

EPI Update for Friday, March 20, 2009
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- ***Neisseria meningitidis* risk for laboratory workers**
- **All children should receive primary series of Hib vaccine**
- **Public health in action**
- **Iowa Disease Surveillance System update**
- **Infection control practitioner or infection preventionist?**
- **Meeting announcements and training opportunities**

***Neisseria meningitidis* risk for laboratory workers**

Neisseria meningitidis has caused deaths in exposed laboratorians; the risk of exposure is from aerosols, splashes, splatters or sprays. A MMWR article in 2002, reported exposure of laboratorians doing open bench work with *N. meningitidis* (preparing a suspension or performing a catalase test); 11 of the 13 infections were fatal.

All laboratory work with cultures of known or suspect *N. meningitidis* must be performed inside a biological safety cabinet. If a laboratory worker has been exposed via manipulating a known *N. meningitidis* culture outside of a biological safety cabinet, immediate prophylactic antibiotic treatment is recommended to reduce the risk of infection and colonization.

The Centers for Disease Control and Prevention (CDC) also recommends that microbiologists who may work with *Neisseria meningitidis* be vaccinated. To view the MMWR article visit, www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a1.htm.

All children should receive primary series of Hib vaccine

All young children should be appropriately vaccinated with the 2- to 3-dose (depending on brand) primary series of Hib (*Haemophilus influenzae* type b) vaccine. A nationwide shortage of Hib vaccine began in December 2007 and is ongoing. The cessation of production of Hib vaccines by Merck has left only one manufacturer of Hib vaccine in the United States (Sanofi Pasteur). The shortage resulted in a recommendation by CDC to defer the Hib booster (routinely recommended at 12 months through 15 months) for children who are NOT at high risk of Hib infection temporarily, until supplies are restored. This recommendation is still in effect so there is potential to see an increase in cases of Hib disease at the local level.

All children should complete the primary series by 7 months of age; high risk children should continue to receive the full primary series and the booster dose.

- Completion of the primary series with currently available vaccine products (manufactured by Sanofi Pasteur) requires a total of 3 doses of Hib-containing vaccine (2, 4, and 6 months).
- Children who have received PedvaxHib (manufactured by Merck) require a total of 2 doses of vaccine (2, and 4 months) for a primary series.

Although there is enough Hib-containing vaccine nationally to support these recommendations, there may be times when practitioners do not have an adequate supply of vaccine to meet local demand. If Hib vaccine is not available in the office at the time of a visit, these children should be tracked and receive their dose as soon as vaccine becomes available in the office.

For more information about Hib disease and vaccination contact the Iowa Department of Public Health's Immunization Program at 1-800-831-6293.

Public health in action

On March 3rd a hungry IDPH employee visited a local Des Moines deli for lunch, and ordered a sandwich that contained alfalfa sprouts. After being seated and served, but before he dug into the sandwich, the employee was approached by the deli manager. The manager kindly told him that the sandwich contained sprouts that had just been recalled! The manager then offered a different sandwich, which the IDPH employee accepted; averting potential exposure to salmonella bacteria.

This is an excellent example of public health at work (and KUDOS to the deli manager!). The *Salmonella* Saintpaul outbreak investigation that led to alfalfa sprouts being identified as the source resulted in the sprout producer removing this product from the market. The information then passed through the proper channels and made its way to retail vendors. This likely prevented our employee and many more people from becoming ill. Thanks to everyone who helped stop this outbreak.

Iowa Disease Surveillance System update

On October 27th, 2008, CADE began using an electronic system for reporting diseases called the Iowa Disease Surveillance System (IDSS), and since then IDSS has been released to all local public health agencies, and the enrolled hospitals and private laboratories located in all parts of the state. While not all these facilities have yet installed IDSS, approximately 55 percent have installed and used the system. Today, 219 users have logged into the system, most (192) are local IDSS users, working at public health entities, hospitals or labs at 122 facilities across Iowa.

Since December 4th, 2008, when the first local user logged into IDSS, 757 new cases of reportable disease have been reported in the system. All these cases

either have been or are being investigated by local or state public health staff and evaluated by an epidemiologist in CADE.

While the system is still in a period of transition and is very early in its implementation, this new surveillance system has been well received. A second version of IDSS will be released very soon which includes four new types of reports that can be generated by users, and a number of other small useful enhancements. These upgrades will occur seamlessly and automatically; no action on the user's part – other than logging in – is required to take advantage of these upgrades.

Infection control practitioner or infection preventionist?

Many of us have noticed a change lately in the title used for personnel performing infection prevention activities in hospitals. While the title most familiar to us is “infection control practitioner” (ICP); there is a growing movement to consider ICPs as “infection preventionists” (IP) since their efforts are more accurately described as preventing infections rather than just controlling them. The Association for Professionals in Infection Control and Epidemiology, (APIC) is the organization that ICPs/IPs work with and has regularly championed this prevention goal as the proper focus. So you may hear the term “infection preventionist” more often in the future. We in public health applaud all their efforts no matter what title they use.

Meeting announcements and training opportunities

Immunize for a Better Life, the 2009 Iowa Immunization Conference will be held June 10-11 at the Hy-Vee Hall in Des Moines. See the brochure at: www.idph.state.ia.us/adper/common/pdf/immunization/conf_card.pdf.

Have a healthy and happy week! Enjoy the great weather.

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