

EPI Update for Friday, March 7, 2008
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Sporadic cases of meningitis in Iowa**
- **Flu strains picked for 2008-2009 vaccine**
- **Influenza activity remains high, flu B making a late surge**
- **Food and Drug Administration(FDA) issues warning about Tamiflu (oseltamivir phosphate)**
- **Meeting announcements and training opportunities**

Sporadic cases of meningitis in Iowa

Iowa has experienced sporadic cases of bacterial meningitis over the last 2 weeks. Age range of case patients has been 6 months to 55 years. Meningitis is an infection of the fluid that surrounds the brain and the spinal cord. High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. On the average, there are 15 cases of meningitis annually in Iowa.

The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing). People in the same household or day-care center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection.

People considered contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics to prevent them from getting the disease.

Two vaccines against *N. meningitidis* are available: Meningococcal polysaccharide vaccine (MPSV4 or Menomune[®]) and Meningococcal conjugate vaccine (MCV4 or MenactraT). Both vaccines can prevent meningococcal disease, caused by serogroups A, C, Y, and W-135. MCV4 is recommended for all children at their routine preadolescent visit (11 to 12 years of age). MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2 to 10 years old and adults over 55 who are at risk.

Other groups for whom routine vaccination is recommended are college freshmen living in dormitories, microbiologists who are routinely exposed to meningococcal bacteria, U.S. military recruits, anyone who has a damaged spleen or whose spleen has been removed; anyone who has terminal complement component deficiency (an immune system disorder), anyone who is traveling to the countries which have an outbreak of meningococcal disease, and

those who might have been exposed to meningitis during an outbreak. MCV4 is the preferred vaccine for people 11 to 55 years of age in these risk groups.

There are vaccines to prevent meningitis due to *S. pneumoniae* (also called pneumococcal meningitis) which can also prevent other forms of infection due to *S. pneumoniae*. The pneumococcal polysaccharide vaccine is recommended for all persons over 65 years of age and younger persons at least 2 years of age with certain chronic medical problems.

For more information visit:

<http://www.idph.state.ia.us/adper/common/pdf/epifacts/meningococcal.pdf>

Flu strains picked for 2008-2009 vaccine

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) has selected the influenza virus strains for composition of the influenza vaccine for the 2008-2009 influenza season. The advisory panel reviewed the surveillance data related to epidemiology, antigenic characteristics, serological responses to 2007/2008 vaccines, and the availability of candidate strains and reagents.

The panel recommended that 2008-2009 influenza vaccines to be used in the U.S. contain the following:

- an A/Brisbane/59/2007 (H1N1)-like virus;
- an A/Brisbane/10/2007 (H3N2)-like virus; *
- a B/Florida/4/2006-like virus. #

* A/Brisbane/10/2007 is a current southern hemisphere vaccine virus.

B/Florida/4/2006 and B/Brisbane/3/2007 (a B/Florida/4/2006-like virus) are current southern hemisphere vaccine viruses.

The influenza vaccine composition to be used in the 2008-2009 influenza season in the U.S. is identical to that recommended by the World Health Organization on February 14, 2008, for the Northern Hemisphere's 2008-2009 influenza season.

Influenza activity remains high, flu B making a late surge

Doctor's offices are still seeing a high percentage of patients with influenza.

Approximately 8% of all patient visits may be attributed to influenza.

Hospitalizations for influenza-associated illness have remained elevated for the past four weeks. Cases are still being reported in all age groups, though long term care facilities are reporting more cases than in previous weeks. For more information visit: <http://www.idph.state.ia.us/adper/iisn.asp>.

The most common strain reported in laboratory-confirmed cases for the previous week was influenza B. Flu B often causes illness late in the influenza season.

**Food and Drug Administration (FDA) issues warning about Tamiflu
(oseltamivir phosphate)**

Roche Holding AG and GlaxoSmithKline PLC have added new labels to their prescription flu medicines that contain reports of abnormal psychiatric behavior in some patients. A warning about cases of delirium and unusual behavior had been listed previously on Roche's drug, Tamiflu. That language was strengthened to say some of the cases were fatal. FDA described reports of about 700 cases of psychiatric adverse events for both drugs and 25 cases of pediatric deaths in patients taking Tamiflu through May 2007. No fatalities were reported for Relenza. Patients with the flu should be closely monitored for signs of abnormal behavior. If neuropsychiatric symptoms occur, the risks and benefits of continuing treatment should be evaluated for each patient.

For more information visit:

<http://www.fda.gov/medwatch/safety/2008/safety08.htm#Tamiflu>

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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