

EPI Update for Friday, April 10, 2015
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Flu winding down but specimens still needed**
- **Carbon Monoxide poisoning**
- **Ocular syphilis in the United States**
- **April is Sexually Transmitted Disease (STD) Awareness Month**
- **Thank you - local public health partners**
- **Meeting announcements and training opportunities**

Flu winding down but specimens still needed

Influenza activity is down to "local" in Iowa, but even though the influenza season is winding down, **we would like to encourage the continued submission of specimens from patients with influenza-like illness (ILI)**. These specimens are critical to determine the influenza viruses still circulating. For more information, visit: www.idph.state.ia.us/Cade/Influenza.aspx

Carbon Monoxide poisoning

The recent deaths of eight family members in Maryland highlight the dangers of carbon monoxide (CO) poisoning. Officials reported that a portable gas generator was found in the kitchen of the home (electric service had been disconnected).

Unintentional CO exposure accounts for an estimated 20,000 emergency department visits and 400 unintentional deaths in the United States each year. The symptoms of CO poisoning include headache, dizziness, weakness, nausea, vomiting, chest pain, and altered mental status. Generators, grills, camp stoves, or other gasoline, propane, natural gas, or charcoal-burning devices should **never** be used inside a home, basement, garage, camper, or even outside near an open window or window air conditioner. CO detectors should be installed on each floor of the home, with an additional detector near any major gas-burning appliances (such as a furnace or water heater).

The Iowa Statewide Poison Control Center offers 24/7 consultation to the public and physicians on CO treatment. Carbon monoxide poisoning is reportable to the Iowa Department of Public Health. For more information, visit: www.cdc.gov/features/copoisoning/

Ocular syphilis in the United States

Since December 2014, at least 15 cases of ocular syphilis have been reported from California and Washington with suspected cases under investigation in five other states. While majority of cases have been among HIV-infected men who have sex with men (MSM), few cases have occurred among HIV-uninfected persons, including heterosexual men and women. Several of the cases have resulted in significant sequelae, including blindness. Preliminary 2014 data indicate that 242 cases of syphilis

were reported in Iowa. Of those, 157 were in the infectious stages. IDPH has received isolated reports of syphilis with possible ocular manifestations. However, none have been linked to blindness.

CDC has issued a clinical advisory, providing testing and treatment recommendations, as well as a case definition. All cases of syphilis are reportable to the STD Program at the Iowa Department of Public Health. Any ocular signs or symptoms accompanying a syphilis diagnosis should be included in the report. For more information on clinical advisory on ocular syphilis, visit:

www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm

April is Sexually Transmitted Disease (STD) Awareness Month

Nearly 20 million new sexually transmitted infections occur in the United States every year and cost the healthcare system nearly \$16 billion in direct medical costs.

Adolescents and young adults suffer disproportionate rates for STDs, accounting for 67 percent of Iowa's 11,160 chlamydia cases and 54 percent of Iowa's 1,625 gonorrhea cases annually.

Iowa has experienced significant increases in the number of infectious syphilis cases recently: an increase of 450 percent occurred between 2011 to 2013. Preliminary data from 2014 indicate 157 cases of infectious syphilis reported. Although this is a slight decrease from the preceding year, this is still five times as many cases as were reported in 2011. Men who have sex with men (MSM) account for approximately 75 percent of cases.

Regular testing, even when symptoms are not present, is particularly important for infections that are very often asymptomatic (e.g., chlamydia). Early detection and treatment of STDs are essential tools in protecting the health of those infected (by preventing serious, long-term consequences) and the health of others (by preventing transmission). For more information, visit: www.cdc.gov/std/sam/

Thank you - local public health partners

Center for Acute Disease Epidemiology (CADE) wants to take the opportunity during Public Health Week to thank all of Iowa's local public health agencies (LPHA) and other public health partners. Everything starts at the local level and your partnership is invaluable for the health of Iowans.

Meeting announcements and training opportunities

Iowa Immunization Coalition 2nd Annual Conference on June 9, 2015 at Unity Point, Des Moines. For more information and to register

visit: www.immunizeiowa.org/events/special-events.html

Have a healthy and happy (and greening up nicely) week!

Center for Acute Disease Epidemiology

Iowa Department of Public Health

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