

EPI Update for Friday, September 22, 2017
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

Influenza identified in Iowa

Rhinovirus outbreak: Lab reporting essential

Emerging diseases vs. those commonly found in Iowa

Stroke death rates continue to decline in Iowa

Azithromycin often prescribed incorrectly for children

In the news: Probiotic bacteria could protect newborns

Infographic: The impact of unsafe medical injections in the U.S.

Meeting announcements and training opportunities

Influenza identified in Iowa

Iowa's influenza surveillance network has already identified a handful of influenza cases this fall. Please encourage almost everyone over 6 months of age to get the flu vaccine, especially those at increased risk of severe complications.

It has been a severe flu season in the southern hemisphere in places like Australia and New Zealand, which may indicate that Iowa is in for a severe flu season this winter.

For more information about influenza, visit www.idph.iowa.gov/influenza.

Rhinovirus outbreak: Lab reporting essential

A respiratory illness outbreak in a nursing home was investigated this week. Residents and staff were experiencing moderately severe symptoms that included fever, sore throat and cough. Laboratory testing at SHL determined that rhinovirus was the cause and allowed for specific guidance needed to control this outbreak (i.e., antivirals are not recommended as they do not work against rhinovirus, but good environmental cleaning, limiting visitors and isolation of ill patients was recommended.)

All outbreaks are reportable to IDPH, and in the case of respiratory illness outbreaks, public health can help in determining the specific cause with laboratory testing and offer appropriate guidelines for treatment and prevention.

For more information about respiratory/influenza outbreaks in long-term care facilities, visit idph.iowa.gov/influenza/ltc-facilities.

Emerging diseases vs. those commonly found in Iowa

This week, a recent traveler to the Middle East and a non-travelling family member became ill with severe respiratory illnesses and were hospitalized. Consideration of diseases not found in Iowa like MERS (Middle East Respiratory Syndrome) is important in travelers (and others they may have exposed).

Hospitals and clinics are often the first line of defense against emerging diseases, so it is always important to screen patients for travel history; however, most ill travelers do not become ill with exotic emerging diseases, but with more common diseases. These two people were laboratory confirmed to have influenza.

For more information about emerging infectious diseases, visit www.cdc.gov/ncezid/index.html.

Stroke death rates continue to decline in Iowa

In a recent EPI Update, a CDC Vital Signs report was highlighted which described how progress in preventing stroke deaths has stalled in a majority of states. Fortunately, Iowa was one of 13 states where stroke death rates have continued to decrease in adults 35 years and older. In 2015, Iowa ranked 11th nationally for stroke mortality. The Iowa stroke rate reduced by 33 percent between 2005 and 2015. Since 2012, the Iowa stroke death rate has decreased enough to meet the national Healthy People 2020 objective of 34.8 per 100,000.

This continued progress can be partially attributed to:

- education on stroke prevention information (knowing signs and symptoms and immediately calling 911),
- strengthening of stroke triage and care at the Primary Stroke Centers throughout the state,
- changing EMS protocols to include immediate transfer of stroke patients to the closest and highest level of stroke center, and
- developing and implementing the Iowa Stroke Registry.

For more information about the Iowa Stroke Registry, visit idph.iowa.gov/Portals/1/userfiles/78/ISR%20Stroke%20Factsheet%209-17%20%282%29.pdf.

Azithromycin often prescribed incorrectly for children

A recent CDC study found that azithromycin is likely misused in many cases, especially for children. When antibiotics were prescribed, family practitioners were more likely to choose azithromycin than were pediatricians. (Amoxicillin, a recommended first-line antibiotic for common illnesses in children, was the most commonly prescribed antibiotic, followed by azithromycin.)

This is concerning because azithromycin is not a recommended treatment for common pediatric infections and the misuse of azithromycin leads to antibiotic resistance. In 2013, children were prescribed 66.8 million antibiotics – 35 percent of prescriptions were for amoxicillin and 18 percent were for azithromycin.

CDC's Core Elements of Outpatient Antibiotic Stewardship can help prescribers improve antibiotic selection and reduce overuse of antibiotics in children. To view

the framework, visit www.cdc.gov/getsmart/community/improving-prescribing/core-elements/core-outpatient-stewardship.html.

In the news: Probiotic bacteria could protect newborns

www.npr.org/sections/goatsandsoda/2017/08/16/543920822/probiotic-bacteria-could-protect-newborns-from-deadly-infection

Infographic: The impact of unsafe medical injections in the US

www.oneandonlycampaign.org/sites/default/files/upload/pdf/SIPC_infographic.pdf

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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