

EPI Update for Friday, November 10, 2006  
Center for Acute Disease Epidemiology  
Iowa Department of Public Health (IDPH)

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

- **Iowa's second case of influenza confirmed**
- **IDPH's Rabies Web site**
- **South Dakota reports multi-drug resistant strain of Shigellosis**
- **Veteran's Day thank you**
- **Meeting announcements and training opportunities**

**Iowa's second case of influenza confirmed**

Iowa's second case of influenza has been reported and confirmed as Influenza A (H3). This person lives in southeast Iowa. While still early in the influenza season, now is the time to think about receiving influenza vaccine. The Bureau of Disease Prevention and Immunization reports that they have distributed 70 percent of the state-obtained children's vaccine; they anticipate that the remaining vaccine that they ordered will be distributed in early December. Reports from the private sector suggest that they are also now receiving more of their ordered vaccine supply. In Iowa, the influenza season generally gets going in mid December, peaks in January and persists into March. Vaccine may be given at any time throughout the influenza season, thus it is never too late to vaccinate during the season; however it would be best to get the vaccine as soon as it is available.

Influenza B and A (H1N1) have also been reported in the United States this season. This means that there is the potential to "get the flu" three times this year, since being infected with one strain does not confer immunity to the other strains. But the good news is that all three are contained in the vaccine, thus vaccination should provide protection against all three strains.

For more information on influenza, including updated fact sheets for the 2006-07 influenza season, please visit IDPH's Web site at [www.idph.state.ia.us/adper/flu.asp](http://www.idph.state.ia.us/adper/flu.asp).

**Rabies Web site**

IDPH now has a Web page dedicated to Rabies. The address is [www.idph.state.ia.us/adper/rabies.asp](http://www.idph.state.ia.us/adper/rabies.asp).

**South Dakota reports multi-drug resistant strain of Shigellosis**

The South Dakota Department of Health has reported 288 cases of shigellosis since Jan. 1, 2006. This is a large increase over the state's 5-year baseline. The outbreak started in May, peaked in July and continues.

The most commonly reported symptoms have included diarrhea (99 percent), bloody diarrhea (24 percent), fever (78 percent), vomiting (55 percent) and abdominal cramps (65 percent). Eleven percent of cases have been hospitalized.

Fifty-one percent of patients were female. The median age was 5 years (range 2 months – 77 years), with the largest proportion of cases (45 percent) in the 0 – 4 year age group.

The outbreak has occurred mainly in counties mainly in the southern part of the South Dakota.

A multi-drug resistant strain of *Shigella sonnei* is being transmitted in this outbreak. A total of 24 *Shigella sonnei* isolates submitted by eight clinical laboratories were tested for antimicrobial susceptibility at the South Dakota Public Health Laboratory between Sept. 11 and Nov. 2, with only 1 (4 percent) isolate sensitive to ampicillin and 1 (4 percent) sensitive to trimethoprim/sulfamethoxazole. All isolates that were resistant to ampicillin also were resistant to trimethoprim/sulfamethoxazole. All 24 isolates were susceptible to ciprofloxacin and ceftriaxone.

Resistance to ampicillin and trimethoprim/sulfamethoxazole is a serious concern, since these antibiotics have been used extensively for empiric therapy. Physicians should not use ampicillin and trimethoprim/sulfamethoxazole for treatment without doing sensitivity studies. Ciprofloxacin has not been approved for children aged <under age 18 and susceptibility testing for azithromycin has not been standardized yet, thus leaving fewer options for empiric treatment. While most infections are self-limited, thus need only supportive treatment, antibiotic therapy may be effective in shortening the duration of diarrhea and eliminating the *Shigella* bacteria.

### **Veteran's Day thank you**

The Center for Acute Disease Epidemiology would like to take the opportunity to thank all veterans who have served and continue to serve our country. The sacrifices you have made and continue to make are greatly appreciated.

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

SAVE – THE – DATE

Wednesday December 13, 2006

Noon – 1:00 PM

Iowa Antibiotic Resistance Task Force

Teleconference on

CA-MRSA (community – associated methicillin *Staphylococcus aureus*)

**The Iowa Department of Public Health will be closed on Friday, November 10 for Veteran's Day.**

**Have a healthy and happy week!**

**Center for Acute Disease Epidemiology**

**Iowa Department of Public Health**

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