

**EPI Update for Friday, February 19, 2010**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

**Items for this week's EPI Update include:**

- Initiative underway to prevent healthcare-associated infections
- Norovirus activity continues
- Respiratory illnesses caused by co-infections with RSV and pertussis
- Update on availability of acyclovir
- Meeting announcements and training opportunities

**Initiative underway to prevent healthcare-associated infections**

A statewide initiative to reduce healthcare-associated infections (HAIs) using science-based actions is underway. The goal is to make healthcare safer for all Iowans.

The Healthcare-Associated Infection Prevention Steering Committee, made up of representatives from Iowa hospitals, healthcare and IDPH, developed an HAI Prevention Plan. This plan addresses two priority areas: *Clostridium difficile* infections and catheter-associated urinary tract infections. For more information on this initiative and preventing and reducing HAIs visit [www.idph.state.ia.us/hai\\_prevention](http://www.idph.state.ia.us/hai_prevention).

**Norovirus activity continues**

Typically, norovirus activity levels peak during the winter months, and that is certainly the case this year. IDPH continues to receive reports of illnesses and outbreaks consistent with norovirus. Noroviruses cause diarrhea, stomach cramps, and vomiting that typically lasts one to two days, and people usually become ill one to two days after exposure. Norovirus is present in the stool and vomit of infected people and is spread through person-to-person contact or through contaminated food prepared by an ill person. Hand washing is very important to prevent the spread of this disease.

For additional information on norovirus visit  
[www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm](http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm)

**Respiratory illnesses caused by co-infections with RSV and pertussis**

Recently, two infants in central Iowa were hospitalized due to co-infection with Respiratory Syncytial Virus (RSV) and *Bordetella pertussis*. An adult caretaker had started coughing before the children and was diagnosed with pertussis at the same time as the children. Surveillance indicates that RSV infection rates continue to be high and that other respiratory illnesses, including pertussis, are

also circulating in Iowa. Clinicians should be alert for co-infections, especially in infants who are too young to be vaccinated for pertussis.

All adults, who care for infants and young children should ensure their vaccination against pertussis is up-to-date and if not, get a Tdap (Tetanus, Diphtheria, and Pertussis) booster as soon as possible. This vaccine is available at hospitals for new mothers before they are discharged, and at clinics and public health departments for other caregivers such as fathers, grandparents, and baby sitters.

**Update on availability of acyclovir**

Acyclovir, a recommended therapy for genital herpes, has been in short supply recently. For information about the current availability of acyclovir, visit [www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm](http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm).

Recommendations for other therapies for genital herpes are in the CDC 2006 STD Treatment Guidelines, available at [www.cdc.gov/std/treatment/2006/genital-ulcers.htm](http://www.cdc.gov/std/treatment/2006/genital-ulcers.htm).

**Meeting announcements and training opportunities**

None

**Have a healthy and happy week**

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