

EPI Update for Friday, September 14, 2007
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Cryptosporidiosis (crypto) specimen collection**
- **Guidelines for treating cryptosporidiosis (crypto)**
- ***E. coli* O157:H7 outbreaks in eastern Iowa**
- **September is National Food Safety Education Month**
- **Elimination of dog strain rabies does not mean dogs are risk free**
- **Meeting announcements and training opportunities**

Cryptosporidiosis (crypto) specimen collection

A stool specimen for an ova and parasite (O&P) test should be ordered to diagnose cryptosporidiosis. The laboratory receiving the specimen should be advised that *Cryptosporidium* is suspected so that the correct test can be performed. A stool culture (C&S) should not be ordered. Multiple stool specimens (at least three separate samples) should be tested with an O&P test before considering a patient not infected.

A stool specimen for O&P is typically submitted in a specimen cup containing formalin or another fixative for best recovery of the *Cryptosporidium* parasite. A laboratory diagnosis can be made with either of two commonly available methods: microscopic examination and enzyme immunoassay. For microscopic examination there are three techniques available: wet mounts, stained smears (e.g., modified acid fast stain), and immunofluorescent staining. There are several commercial enzyme immunoassay kits available to laboratories, with good sensitivity and specificity. A stool specimen for O&P can be tested with either of the two methods.

The choice of diagnostic technique is dependent on the laboratory's available equipment, reagents, experience and considerations of time and cost. The decision of which test is done is usually made by the laboratory. If needed, contact your laboratory for O&P collection kits, which consist of a specimen cup containing preservative.

Guidelines for treating cryptosporidiosis (crypto)

The FDA recently licensed a medication called nitazoxanide (Alinia) for treating cryptosporidiosis in patients over 1 year old. Clinical cure (resolution of diarrhea) occurs in 72-88 percent of patients. Parasitologic cure (no *Cryptosporidium* detected in the stool) occurs in 60-75 percent. Therefore, treated patients may remain infectious even after symptoms resolve and should refrain from situations where transmission easily occurs, such as swimming in recreational water, until two weeks after resolution of symptoms. For more information on this medication

(a CDC factsheet), visit www.idph.state.ia.us/adper/common/pdf/cade/crypto_fact_sheet_hc.pdf.

***E. coli* O157:H7 outbreaks in eastern Iowa**

Two outbreaks of *E. coli* O157:H7 have been reported in Benton, Iowa, and Linn Counties, with two patients developing hemolytic uremic syndrome. Health care providers in these and surrounding counties should have a high index of suspicion of this disease in their patients with diarrhea.

Patients may experience abdominal cramps followed by diarrhea (some bloody), although some infections are mild to asymptomatic. Patients usually do not have a fever and their symptoms resolve in 5 to 10 days. Hemolytic uremic syndrome is a possible complication of this type of *E. coli* infection, especially in children.

Health care providers should obtain stool samples for culture from patients with diarrhea when *E. coli* is suspected. When submitting specimens to the laboratory, please indicate that *E. coli* O157:H7 infection is suspected to ensure appropriate testing is performed.

Health care providers are reminded that *E. coli* O157:H7 should be reported to public health. Laboratories should send any *E. coli* O157:H7 isolates to the University Hygienic Laboratory.

September is National Food Safety Education Month

The Iowa Food Safety Task Force reminds all Iowans of the importance of hand washing when preparing, handling, serving and storing food. This month the task force rolled out the “Did you wash ‘em?” campaign to encourage Iowans to practice effective hand washing techniques in order to decrease the risk of foodborne illness. In Cedar Rapids, Waterloo, Clinton, and Dubuque, bus placards will display the “Did you wash ‘em?” logo. Billboards across the state will display either the “Did you wash ‘em?” or “I washed ‘em” logo. For more information, visit www.foodsafety.gov/~fsg/september.html, www.cdc.gov/mmwr/preview/mmwrhtml/rr5605a4.htm, or www.extension.iastate.edu/foodsafety/foodsafetytaskforce.

Elimination of dog strain rabies does not mean dogs are risk free

The CDC recently announced that the United States is free from the dog strain of rabies, which is the strain easily transmitted from dog to dog. However, dogs are also susceptible to bat and skunk strains of rabies, which are common in Iowa. So don't be confused; dogs can still be infected with rabies, and can still pose a risk to humans. Thus, the following needs to continue:

- Vaccinate pets and valuable livestock against rabies.
- Assess all dog bites for rabies risk to determine the patient's need for rabies vaccination.

CADE provides 24/7 consultation at 800-362-2736. Rabies information is accessible on the IDPH Web domain, www.idph.state.ia.us/adper/rabies.asp.

Meeting announcements and training opportunities

Iowa Antibiotic Resistance Task Force teleconference

Save the date: Oct. 30, 12:30-1:30 p.m.

This teleconference will address new treatment guidelines for otitis media, pharyngitis, sinusitis, bronchitis, and the common cold, to decrease the use of antibiotics. You will be sent slides prior to the presentation, and will be able to dial in from your office to participate.

Have a healthy and happy week, and enjoy the cooler weather!

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800-362-2736