

**EPI Update for Friday, July 24, 2009**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

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

- **Hepatitis A outbreak reinforces prevention**
- **Campylobacter at summer peak**
- **Pandemic influenza continues to affect Iowans**
- **Meeting announcements and training opportunities**

**Hepatitis A outbreak reinforces prevention**

Several articles have hit the media recently concerning Illinois food handlers with hepatitis A resulting in patrons becoming ill, and in hundreds of potentially exposed patrons seeking preventive treatment.

Hepatitis A is endemic in Iowa. Infections can occur in Iowans without significant travel history or known exposure to another case. Iowa has an average of 25.7 cases per year the past three years, but there was a significant increase in cases in 2008. Sixteen Iowa cases have been reported thus far in 2009.

The Illinois situation highlights the importance of several prevention measures that should be taken with cases of hepatitis A:

- Patients with hepatitis A who are food handlers or who work or attend child care should remain out of work and/or child care until one week after onset of symptoms.
- Quick reporting of suspected cases of hepatitis A to public health officials is vitally important, as it increases the probability of successfully preventing others from getting ill (the success of preventive treatment decreases as time from exposure increases). Health care providers (and anyone else) who know of a case of hepatitis A should report suspected cases as soon as possible.
- Anyone ill with hepatitis A should remain home while ill and should not prepare food for others until at least one week after onset of illness.
- Health care providers must inform ill patients how to prevent spreading hepatitis A to others. Many Iowa cases occur because of the patient's lack of knowledge about this.

For more information on hepatitis A reporting and public health response, review the IDPH Epi Manual chapter at [www.idph.state.ia.us/idph\\_universalhelp/main.aspx?system=IdphEpiManual](http://www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual).

**Campylobacter at summer peak**

Campylobacter is on the rise in Iowa; it typically peaks in the summer months. This week there were 57 cases reported to CADE bringing the monthly total to 104. So far this year, 269 cases have been reported.

Campylobacter is a common bacterial infection which can cause stomach cramps, fever, fatigue, and severe watery diarrhea that is occasionally bloody. Vomiting is uncommon. The severe stomach cramps can be confused with appendicitis. Symptoms of campylobacter typically occur between 2-5 days after exposure, but range from 1-11 days. Symptoms generally last for 2 days to one week. Campylobacter is very contagious because only a small number of organisms are required to cause illness.

Campylobacter is acquired by eating or drinking contaminated food or water; often raw poultry, shellfish, fresh produce, or unpasteurized milk. Key points for avoiding infection include the following:

- Cook meat and poultry products thoroughly, especially when grilling or reheating in the microwave.
- Store meat products separately from ready-to-eat foods to avoid cross contamination.
- Wash your hands thoroughly with hot water and soap after handling foods such as raw meat and poultry.
- Avoid drinking/eating unpasteurized milk, juice, or dairy products.

Ill food handlers and health care workers who work with susceptible individuals, such as the elderly and children less than five years old, should be symptom free for 48 hours before returning to work.

### **Pandemic influenza continues to affect Iowans**

Pandemic influenza, novel influenza A(H1N1), is continuing to cause sporadic illness around Iowa in all age groups. Fortunately, hospitalizations are rare, and no deaths have been reported.

Most states, including Iowa, are using seasonal influenza surveillance systems to monitor the situation. Both Wisconsin and Illinois have higher rates of cases but have larger populations and metropolitan areas than Iowa. South Dakota and Nebraska, with similar population composition to Iowa, have similar rates.

Iowa public health officials continue to watch the national and international situations in preparation for a possible surge in A(H1N1) activity this fall. The Centers for Disease Control and Prevention expects limited amounts of an A(H1N1) vaccine to be available in mid-October.

For more information including, weekly activity updates specific to Iowa, go to [www.idph.state.ia.us/h1n1](http://www.idph.state.ia.us/h1n1) or [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu) .

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

The Fall Epidemiology Updates are one-day seminars given at six sites throughout Iowa. CADE staff will provide presentations on epidemiologic topics of interest. The updates are intended for local public health staff, infection preventionists, and staff from long term care facilities. The following are the dates and locations of the Fall Updates. Additional details, including an agenda describing topics, will be provided at a later date.

Cherokee	September 17
Marshalltown	September 30
Ottumwa	October 2
Creston	October 6
Cedar Rapids	October 14
Mason City	November 18

### **Have a healthy, happy, and safe weekend!**

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