

EPI Update for Friday July 28, 2006
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Hepatitis A in a child care center**
- **Six "PLEAs" for healthy swimming: protection against recreational water illnesses (RWIs)**

- **Rabies: exposure assessment**

- **Yes, Iowa has bats, but not "fruit bats" / "flying foxes"**

- **Meeting announcements and training opportunities**

Hepatitis A in a child care center

Since June 26, three cases of hepatitis A have been reported in a child care center in central Iowa. Hepatitis A is spread person-to-person via the fecal-oral route. Children 5 years and younger with hepatitis A are often asymptomatic, yet they are still capable of spreading the virus. Older children and adults usually have an abrupt onset; symptoms may include low-grade fever, jaundice, mild headache, malaise, anorexia, nausea and abdominal discomfort.

Hepatitis A cases are potentially infectious for 14 days before and seven days after the onset of symptoms. Persons infected with hepatitis A should not prepare food for others and should practice good hand hygiene. Child care and health care providers as well as food handlers should not work until seven days after the onset of symptoms.

When a case of hepatitis A is identified in an employee or child in a child care center, immune globulin (IG) is recommended for all employees whom come in contact with the case and for children in the same room as the case. IG needs to be administered as soon as possible, and within 14 days of exposure. IG protection lasts for approximately 3 months after the shot is given.

In situations where two or more cases are identified in a child care center for six weeks after the last case is identified, new employees and children should receive IG before starting at the facility.

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends hepatitis A vaccine (Hep A) for all children at 1 year of age (12-23 months). The two doses in this series should be administered at least six months apart.

Live-virus vaccines may have a diminished effect when given shortly before or several months after receiving IG. Go to

www.cdc.gov/nip/publications/pink/def_pink_appendx.htm and click on “Antibody-Live Vaccine Interval Table” in Appendix A.

Six "PLEAs" for healthy swimming: protection against recreational water illnesses (RWIs)

You can choose to swim healthy! Healthy swimming behaviors are needed to protect you and your kids from RWIs and will help stop germs from getting in the pool in the first place.

Here are six "PLEAs" that promote healthy swimming:

Three "PLEAs" for all swimmers

- **Please** don't swim when you have diarrhea. This is especially important for kids in diapers. You can spread germs in the water and make other people sick.
- **Please** don't swallow the pool water. In fact, avoid getting water in your mouth.
- **Please** practice good hygiene. Take a shower before swimming and wash your hands after using the toilet or changing diapers. Germs on your body end up in the water.

Three "PLEAs" for parents of young kids

- **Please** take your kids on bathroom breaks or check diapers often. Waiting to hear "I have to go" may mean that it's too late.
- **Please** change diapers in a bathroom and not at poolside. Germs can spread to surfaces and objects in and around the pool and spread illness.
- **Please** wash your child thoroughly (especially the rear end) with soap and water before swimming. Everyone has invisible amounts of fecal matter on their bottoms that ends up in the pool.

For more information, go to www.cdc.gov/healthyswimming/swimmer_protection.htm.

Rabies: exposure assessment

Since this is the peak time of year for animal bites, bat encounters, and submission of animals for rabies testing, the IDPH Center for Acute Disease Epidemiology (CADE) would like you to review the guidelines and criteria for rabies exposure assessment. Information on rabies is available in the printed version of the EPI Manual and the electronic version at www.idph.state.ia.us/adper/common/pdf/epi_manual/rabies.pdf.

IDPH is available for consultation for rabies exposure assessment and post-exposure treatment recommendations 24 hours a day, 7 days a week by calling 800-362-2736.

During normal business hours, State Public Health Veterinarian Dr. Susan L. Brockus (515-281-4933) and other CADE staff are available for rabies exposure consultation.

Determination and assessment of human exposure is based on national guidelines established by the CDC and include:

- **Bite Exposure**
 - An animal (bat, skunk, raccoon, dog, cat, horse, or cow) has bitten a person.

- **Non-bite Exposure**
 - A person has had saliva contact from an animal to an open, fresh, bleeding wound or cut, eyes, nose, or mouth.

- **Possible Exposure:**
 - Waking up to find a bat in your room or the room of a family member who was asleep.

 - Sighting a bat in the room with a mentally impaired or intoxicated person, an unattended child, or someone who cannot communicate whether or not they had direct contact with the bat.

Rabies exposure assessment flow charts are available on IDPH's Web site at www.idph.state.ia.us/adper/common/pdf/cade/rabies_exposure_all_animals.pdf and www.idph.state.ia.us/adper/common/pdf/cade/rabies_exposure_bats.pdf.

The CDC's Web site on rabies is www.cdc.gov/ncidod/dvrd/rabies/.

Yes, Iowa has bats, but not “fruit bats”

CADE has recently had inquiries about persons having encounters or being bitten by “fruit bats” in Iowa and the risk for rabies. Iowa does have several species of bats, but does not have what are commonly known as “fruit bats” (some of which are known as “flying foxes”). By far the most commonly encountered bat in Iowa is the big brown bat (*Eptesicus fuscus*). Other species of bats occasionally found in Iowa include the little brown bat (*Myotis lucifugus*); silver-haired bat (*Lasiurus noctivagans*); eastern red bat (*Lasiurus borealis*); hoary bat (*Lasiurus cinereus*); northern myotis (*Myotis septentrionalis*); Indiana myotis (*Myotis sodalists*); evening bat (*Nycticeius humeralis*); and eastern pipistrelle (*Pipistrellus subflavus*). For more information about bats in the U.S., visit the Bat Conservation International Web site at [www.batcon.org/SPprofiles/index.asp?filter=1&locState=IA&batFamily=&curPage=1&ortField](http://www.batcon.org/SPprofiles/index.asp?filter=1&locState=IA&batFamily=&curPage=1&sortField).

For historical information on the different species of bats submitted for rabies testing in Iowa, visit www.uhl.uiowa.edu/services/diseases/rabies/data.xml

Fruit bats, many of which are called flying foxes are **not** in the U.S. Fruit bats can be very large bats with a head-body length measurement of approximately 20 cm (8 inches) and a wingspan of almost 90 cm (35 inches)! Fruit bats are only found in sub-tropical and tropical areas of the world such as Asia, Africa, India, and Australia. For more information on fruit bats and flying foxes visit www2r.biglobe.ne.jp/~fruitbat/english.htm

So the moral of the story is, if you are bitten by a bat in Iowa (or anywhere else in the U.S.), the bat should be captured and tested for rabies. If the result is “positive,” “indeterminate,” or “unsuitable,” the person should contact their health care provider to proceed with rabies post exposure prophylaxis. If the bat can be not captured, it is best to presume the bat could have had rabies and the person should contact their health care provider to proceed with rabies post exposure prophylaxis.

Meeting announcements and training opportunities

None this time

Have a healthy and happy week!

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800-362-2736