

EPI Update for Friday, September 4, 2009

Center for Acute Disease Epidemiology

Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **IDPH releases the 2008 Annual Report of Notifiable and Other Diseases**
- **Northwest Iowa measles exposure**
- **Cold versus influenza - how to tell the difference**
- **Weekly novel influenza A (H1N1) update**
- **Meeting announcements and training opportunities**

IDPH releases the 2008 Annual Report of Notifiable and Other Diseases

The Iowa Department of Public Health (IDPH) has released the annual Iowa Surveillance of Notifiable and Other Diseases Report. This yearly report provides an overall snapshot of the types and trends of infectious diseases that occur in Iowa.

In 2008, the IDPH division of Acute Disease Prevention and Emergency Response (ADPER) processed nearly 50,000 reports of infectious disease. In 2008, Iowa saw a significant increase in the number of hepatitis A cases. There were 109 cases reported last year, a 294 percent increase over the three year average from 2005-2007. Extensive investigation revealed no common source of infection. Hepatitis A can be a disease that occurs in cycles; spikes in infection rates are often seen every ten years. The last major outbreak of hepatitis A was in 1997. Rates of Chlamydia rose 15 percent in 2008, mirroring an increase in cases nationally. Conversely, gonorrhea diagnoses declined slightly. There were 108 new cases of HIV infection reported last year, down from 128 the previous year.

To view the report, visit

www.idph.state.ia.us/adper/common/pdf/cade/cade_annual_report_2008.pdf

Northwest Iowa measles exposure

Last week, a child who had recently visited northwest Iowa was diagnosed with measles. The child was taken to several public sites during the infectious period in Dickinson and Clay counties in Iowa, and across the Minnesota border in Jackson County. The incubation period for measles can be as long as 21 days after exposure. Public health is asking health care providers around the state, but especially in northwest Iowa, to be alert for patients presenting with rash, fever, cough, coryza, koplick spots and conjunctivitis (though all these symptoms may not present on the same day). Healthcare providers are asked to contact the Iowa Department of Public Health (IDPH) at (800) 362-2736 or your local public health agency if you suspect a patient may have measles.

Cold versus influenza – how to tell the difference

Colds and influenza are both respiratory illnesses caused by different viruses. These two illnesses have similar symptoms, but there are important differences:

- Influenza has an abrupt, significant onset. Colds may come on slowly, with mild symptoms.
- Influenza infections involve a fever of 100 F or greater AND cough AND/OR sore throat. Colds may result in a low-grade fever.
- In addition to respiratory symptoms, persons with influenza often have body aches, chills, and extreme malaise. Influenza duration in adults is a few days to two weeks. Colds often linger longer than influenza, but symptoms overall are more mild.
- Influenza may result in serious complications like pneumonia, which lead to hospitalization. Colds generally do not.

Weekly novel influenza A (H1N1) update

CADE is working to complete the novel influenza A (H1N1)-related hospitalization and death reporting forms (both paper-based and the electronic form in the Iowa Disease Surveillance System) and accompanying guidance. These materials will be sent to hospitals, local public health agencies (LPHA), and health care providers (via LPHA) early next week.

Health care providers and hospitals are reminded to review the University Hygienic Laboratory influenza specimen submission algorithm. This algorithm applies to all influenza, not just novel influenza A (H1N1). The algorithm is available at: www.uhl.uiowa.edu/kitsquotesforms/influenzaalgorithm.pdf

Nationally, influenza activity is widespread in the southeastern states including FL, GA, AL, MS, and SC. The predominant strain nationally is still novel influenza A (H1N1). Internationally, influenza activity in the Southern Hemisphere is also primarily due to novel influenza A (H1N1), however low levels of seasonal H1N1 and H3N2 are being reported.

Meeting announcements and training opportunities

2009 NEHA Region 4 Environmental Health Conference.

September 23-24, 2009 at Arrowwood Resort & Conference Center, Okoboji, Iowa. This six state conference will include a Healthy Homes mini-track. Session and speaker listings, registration forms, lodging information, social activities, and the latest updates can be found on the IEHA web site www.ieha.net/ .

Speaker presentations or handouts will be posted in the week prior to the conference. Continuing educational credits are offered for those holding NEHA credentials. Exhibitor or sponsorship opportunities are still available. For more information, check the Web site or contact Kathy Leinenkugel, Conference Chair at kleinenk@idph.state.ia.us or 515-281-4930.

The Fall Epi Update brochure and registration information is available at:
www.idph.state.ia.us/adper/common/pdf/cade/2009_fall_update.pdf

Have a healthy and happy holiday!
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800-362-2736