

EPI Update for Friday, February 4, 2011
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Important influenza test guidance**
- **FDA's new Reportable Food Registry report**
- **Exposure to blood borne pathogens report form revised**
- **Looking back: polio**

Important influenza test guidance

The incidence of influenza is increasing in Iowa and the surrounding states. As with previous years, SHL will provide testing for the following categories of patients:

1. Patients that are hospitalized with influenza-like-illness. Submit an NP swab in viral transport medium.
2. Confirmation of a rapid positive test is not needed at this point in the influenza season because of the high incidence of influenza in the state; however, if confirmation is desired, submit an NP swab in viral transport medium. The best specimen for confirmation is a separately collected NP swab, not the remaining specimen used for rapid testing.
3. If a patient with influenza-like-illness has been vaccinated and the rapid test is positive for influenza, submit a separately collected NP swab to SHL for further study of the virus. Note that the patient was vaccinated on the Test Request Form.

A PDF of the testing criteria (algorithm) can be found at www.uhl.uiowa.edu/kitsquotesforms/influenzaalgorithm.pdf

For guidance on specimen collection and submission, see www.uhl.uiowa.edu/services/influenza/. For more information on influenza, see www.idph.state.ia.us/adper/iisn.asp

FDA's new Reportable Food Registry (RFR)

The RFR is a relatively new system that requires manufacturers, processors, packers and holders (warehouse, distributors, etc.) of FDA-regulated foods and feeds to quickly report to FDA safety problems that could result in serious health consequences to humans or animals.

The report draws the attention of the food industry to two particular hazards:

- *Salmonella* in spices and seasonings; raw agricultural produce; animal feed/pet food; and nut and seed products; and,
- Allergens/intolerances in bakery goods; dried fruit and vegetable products; prepared foods; dairy and candy.

For more information, visit

www.fda.gov/Food/FoodSafety/FoodSafetyPrograms/RFR/ucm200958.htm

Exposure to blood borne pathogens report form revised

Health care providers, EMS providers, peace officers, and occupational health nurses should note that the *Report of Exposure to Infectious Disease* form has been revised. This form is used for occupational exposures to blood or other infectious body fluids. The form allows for the testing of the source patient without obtaining the consent of the patient when the exposure is certified to meet the criteria for a significant exposure (defined as one that could potentially transmit HIV, viral hepatitis, or other communicable diseases).

This is the only form authorized for the reporting of a potential exposure to HIV, blood-borne viral hepatitis, TB, or other infectious disease, as defined by 141A.1 and 139A.2. It is available at the IDPH clearinghouse at www.drugfreeinfo.org/state/cart.php under HIV-STD-Hepatitis or call 888-398-9696. Electronic versions are not available. Please discard previous versions of the form. Questions may be addressed to Randy Mayer at 515-242-5150 or Randy.Mayer@idph.iowa.gov.

Looking back: polio

The year is the 56th anniversary of clinical trials for the first polio vaccine, developed by Dr. Jonas Salk. Prior to this breakthrough, poliomyelitis crippled and killed people all over the world; polio was epidemic in the U.S. for the first half of the 20th century, with over 20,000 cases of paralytic disease in 1952.

Dr. Salk's vaccine was an inactivated vaccine and created a dramatic reduction in polio cases. Dr. Albert Sabin developed a "live attenuated" vaccine in 1959 which soon became the preferred vaccine since live attenuated vaccines create a longer lasting immunity and could be administered orally.

In 1964, the American Medical Association officially endorsed the Sabin vaccine over the Salk vaccine. Over the next several decades, the numbers of polio cases dramatically decreased, but it became apparent that a very small number of people contracted polio each year from the live Sabin vaccine. Eventually, this risk was higher than the risk of getting polio itself in the U.S. resulting in a change in national recommendations, and the enhanced inactivated vaccine became the recommended vaccine in 2000.

In 1988, WHO passed a resolution to eradicate poliomyelitis. The last reported case of polio found in the US in 1979 and the whole western hemisphere has been polio-free since 1992. By 2009, only 1,595 children in 24 countries were paralyzed by polio. Today polio remains endemic in only four countries: Afghanistan, India, Nigeria, and Pakistan. This may become the second disease to be eradicated (the first was smallpox in 1979).

Meeting announcements and training opportunities

Save the date: Iowa Governor's Conference on Public Health on April 5-6, 2011 Scheman Conference Center, Ames, IA. For more details, see www.iowapha.org/Default.aspx?pageId=127969.

Have a healthy and happy week (and hopefully less blizzardy)!

Center for Acute Disease Epidemiology

Iowa Department of Public Health

800-362-2736