

EPI Update for Friday, February 15, 2008
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Histoplasmosis investigation update**
- **Ciprofloxacin-resistant meningococcal bacteria**
- **Influenza update**
- **Shingles (Herpes Zoster)**
- **Meeting announcements and training opportunities**

Histoplasmosis investigation update

The investigation at Terrace Hill, the Governor's Mansion, continues. As of Wednesday night, 131 calls have come in to the public health call center from the public concerning the situation. Neither the epidemiologic, nor the environmental investigation have indicated that exposure to histoplasmosis occurred on any day other than Nov. 29, 2007. Initial epidemiologic information indicates the evening of the 29th as the most likely time of exposure. More than 200 persons have been interviewed and more than 105 have submitted samples for laboratory testing. Interviewing and analysis of data is ongoing and environmental test results are pending.

Ciprofloxacin-resistant meningococcal bacteria

The Minnesota and North Dakota Departments of Health report that there have been three meningococcal cases over the past year (two cases in Minnesota in January 2008 and one case in North Dakota in January 2007), in which the strain was found to be resistant to quinolone antibiotics (like ciprofloxacin). These are the first known quinolone-resistant meningococcal cases in the United States.

Meningococcus (Neisseria meningitidis) can cause meningitis, sepsis (bloodstream infections), pneumonia, and other serious infections. Quinolones are commonly given as prophylaxis to those in close contact to patients with meningococcal disease to reduce their risk of becoming ill (rifampicin may also be used). Meningococcal infections are uncommon in Iowa; usually about 25 cases each year in Iowa, and typically the largest number of cases occur between January and April.

Meningococcal vaccine is recommended for children ages 11-18 years and college freshman living in dormitories, as well as others who have medical conditions or live in specific geographical areas that put them at high risk for meningococcal disease. This vaccine covers four common serogroups of meningococcus. However it does not include serogroup B, the serogroup that occurred in these quinolone-resistant cases.

Influenza update

Influenza activity in Iowa is now widespread. The percentage of school absences has nearly doubled since December. Flu-related hospitalizations have also increased. Iowa is one of 31 states where flu activity has reached a widespread level. For more information visit www.idph.state.ia.us/adper/iisn

It's not too late to get a flu shot. Vaccination now can still provide protection for the remainder of the flu season, which can last as late as May. In addition, simple steps like frequent hand washing and not coughing or sneezing on others can help prevent the spread of influenza. Most importantly, those who are ill should stay home from work or school.

Shingles (Herpes Zoster)

Shingles is a painful skin condition caused by the varicella zoster virus (VZV), the same virus that causes chickenpox. After a person recovers from chickenpox, the virus can stay in the body. Usually the sequestered virus does not cause any problems, however, the virus can reappear years later, causing shingles.

Shingles cannot be passed from one person to another. However, the virus that causes shingles, VZV, can be spread from a person with active shingles to a person who has never had chickenpox; that person would develop chickenpox, not shingles.

A person with shingles can spread the virus when the rash is in the blister phase. Once the blisters have developed crusts, the person is no longer considered contagious. A person is not infectious before blisters appear or with post-herpetic neuralgia (pain after the rash is gone). The risk of spreading shingles is low if the rash is kept covered, thus people with shingles should keep the rash covered, not touch or scratch the rash, and wash their hands often. For more information visit www.cdc.gov/vaccines/vpd-vac/shingles/dis-faqs

Zostavax, a vaccine for shingles was licenced in 2006 for use in adults age 60 and older. In clinical trials, the vaccine prevented shingles by 50%, and reduced the pain associated with shingles. For more vaccine information visit www.cdc.gov/vaccines/pubs/vis/downloads/vis-shingles.pdf

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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