

EPI Update for Friday, January 30, 2009
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Haemophilus influenzae, type b (Hib) invasive disease**
- **Revised and updated: "Iowa Disease Reporting Card"**
- **Update: *Salmonella* Typhimurium national outbreak**
- **Influenza update – activity, vaccine efficacy, and antiviral resistance**
- **Iowa Disease Surveillance System update**
- **Meeting announcements and training opportunities**

Haemophilus influenzae, type b (Hib) invasive disease

A recent Morbidity and Mortality Weekly Review (MMWR) article confirmed five cases of Haemophilus influenzae, type b (Hib) in children under age 3 in Minnesota in 2008. Three of the five patients had received no vaccinations because of parent or guardian deferral or refusal. This is the highest number of cases in children under age 5 that Minnesota has seen since 1991. One unimmunized infant died of Hib disease. The full article can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0123a1.htm.

Iowa has had six cases of Hib since 2000; two were in children under the age of 5. Since December 2007, there has been a shortage in the Hib vaccine supply. Due to this shortage, CDC, the ACIP, the American Academy of Family Physicians, and the American Academy of Pediatrics recommended that providers temporarily defer administering the routine Hib vaccine booster dose at age 12-15 months except to children in specific high risk groups. The current Hib vaccine supply in the United States is sufficient to ensure completion of the primary series for all children, but not yet sufficient to resume the booster dose. Full vaccination with the primary series of Hib vaccine by age 7 months is critical to protect children from disease.

Deferring this booster dose raises concerns for increased carriage of the bacteria and breakthrough infection. Invasive disease can cause pneumonia, meningitis, and epiglottitis. It is important for health care providers to consider Hib in the differential diagnosis of severely ill children. Vaccine supply is anticipated to improve mid-2009. Providers should register and track children for whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

Providers who have questions regarding the Hib vaccine supply and the deferral of the booster doses of Hib vaccine should contact the Immunization Program at 1-800-831-6293.

Revised and updated: "Iowa Disease Reporting Card"

The Center for Acute Disease Epidemiology (CADE) asks that health care providers start using the updated "blue" disease reporting card instead of the "yellow" disease reporting card. The new "blue" disease reporting card has been updated to be more user-friendly and to align with the Iowa Disease Surveillance System (IDSS) reporting needs.

The “blue” disease reporting card should be used by facilities and clinicians who are not yet reporting through the electronic Iowa Disease Surveillance System (IDSS) to make an initial disease report. Completed cards can be sent to the CADE secure fax at (515) 281-5698 or information can also be relayed by calling (800) 362-2736 on a 24/7 basis.

The “blue” disease reporting card can be ordered from the clearing house at www.drugfreeinfo.org or be downloaded from the Epi Manual, under reportable disease information at www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual

Update: *Salmonella* Typhimurium national outbreak

IDPH continues to collaborate with CDC and public health officials in other states to investigate the multi-state outbreak of *Salmonella* Typhimurium; 529 people in 43 states and Canada have been infected with the outbreak strain of *Salmonella*; the outbreak is linked to eight deaths. Iowa has three confirmed cases. The CDC has published a MMWR with information about the outbreak investigation. It can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0129a1.htm.

While the number of national cases appears to be decreasing, the voluntary recall is expanding to include additional peanut-containing products. In addition, some pet treats have been included in the recall. The lengthy recall list can be found at www.fda.gov/oc/opacom/hottopics/salmonellatyph.html. If you are unsure whether a peanut-containing product is part of the recall, do not eat it or feed it to your pets. FDA has confirmed that peanut butter sold to individual customers at grocery stores is not implicated, and should be safe. If you are ill, you should contact your health care provider. Most people exposed to *Salmonella* become ill within a few days. The basic treatment for salmonellosis is rehydration.

For more information on *Salmonella* and the current national outbreak, please visit www.cdc.gov/salmonella/typhimurium or call 1-800-CDC-INFO.

Influenza update – activity, vaccine efficacy, and antiviral resistance

Influenza cases are steadily increasing in Iowa and across the country. Ten cases of influenza were reported to the Iowa Influenza Surveillance Network last week, and all ten were influenza A. Nationally, the most predominant strain is also influenza A, accounting for approximately 83 percent of reported cases.

CDC initial reports indicate that the A components of the vaccine are closely related to the circulating strains that have been characterized to date, but the B component of the vaccine does not appear to be closely related to the circulating strains characterized by the CDC.

CDC is testing influenza strains submitted throughout the country for resistance to antiviral medications. Most of the influenza AH1 strains that have been tested are resistant to oseltamivir. The AH3 and B strains have not been shown to be resistant to oseltamivir.

For more information on influenza activity, please visit www.cdc.gov/flu/weekly.

Iowa Disease Surveillance System update

The Iowa Disease Surveillance System (IDSS) had its first production release in October 2008 in the Center for Acute Disease Epidemiology. IDSS has since been released to 2007 pilot site locations in each region of the state, as well as to all enrolled locations in Region 1 (central Iowa) and Region 6 (eastern-central Iowa) and is soon to be released to the rest of the state in three more stages by the end of February. As of January 21, 2009, 37 different IDSS users at 18 local facilities (local public health agencies, hospitals, and labs) have accessed the Iowa Disease Surveillance System for a total of 2,696 minutes.

Meeting announcements and training opportunities

2009 Great Plains Regional Laboratory Expo

Hosted by the state societies of the American Society for Clinical Laboratory Science (ASCLS) of Iowa, Kansas, Missouri, and Nebraska, the expo offers continuing education and networking opportunities for laboratory professionals. The meeting will be held in Council Bluffs, Iowa on April 29, 30, and May 1, 2009 at the Mid-America Center. For more information, go to nscls.net/2009springmeeting.html.

The University Hygienic Laboratory (UHL) is offering a Wet Workshop at the Ankeny facility. This one day workshop will be offered twice, on Tuesday, March 10 and Wednesday, March 11, 2009. This program is geared for clinical microbiologists and will provide in-depth information and hands-on experience about specific select agents of bioterrorism. Protocols for collecting and handling specimens will be addressed. For more information, contact Rick Bonar at (319) 335-4099 or richard-bonar@uiowa.edu.

Save the date for the Iowa Public Health Conference, April 7-8, 2009 at the Scheman Building on the Iowa State University campus in Ames.

Have a healthy and happy week!

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