

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

Items for this week's EPI Update include:

- **Mandatory lead testing**
- **Bacterial meningitis prevention**

- **We Want YOU: Iowa Influenza Surveillance Network**
- **Meeting announcements and training opportunities**

Mandatory lead blood testing

House File 158 became effective July 1, 2008, and requires all children entering kindergarten to have been tested for lead poisoning. The Iowa Department of Public Health has recommended since 1992 that all children be tested for lead poisoning. This new requirement will assure that children are tested and if identified as lead-poisoned, receive interventions to reduce the effects of lead poisoning on their growth and development.

We Want YOU: Iowa Influenza Surveillance Network

The Iowa Influenza Surveillance Network is actively seeking participants to track influenza activity for the 2008-2009 season. Surveillance is *absolutely essential* in determining how influenza is impacting Iowans and what the Iowa Department of Public Health may do to lessen its impact.

The following types of participants are needed:

- Physicians, nurse practitioners, physician assistants (of any specialty who typically see influenza-like illness in patients)
- Hospital infection control professionals (to represent hospitals and/or hospital networks)
- School nurses (to represent schools and/or districts)
- Long term care facilities

Participants are asked to track simple measures of influenza activity. All participants report data weekly using a web-based reporting tool. Basic incentives such as weekly surveillance reports will be provided. Reporting starts the first week of October 2008 and continues through the last week of March, 2009.

To directly enroll in the network, contact Meghan Harris at 515-281-7134 or at mharris@idph.state.ia.us.

Bacterial meningitis prevention

Many types of bacterial meningitis occur in Iowa including those caused by *Neisseria meningitidis*, *Streptococcus pneumoniae*, *Listeria monocytogenes*, *Escherichia coli*, *Pseudomonas*, *Staphylococcus aureus*, and *Haemophilus influenzae*.

Post-exposure prophylaxis is recommended after exposure to saliva or close/household-like contact with a patient infected with either *Neisseria meningitidis* or *Haemophilus influenzae*. Vaccines are available to lower the risk of invasive disease due to *N. meningitidis*, *H. influenzae* and *S. pneumoniae*.

Two *N. meningitidis* vaccines are available against meningococcal disease. Both protect against serogroups A, C, Y, and W-135, but neither protect against serogroup B (which is found in Iowa.). These vaccines are recommended for children at their routine pre-adolescent visit (eleven to twelve years of age), college freshmen living in dormitories, microbiologists who are routinely exposed to meningococcal bacteria, U.S. military recruits, or anyone who is traveling to the countries where meningococcal disease is prevalent, and for persons with certain immune disorders and asplenia.

Pneumococcal vaccines to prevent meningitis due to *S. pneumoniae* are available. The pneumococcal conjugate vaccine (PCV7) is recommended for all children younger than 24 months of age and children age 24 to 59 months with a high-risk medical condition.

Haemophilus influenzae b (*Hib*) disease was a common cause of bacterial meningitis in children aged two months to five years before Hib vaccines. Today, Hib disease has virtually disappeared in the United States.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

Center for Acute Disease Epidemiology
Iowa Department of Public Health
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