

EPI Update for Friday, October 3, 2008
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Get Smart about Antibiotics Week**
- **Pertussis in a long term care facility**
- **Expanded newborn screening program**
- **Influenza school surveillance sites needed**
- **Meeting announcements and training opportunities**

Get Smart about Antibiotics Week

Antibiotic resistance is one of the world's most pressing public health problems. When antibiotics fail to work, the consequences include longer-lasting illnesses, more doctor visits, and the need for more expensive and powerful medications, or death.

Many actions contribute to once easily treatable infections becoming resistant to antibiotics, including the overuse and inappropriate use of antibiotics. To encourage Iowans to learn more about the correct use of antibiotics, Governor Culver has proclaimed October 6th through 10th "Get Smart about Antibiotics Week."

Antibiotics are not needed for colds, flu, most coughs and bronchitis, sore throats (except those resulting from laboratory-confirmed strep throat), and ear infections. Each time a person takes antibiotics, they are more likely to carry resistant germs in their nose and throat.

There are several steps health care professionals can take to help combat antibiotic resistance:

- Do not prescribe antibiotics for a viral infection like a cold or the flu.
- Recommend against saving some of an antibiotic for the next time a person gets sick. Antibiotics should be taken exactly as prescribed and for the complete course of treatment.
- Antibiotics should be taken only by the person they were prescribed to.
- Be firm with patients who are insistent on needing antibiotics when their use is not appropriate.

For more information about antibiotic resistance (including posters, pamphlets and other educational materials in English and Spanish) visit www.idph.state.ia.us/adper/antibiotic_resistance.asp.

Pertussis in a long term care facility

This week CADE investigated a case of pertussis in a health care worker at a long term care facility. The case continued to work throughout the infectious period exposing residents and co-workers to the disease. Though no additional cases have been identified at this time in this situation, pertussis exposure in a health care setting leads to labor-intensive investigations and implementation of costly control measures.

Early detection of pertussis is paramount to prevent spread of the disease. Symptoms of early pertussis may be difficult to distinguish from other respiratory infections, but typically include a cough that gradually becomes paroxysmal and lasts for one to two months. Paroxysms may be followed by a characteristic crowing or high-pitched inspiratory whoop that may induce vomiting. Infants younger than 6 months, vaccinated children, adolescents and adults often do not have the typical whoop or cough paroxysm.

Suspected cases of pertussis should be tested. Specimens (nasopharyngeal swab is preferable) may be tested at UHL. For more information on testing at UHL, visit www.uhl.uiowa.edu/services/respiratory/pertussisfaq.pdf Test kits may be ordered by calling UHL at (319) 335-4500.

In December 2006, the Centers for Disease Control and Prevention published recommendations for the use of the new tetanus, diphtheria, and pertussis (Tdap) vaccine in adults. For Tdap information specific to health care personnel, visit www.cdc.gov/mmwr/PDF/rr/rr5517.pdf and refer to page 18.

Expanded newborn screening program

Universal screening of infants soon after birth for a variety of genetic, metabolic, hematologic, and endocrine diseases is a common public health practice. For many of these diseases, early detection and treatment may prevent severe complications such as seizures, mental retardation, or even death.

Iowa is recognized as an international leader for its newborn screening (NBS) program. NBS is administered through IDPH and designates the University Hygienic Laboratory (UHL) as the central screening laboratory and the University of Iowa (UI) Department of Pediatrics for follow-up and consultation services. The program was started in 1966 with testing for phenylketonuria and expanded in 2006 to include genetic testing for cystic fibrosis. Iowa's screening panel includes the 29 diseases recommended by the American College of Medical Genetics and several others. In addition to screening all babies born in Iowa, UHL conducts NBS for North Dakota, South Dakota, and Saudi Arabia. Following Hurricane Katrina, UHL also took over screening for Louisiana newborns after the LA public health laboratory was destroyed.

The NBS test requires a simple heel-stick blood draw from a baby soon after birth. As with most screening tests, positive results should be confirmed by further testing. Families with positive tests are supported by a UI pediatric nurse before confirmation and disease-specific program staff afterwards. The program staff includes a genetic counselor that works with the regional genetic clinics and meets with families after confirmation of disease. For more information, contact the Center for Congenital and Inherited Disorders at 1-800-383-3826.

In 2006, the American College of Medical Genetics recommended an expanded standard panel of 29 disorders for use in all states. A recent MMWR article reported that this expanded newborn screening, if performed by all states, would identify 32 percent more children with diseases than present practices. The full article may be found online: www.cdc.gov/mmwr/preview/mmwrhtml/mm5737a2.htm.

Influenza school surveillance sites needed

School surveillance sites throughout Iowa are still needed for the Iowa Influenza Surveillance Network. Schools are asked to track and report the following weekly:

- Average number of students enrolled for the reporting week.
- Number of students absent due to illness.
- Number of days school was in session.

The data from this surveillance program is extremely valuable in assessing influenza activity in Iowa. For more information or to enroll in the program, contact Meghan Harris at mharris@idph.state.ia.us or at 515-281-7134.

Meeting announcements and training opportunities

Influenza teleconferences will be held in November covering testing, surveillance, educational resources, infection control, and the impact of other respiratory pathogens. The teleconference is free, but you must register to participate by visiting www.uhl.uiowa.edu/educationoutreach/conferencesevents/influenza/index.xml. The teleconferences will be presented by UHL and IDPH.

Influenza Teleconference for Health Professionals

Date/time: Tuesday, November 4th from 12-1 p.m.
Target audience: Clinicians, infection control professionals, clinic staff and directors, public health professionals

Influenza Teleconference for Laboratories

Date/time: Tuesday, November 11th from 12-1 p.m.
Target audience: Laboratory staff, lab directors, and infection control professionals

Influenza Teleconference for Schools, Child Care and Social Settings

Date/time: Tuesday, November 18th from 3-4 p.m.
Target audience: School nurses, school administrators, child care providers, persons supervising or coordinating social gatherings

Have a healthy and happy week!

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