

EPI Update for Friday November 4, 2005

Center For Acute Disease Epidemiology

Iowa Department of Public Health

Items for this week's EPI Update include:

- **Avian influenza update/pandemic influenza preparedness**
- **Influenza infectiousness**
- **Remember to update your tetanus immunization**
- **Norovirus spreads easily!**
- **Announcements/training**

Influenza update

Iowa and the United States

CADE is actively surveying Iowans for seasonal influenza. Thus far, influenza has been detected in neighboring South Dakota, and is present only sporadically across the U.S. For more information on influenza, visit our website at www.idph.state.ia.us/adper/flu.asp, or the CDC's website at www.cdc.gov/flu/

The United States Department of Agriculture (USDA) held a press conference on Oct. 26, 2005 and detailed how this agency protects the United States against highly transmissible forms of avian influenza. It is important to note that USDA has worked to prepare for and prevent an outbreak of dangerous strains of avian influenza in the United States for over twenty years. USDA has strict importation restrictions in place to prevent the introduction of the H5N1 avian influenza virus (in addition to other foreign animal diseases) to our country. USDA also has an elaborate surveillance system to monitor our bird populations. Information on avian influenza (and many other topics) is available on the USDA website at <http://www.usda.gov/wps/portal/usdahome>

International

There have been 122 human cases of avian H5N1 influenza confirmed in four countries. Of those cases, 62 were fatalities. Countries reporting human cases of avian influenza have remained the same for several months as surveillance in Asia and Eastern Europe has increased. The affected countries are Thailand, Vietnam, Cambodia and Indonesia. Bird cases of Avian influenza have occurred in Europe. For current information, visit the WHO's website on avian influenza at www.who.int/csr/disease/avian_influenza/en/

CDC has **NOT** recommended that the general public avoid travel to any of the countries affected by the H5N1 avian influenza. Persons planning to visit areas with reported outbreaks in poultry and/or human cases of H5N1 avian influenza should consult the CDC's website at www.cdc.gov/travel/other/avian_influenza_se_asia_2005.htm to learn how to reduce their risk of infection.

(I just returned from Vietnam, and had no concerns about getting avian flu. I just avoided sick chickens ...which I didn't see any of anyway...so was a moot point. I did eat great Vietnamese food containing chicken with gusto. However, I did make sure I had my regular flu shot before I left! Patty Quinlisk)

Pandemic influenza planning efforts

The Iowa Department of Public Health has released its Pandemic Influenza Response Plan Annex to local public health agencies and other state agencies. The plan annex will become part of the Bioemergency response plan.

The federal government has also released its response plan and state and local guidance documents. Both documents are available on the HHS website at <http://www.pandemicflu.gov/>

Influenza infectiousness

As we go into influenza season, we recommend that those who have influenza stay home, so they do not transmit it to others. Below is information on the length a time a person may spread the disease to others.

The information below addresses the routine influenza viruses the U.S. sees on an annual basis. If a new strain of influenza virus emerges and causes a pandemic, studies will need to be done on the specific virus to fully understand its infectious period.

Within 1-3 days of exposure to the influenza virus, susceptible adults and children will become symptomatic with fever, headache, myalgia, coryza, sore throat and cough. While the virus might be found in the throat about one day prior to symptom onset, a person becomes infectious when the symptoms of coughing and sneezing begin. Most adults remain infectious for 3 to 5 days after which symptoms of fever, headache and myalgia will resolve, but symptoms such as coughing may persist for longer due to damage to the mucous membranes. Children may remain infectious up to seven days.

Practically this means, that if an adult or child goes home when symptoms start and remains home for 3-5 days for adults or 3-7 for children (until fever and myalgia resolves) they will be unlikely to spread disease to any community contacts such as co-workers, other students or other child care attendees. When returning to work or school, good hygiene should be followed, such as hand washing and covering mouth and nose when coughing and sneezing. However, even with self-seclusion, susceptible household contacts and care providers would be at risk depending upon their exposure to the symptomatic patient.

- **Wanted: long-term care facilities**

Long-term care facilities are still needed for seasonal influenza surveillance. Participation involves tracking the total number of residents and number of residents ill due to influenza-like illness daily and reporting weekly. Reporting is conducted through an online survey. For more information or to enroll in the program, contact Meghan Harris at mharris@idph.state.ia.us or at (515) 281-7134.

