

EPI Update for Friday, December 15, 2006
Center for Acute Disease Epidemiology
Iowa Department of Public Health

Items for this week's EPI Update include:

- **Update on E. coli outbreak**
- **Update on influenza in Iowa**
- **Follow-up on Scott County norovirus outbreak**
- **Updates and information on current Iowa outbreaks**
- **ADA infant formula recommendations**
- **Meeting announcements and training opportunities**

Update on E. coli outbreak

Black Hawk County, the Iowa Department of Public Health, the Minnesota state health department, the CDC and the FDA are investigating more than 40 cases in Iowa and 27 cases in Minnesota of diarrhea caused by shiga-toxin producing *E. coli* O157. DNA fingerprinting of the *E. coli* showed that the strains from Iowa and Minnesota are exactly the same, but that they are different from *E. coli* strains causing outbreaks elsewhere in the U.S.

No illness has been confirmed since public health action was taken at the implicated restaurant in Iowa. Thus we do not believe that there is any continuing risk to Iowans.

Epidemiologic investigations in both Iowa and Minnesota have statistically implicated the lettuce as being associated with illness. Initial testing of lettuce at the University Hygienic Laboratory was negative, and further tests are pending, but the lettuce being tested was pulled several days after the exposures occurred. Investigation of the lettuce itself and how it was handled is ongoing.

Update on influenza in Iowa

The majority of influenza cases being reported are occurring in children and young adults. Influenza-like illness is on the increase across Iowa. Please encourage everyone to get a flu shot as there is still time. For more information, go to www.idph.state.ia.us/adper/flu.asp.

Follow-up on Scott County norovirus outbreak

In October and November, a riverboat gaming facility in Eastern Iowa experienced a norovirus outbreak. After employees and patrons reported gastrointestinal illness (GI) in late October and subsequent stool cultures revealed norovirus, a number of interventions were begun. Some interventions were: flyers for patrons warning of the outbreak; enhanced awareness of hand hygiene practices; training on proper food handling; furloughs of employees with GI illness; enhanced cleaning of the environment; and more

frequent rotation of chips, cards, and other items out of use to prevent cross contamination.

Surveillance consisted of telephone interviews of a daily sample of at least 30 patrons staying at the associated hotel facility 48 hours after their departure using a standard definition for GI illness. Of the 1,693 patrons interviewed since the end of October by the county health department, 320 patrons (18.9 percent) interviewed met the clinical case definition. In active surveillance during the past 2 weeks, only 4.2 percent were ill, suggesting this rate may approach the non-epidemic incidence of GI illness in the population surveyed. Active surveillance by telephone will continue through this week to detect persisting transmission.

Updates and information on current Iowa outbreaks

- 1) No measles in the 11 month old. IgM tests were negative, but we appreciate health care workers suspecting measles when children have cough, conjunctivitis, coryza and a rash. It is important to be sure that these cases are not measles.
- 2) Henry County school outbreak: norovirus was confirmed in two students. This was probably spread directly from person to person, and not food borne.
- 3) Marshall County food-borne outbreak associated with a local establishment has been confirmed as norovirus.
- 4) New outbreak reported in Monona County at a school. On Tuesday, 26 percent of the student body were absent and high rates of absenteeism continued Wednesday. Initial tests are positive for influenza A, and tests to determine the exact strain of influenza A are pending. The county health department is working with the school to decrease transmission of the flu, and to work with the community to get more children vaccinated.

ADA infant formula recommendations

On Nov. 8, the American Dental Association (ADA) released “Interim Guidance on Fluoride Intake for Infants and Young Children.” The guidance is based on recent studies which raise the possibility that infants could receive a greater than optimal amount of fluoride through liquid concentrate or powdered baby formula mixed with water containing fluoride. Developing teeth may be susceptible to enamel fluorosis. According to the ADA, enamel fluorosis is not a disease, but rather a cosmetic concern. The ADA recommendations to reduce fluoride intake from reconstituted infant formula include: breastfeeding babies rather than using infant formula; mixing concentrated or powdered infant formula with distilled fluoride-free water only; using ready-to-feed infant formula during the first 12 months; and using tap water with optimum fluoride levels only occasionally.

It is important to note that water fluoridation remains a necessary, cost-effective public health action that has important health benefits.

For more information, visit www.idph.state.ia.us/wic/frifacts/120806_dept_response.pdf.

Meeting announcements and training opportunities

Save the Date August 2 and 3, 2007

Barn Raising VI: Celebrating Healthy Communities

Drake University, Des Moines

For more information, visit www.idph.state.ia.us/bhpl/barn_raising.asp.

Have a healthy, happy and outbreak-free week!

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