

**EPI Update for Friday, December 19, 2014**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

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

- **Respiratory Virus Update**
- **Antiviral use recommendations for influenza**
- **Iowa Hospitals, EMS and Lab Partner as Ebola Response Precaution**
- **Ebola Update**
- **Meeting announcements and training opportunities**

**Respiratory Virus Update**

Influenza activity continues to increase in Iowa. Since the start of the influenza season in September, the State Hygienic Laboratory has detected all four influenza strains among surveillance specimens. Approximately 94% of positive surveillance samples have been typed as A(H3) strain, 2% have been typed as A(H1) strain, and about 4% have been typed as B strains (both Yamagata and Victoria).

Other respiratory viruses are also currently circulating in Iowa. Rhinovirus/Enterovirus (466), Adenovirus (87), Parainfluenza virus type 2 (70), Parainfluenza virus type 3 (15), and Respiratory Syncytial Virus (12) have been most commonly identified within surveillance samples.

**Antiviral use recommendations for influenza**

As influenza activity continues to increase nationally and in Iowa, judicious use of available antivirals will be important. Antiviral treatment is recommended for patients with confirmed or suspected influenza who:

- are hospitalized;
- have severe, complicated, or progressive illness, or
- are at high risk for influenza complications, such as:
  - children younger than 2 years,
  - adults 65 years and older,
  - persons with chronic pulmonary, cardiovascular, renal, hepatic, hematological, and metabolic disorders, or neurologic and neurodevelopment conditions,
  - persons with immunosuppression, including that caused by medications or by HIV infection,
  - pregnant or postpartum women (within 2 weeks after delivery),
  - persons younger than 19 years who are receiving long-term aspirin therapy,
  - American Indians/Alaska Natives,
  - persons who are morbidly obese, and
  - residents of nursing homes and other chronic care facilities.

When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. (However, antiviral treatment may benefit patients with severe, complicated or progressive illness and hospitalized patients even if started more than 48 hours after illness onset.)

Most healthy people infected with influenza do not need to be treated with antiviral drugs. However antiviral treatment also can be considered for any previously healthy, symptomatic

outpatient on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza; however, rapid tests should be performed if available to verify diagnosis and ensure appropriate use of antiviral medications.

Use of antiviral chemoprophylaxis to control outbreaks among high risk persons in institutional settings is recommended. An influenza outbreak is likely when at least two residents become ill within 72 hours, and at least one has laboratory confirmed influenza.

For more information on CDC's recommendation for antiviral use for clinicians, visit [www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)

### **Iowa Hospitals, EMS and Lab Partner as Ebola Response Precaution**

IDPH announced this week it is collaborating with the Iowa State Hygienic Lab, three EMS providers and three Iowa hospitals for testing, screening, or treatment of an Ebola patient, if required. While the likelihood of an Ebola case in Iowa is extremely low; the designation of partner hospitals, EMS providers and the ability to test for the Ebola virus in-state is another step in the extensive and continuing preparedness efforts on the state, county and local levels.

University of Iowa Hospitals and Clinics in Iowa City has agreed to serve as an Ebola treatment facility. Mercy Medical Center - Des Moines and Unity Point Health - Iowa Methodist Medical Center, Des Moines have agreed to be screening facilities for an Ebola patient. EMS providers who have agreed to be designated as transporters are Area Ambulance, Cedar Rapids; Medic EMS, Davenport; and Iowa EMS Alliance (West DSM EMS), West Des Moines. In addition, the State Hygienic Lab is certified by the Centers for Disease Control and Prevention to test for Ebola, if such a test is requested by IDPH.

For more information visit [www.idph.state.ia.us/IdphNews/Reader.aspx?id=658534EE-7AF0-494A-B932-40F9F3404E6B](http://www.idph.state.ia.us/IdphNews/Reader.aspx?id=658534EE-7AF0-494A-B932-40F9F3404E6B)

### **Ebola Update**

There are no cases of Ebola in Iowa. No persons in Iowa are being tested for Ebola. This week there is one traveler who is considered to be at "low risk" of Ebola who is under a public health order to self-monitor for symptoms twice daily.

For more information visit [www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=CA03D283-382F-4C64-8879-04578984DE1B](http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=CA03D283-382F-4C64-8879-04578984DE1B)

IDPH Ebola web page can be found at [www.idph.state.ia.us/EHI/Issue.aspx?issue=Ebola%20Outbreak&pg=Ebola%20Outbreak%20Home](http://www.idph.state.ia.us/EHI/Issue.aspx?issue=Ebola%20Outbreak&pg=Ebola%20Outbreak%20Home)

### **This week From CDC**

1. Updated Case Counts [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html)
2. FAQs on Interim Guidance for Handling Untreated Sewage from Suspected or Confirmed Individuals with Ebola in the USA [www.cdc.gov/vhf/ebola/prevention/faq-untreated-sewage.html](http://www.cdc.gov/vhf/ebola/prevention/faq-untreated-sewage.html)

3. Addressing Ebola Virus Infection Concerns in K-12 Schools: Interim Guidance for District and School Administrators [www.cdc.gov/vhf/ebola/children/k-12-school-guidance.html](http://www.cdc.gov/vhf/ebola/children/k-12-school-guidance.html)
4. Procedures for Safe Handling and Management of Ebola-Associated Waste [www.cdc.gov/vhf/ebola/prevention/ebola-associated-waste.html](http://www.cdc.gov/vhf/ebola/prevention/ebola-associated-waste.html)
5. Photos from the field [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/photos.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/photos.html)
6. NIOSH Fact sheet: The Buddy System [www.cdc.gov/vhf/ebola/pdf/buddy-system.pdf](http://www.cdc.gov/vhf/ebola/pdf/buddy-system.pdf)
7. Ebola Outbreak: Advice for Humanitarian Aid Organizations [wwwnc.cdc.gov/travel/page/advice-humanitarian-aid-organizations-ebola](http://wwwnc.cdc.gov/travel/page/advice-humanitarian-aid-organizations-ebola)
8. Ebola Outbreak: Advice for Humanitarian Aid workers [wwwnc.cdc.gov/travel/page/humanitarian-workers-ebola](http://wwwnc.cdc.gov/travel/page/humanitarian-workers-ebola)

### **Meeting announcements and training opportunities**

None

**Unless critical issues arise, the next EPI Update will be issued on January 9th.**

**We hope your holidays are happy and healthy! Thanks for all that you do to promote and protect the health of Iowans!**

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