Remember to update your tetanus immunization

Since folks should now be getting vaccinated against influenza, IDPH would like to remind everyone to also update their tetanus immunization. Persons who have received the primary series of three doses of vaccine should have a tetanus booster every 10 years. The most current information regarding tetanus prevention, risk, and wound management is available from CDC's hurricane disaster site: www.bt.cdc.gov/disasters/hurricanes/katrina/tetanus.asp

Several important points about tetanus to remember are:

Patients without a clear history of at least 3 tetanus vaccinations who have any wound other than a clean and minor wound should be given tetanus immune globulin (TIG), not just Td (the adult tetanus-diphtheria toxoid vaccine).

In the United States, tetanus is most commonly reported in older persons because they are less likely to have been adequately vaccinated than younger persons. In 2004, 71 percent of the reported cases of tetanus were in persons over 40 years of age and 47 percent were in persons over 60 years of age.

Older women are especially susceptible; a majority of women over 55 years of age do not have protective levels of tetanus antibody. (They have less chance of having been vaccinated due to military service.) Persons with diabetes are at increased risk; reported cases of tetanus are about 3 times more common in persons with diabetes, and fatalities are about 4 times more common.

Non-acute wounds (e.g., chronic ulcers, gangrene, abscesses/cellulitis) account for about one in six cases of reported tetanus; and one in 12 reported cases had no reported injury or lesion.

Norovirus spreads easily!

One of the regional epidemiologists was notified late last month about an elementary school in Iowa that was reporting a large number of children and several staff reporting in sick or leaving school with symptoms of vomiting and diarrhea. Early reports of symptoms were consistent with norovirus, and the high number of cases (66 out of a school population of around 400) in a very short period of time suggested it might have been spread through food. Initial investigation performed by disease and food service investigators from the local public health agency indicated that food was an unlikely vehicle. Food for the school district was prepared at a central location and sent to various schools but no other schools reported an increase in illness. Also, no food servers at the school reporting illness were sick during the time the school children would have been infected. Stool specimens were sent to the UHL for testing and norovirus was identified. The local health department found that children had vomited in classrooms and hallways. Although data from the investigation are still being analyzed, it is likely that airborne virus from vomited material contributed to spread of the infection. This is one more reason that parents should keep their children home when they're feeling sick and of course, why everyone should wash hands with soap and water after using the toilet.

Meeting announcements/training

- **The laboratory's role in pandemic preparedness and response**

The National Laboratory Training network is pleased to announce a free 90-minute teleconference: "Influenza 2005: The Laboratory's Role in Pandemic Preparedness and Response." NLTN once again welcomes speakers Ms. Carol Kirk and Dr. Peter Shult, virologists at the Wisconsin State Laboratory of Hygiene, in Madison, Wisconsin.

To view the course brochure go to www.phppo.cdc.gov/nltn/nltn_cal.aspx.

Date: Tuesday December 6, 2005

Times*:

Zone	Time
Eastern	2:00 - 3:30 pm
Central	1:00 - 2:30 pm
Mountain	12:00 - 1:30 pm
Pacific	11:00 - 12:30 pm

* Please note your time zone

To register for this program go to www.nltn.org/courses.

- **ATTEND AGROVILLE 2005!!!**

Local Response in an Agricultural Emergency

Building on the success of previous Agrovillage programs, this fall's Agrovillage 2005 training sessions focus on two new components: the Kirkwood national response training model, and developing county response plans for agricultural emergencies. For more information visit www.agriculture.state.ia.us/AgSecurity/Agrovillage/agrovillage.htm

Save the date: IDPH is hosting a Pandemic Influenza ICN for *local public health agencies, health care and law enforcement* on Wednesday, Nov. 16 from 11 a.m. – 1 p.m. or from 5:30 – 7:30 p.m. Topics include an overview of the potential for pandemic influenza, surveillance, the plan annex, surge capacity and risk communication. For more information on ICN locations go to www.idph.state.ia.us/adper/flu_icn.asp

Have a healthy and happy week
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