Epi Update for Friday, October 20, 2017 Center for Acute Disease Epidemiology (CADE) Iowa Department of Public Health (IDPH)

Items for this week's Epi Update include:

- Influenza vaccination among health care personnel
- Some areas of U.S. reporting early influenza A(H3) activity
- West Nile virus in Iowa, 2017
- Personal story of opioid addiction shared
- Iowa physician talks about decision to become a MAT provider
- Continued need for lead poisoning prevention for lowa children
- Physician Guidelines Childhood Lead Poisoning Prevention
- In the news: Why is Madagascar facing its worst plague outbreak in years?
- In the news: New clues to how Neanderthal genes affect your health
- Infographic: Child safety No level of lead in the body is safe!
- Meeting announcements and training opportunities

Influenza vaccination among health care personnel

According to a recent CDC study, influenza vaccine coverage among U.S. health care providers last influenza season was 78.6 percent - similar to the last three seasons. Vaccination coverage was highest among those working in hospitals (92.3 percent) and lowest among those working in long-term care settings (68.0 percent).

Implementing workplace strategies such as requiring, promoting and offering influenza vaccination greatly increased influenza vaccination coverage. In fact, vaccine coverage among health care providers working in settings with workplace influenza vaccination requirements was more than double that of health care providers working in settings with none (96.7 percent vs. 45.8 percent).

Influenza vaccination among staff in long-term care settings is especially important because of lower influenza vaccine effectiveness and increased risk of severe disease among the elderly. Iowa long-term care facilities reported 56 influenza outbreaks last season.

IDPH does not have comprehensive records of influenza vaccination among health care providers, but does track overall influenza vaccination in lowa based on doses reported to IRIS. Seven percent more doses were administered in August and September of 2017 (230,125 doses) than in 2016.

To view the full article.

visit www.cdc.gov/mmwr/volumes/66/wr/mm6638a1.htm?s_cid=mm6638a1_w.

Some areas of U.S. reporting early influenza A(H3) activity

Influenza activity in Iowa is Iow, with isolated geographic spread; however, many other U.S. states and territories are reporting higher influenza activity. Guam reported widespread geographic spread, while Colorado and South Carolina both reported local spread. Nationally, 79 percent of positive influenza tests reported by public health labs

were positive for A(H3N2). This is the strain that typically causes serious disease in older populations.

West Nile season

As the West Nile season comes to an end, 12 cases of West Nile virus and two West Nile virus-related deaths have been confirmed in Iowa. Environmental monitoring of mosquitoes has concluded for the season, and identified 88 mosquito samples positive for West Nile virus. Two horses and one bird also tested positive for West Nile virus. Cases could continue to occur until the first hard frost.

For more information on West Nile virus, visit https://www.idph.iowa.gov/cade/disease-information/west-nile-virus.

Personal story of opioid addiction shared

A legislative committee hearing this week prompted increased media attention on the role health care providers and prescribers play in opioid abuse and addiction. Deborah Thompson, IDPH's legislative liaison, shared her personal story at the hearing. While Deborah is well-known in the lowa Legislature, very few were aware her husband, Joe Thompson, died of an accidental heroin overdose last year. Joe had battled addiction for several years - an addiction that began with a serious car accident and the subsequent treatment that included opioid pain medication.

To read more of Deborah's story in the Des Moines Register, visit www.desmoinesregister.com/story/news/health/2017/10/18/opioid-epidemic-tragically-personal-iowa-public-health-expert/777205001/.

lowa physician talks about decision to become a MAT provider

In a recent edition of the Annals of Family Medicine, an Iowa physician talked about what led her to become a Medication Assisted Treatment (MAT) provider. In her essay she explores her experiences as a new family physician in a rural town with liberal opioid prescribing practices and opioid addiction, her inner turmoil while overcoming resistance to change, and the influence of these experiences on her professional growth.

To read the full article, visit www.annfammed.org/content/15/4/372.full.pdf+html.

Continued need for lead poisoning prevention for lowa children

Data shows that while gains have been made in preventing childhood lead poisoning, there is a continued need for improvement:

- Positive Trend: The number of lowa children below age 3 (born 2000 to 2013) with confirmed elevated blood lead levels above 10 micrograms per deciliter (µg/dL) has decreased from 481 to 190.
- Positive Trend, but Need for Improvement: The number of Iowa children below age 3 that did not receive confirmatory blood lead tests after receiving initial results of blood lead levels greater than 10 μg/dL decreased from 455 children born in 2000 to 106 children born in 2013.
- Positive Trend: About 85 percent lowa children born from 2006 through 2013 received a blood lead test prior to age 3.
- Need for Improvement: About 12 percent of Iowa children born from 2006 through 2013 received a blood lead test prior to age 1.

It is recommended that children be tested as early as 12 months of age, when they typically become more active and are in their prime growth and development years.

Physician Guidelines – Childhood Lead Poisoning Prevention

Physician Guidelines – Childhood Lead Poisoning Prevention, has been created to assist physicians in caring for children who may be lead poisoned. The guidelines are available

at https://www.idph.iowa.gov/Portals/1/userfiles/9/Risk%20Questionnaire%2C%20Blood%20Lead%20Test%20Charts%2C%20%26%20Physicians%20Guidelines%20%289-17%29.pdf.

The guidelines include a recommended schedule for blood lead testing in children, as well as information on follow-up testing, home nursing visits, developmental follow-up and nutritional follow-up. The guidelines state children should receive blood lead tests according to the following schedule:

- At 1 year and 2 years for children classified as low risk to lead poisoning
- At 1 year, 18 months, 2 years, 3 years, 4 years, and 5 years for children classified as high risk to lead poisoning

For more information on the Iowa Lead program, visit <u>bit.ly/2wzMaJM</u> and help increase awareness during National Lead Poisoning Prevention Week, October 22 – 25, 2017.

In the news: Why is Madagascar facing its worst plague outbreak in years? www.latimes.com/world/africa/la-fg-madagascar-plague-20171013-htmlstory.html

In the news: New clues to how Neanderthal genes affect your health news.nationalgeographic.com/2017/10/how-neanderthal-genes-affect-human-health-dna-science/

Infographic: Child safety – No level of lead in the body is safe!

https://pht.idph.state.ia.us/Health/LeadPoisoning/Documents/Lead%20Program%20Information%20Cards%20Sheet_Child%20Safety.pdf

Meeting announcements and training opportunities

The 2017 lowa Diabetes Summit will be held Friday, November 17 at the FFA Enrichment Center in Ankeny. The summit will provide a forum to discuss the latest practices, opportunities, resources and tools for addressing diabetes prevention, control and management. For more information and to register, visit http://www.phnurse.org/event-2687436.

Have a healthy and happy week!

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