

Pandemic influenza planning efforts

The responses to questions submitted in regard to the Pandemic Influenza ICN are now posted on our Web site at www.idph.state.ia.us/adper/common/pdf/flu/icn_qa.pdf

Gastroenteritis talking points...

The winter holidays are a common time of year for diseases like gastrointestinal illness to spread from person to person. Below are prevention steps everyone can take to decrease the spread of gastrointestinal illness during the winter months:

For adults with gastroenteritis:

- Wash you hands. Wash your hands. Wash your hands....
- Do not share towels. Use paper towels or blow dryers.
- If ill, do not prepare food for others, or share drinks or food items with others.
- Use good food-handling practices in the home, such as separation of meats and vegetables when cutting and preparing; ensure proper cooking temperatures (over 160 for most meats); make sure to keep hot foods hot and cold foods cold; and of course, wash your hands before and after handling food.

- Keep kitchen surfaces clean using soap and water. Clean kitchen towels, washcloths and sponges by washing often.

For children with gastroenteritis:

- If the child is in diapers, make sure both the person changing the diaper and the child wash their hands afterward.

- Wash your child's hands frequently. Always wash your hand and your child's hands after going to the restroom. Use warm water and soap for as long as it takes you and your child to sing the entire Happy Birthday song! (Yes, CADE says this a lot, but it really does work!)

Pasteurization – it's good for fruit juices and ciders too

During the holiday season many folks enjoy a variety of fruit juices – cranberry, orange, grape, cherry, and especially spiced hot apple cider. Most people know about the benefits of pasteurization of dairy products to prevent diseases such as tuberculosis and gastroenteritis, but pasteurization is just as important for fruit juices and ciders. During the past 10 years, *E. coli* O157:H7 and *Salmonella* (both bacteria), and *Cryptosporidium* (a parasite) have been associated with outbreaks of gastroenteritis due to fruit juice that was not adequately treated:

- 1996: *E. coli* O157H7 from unpasteurized apple juice sold in several states.
- 2003: *Cryptosporidium* from apple cider that was not properly treated with ozone.
- 2005: *Salmonella* from inadequately treated orange juice that was labeled as “fresh squeezed” and sold in several states.

Pasteurization for fruit juices is basically the same as that used for dairy products; the juice is heated to a high temperature for a specific period of time killing the bacteria and other germs. Pasteurization is a common process for most juices sold at room temperature, and approximately 98% of all juices sold in the U.S. are pasteurized. Pasteurized juices are available as frozen concentrates, at room temperature, and in the refrigerated foods section of the grocery store. Most importantly, the product will be labeled “pasteurized.”

Untreated juice (raw juice) is juice that has not been pasteurized or treated. “Raw” juice is usually located in the refrigerated area of grocery stores, cider mills, farmers markets, or health food stores. (If it is not – beware because raw juice stored at room temperature can allow bacteria to grow to an amount that can make you ill). Prepackaged raw or untreated juice **should** have a warning label on the product that has the following or similar statement: **“WARNING: This product has not been pasteurized and therefore, may contain harmful bacteria that can cause serious illness in children, the elderly, and persons with weakened immune systems.”**

Tuberculosis screening recommendations for HIV patients

The Iowa Tuberculosis (TB) Control Program strongly recommends screening HIV infected persons for TB. Compared with HIV negative persons with latent tuberculosis

infection (LTBI), HIV positive persons with LTBI are at significantly greater risk for developing TB. The Centers for Disease Control and Prevention reports the risk of developing TB is **7 percent to 10 percent each year** for persons who are infected with both *M. tuberculosis* and HIV, whereas it is **10 percent over a lifetime** for persons who are HIV negative but infected with *M. tuberculosis*.

The TB Control Program at the Iowa Dept. of Public Health (IDPH), in accordance with the CDC, ATS, and IDSA, recommends that all HIV positive persons receive a tuberculosis skin test (TST) at the time of diagnosis and then annually thereafter. In Iowa, staff at counseling and testing sites are instructed by the IDPH's HIV/AIDS Program to test or refer all HIV positive persons for TB screening. The Centers for Disease Control also recommends that states test persons who are confirmed with TB be tested for HIV status in the age group of 25 to 44. Iowa has expanded this recommendation and tests persons with confirmed TB for HIV for the age group of 18 to 50.

Between Jan. 1, 2004 to Dec. 31, 2004, 47 TB cases were reported to IDPH. Of these 47, 22 were 25 to 44 years old. Twenty of the 22 (91 percent) newly reported TB cases in this age group also had their HIV status tested and reported. IDPH's objective for 2005 was for the state of Iowa to continue to strive for having HIV status reported for 100 percent of newly reported TB cases in the age group of 18 to 50. Look for an update on IDPH's progress toward this goal in 2006.

Meeting Announcements and training opportunities

None this week.