

EPI Update for Friday, October 16, 2009
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **H1N1 Quick Points for the Health Care Provider**
- **Update on shortage of erythromycin ointment**
- **Laboratory testing of Shiga-toxin producing E. coli infection**
- **National health literacy month features six stories from Iowa**
- **New CADE staff**
- **Meeting announcements and training opportunities**

H1N1 Quick Points for the Health Care Providers

Public health has heard that HCP's want basic and current "bottom line" information about H1N1; thus we have created these weekly "quick points for HCPs" to provide the most updated info in a brief and succinct manner. Please forward these points on to any other HCP that might find them useful. They will be also posted on the IDPH Web site.

- 2009 H1N1 and seasonal flu vaccines can be given at any time, in any sequence, and in any combination in relation to each other, with one exception: when using the nasal spray vaccine for both, they should be separated by 28 days. www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm
- A recent study showed that surgical masks and N95 respirators had similar effectiveness in preventing exposure to influenza. [ama.ama-assn.org/cgi/content/full/2009.1466](http://ama-assn.org/cgi/content/full/2009.1466)
- The live nasal spray flu vaccine (both 2009 H1N1 and seasonal flu) can be safely given to almost all healthy health care workers less than 50 years of age. (The only group of health care workers for whom it is not recommended is health care workers who care for immune-compromised patients while they are in specialized environments, such as those caring for patients on bone marrow transplant hospital wards). www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm
- All flu being seen in Iowa as of September 9 is 2009 H1N1. No seasonal flu strains have been confirmed yet in Iowa. www.idph.state.ia.us/adper/iisn.asp
- The 2009 H1N1 influenza strain is susceptible to Tamiflu. www.cdc.gov/h1n1flu/antiviral.htm
- The average age of Iowa's hospitalized patients due to 2009 H1N1 is 30. Three deaths have occurred in Iowa since September 1: all were adults over 18 years of age with risk factors for complications of influenza. www.idph.state.ia.us/IdphNews/Archive.aspx

- Children 9 years of age and younger will need to receive two doses of 2009 H1N1 vaccine, at least 21 days apart, preferably 28 days apart. (Note: different from seasonal flu vaccine which is 8 years of age and younger.)
www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm
- *Correct Information:* 2009 H1N1 influenza vaccination is not being mandated by public health for anyone in Iowa. Neither seasonal flu vaccine nor 2009 H1N1 vaccine contains adjuvant. Neither involuntary isolation nor involuntary quarantine is being used for 2009 H1N1 in Iowa. www.idph.state.ia.us/h1n1/
- About 115 million doses of *seasonal* flu vaccine have been made (more than last year's supply). Approximately 60 percent of that has been distributed. There are almost two months left to vaccinate for seasonal flu before it is expected to arrive in Iowa, and over three months before it is expected to peak.
- During the mumps outbreak several years ago (mumps is spread in a similar way to influenza), more health care workers caught mumps from co-workers than from patients. Sick health care workers should stay home when ill.
- A hotline is available to the public at **800-447-1985**. Please provide this number to patients who have questions.
- More information on 2009 H1N1 can be found at www.idph.state.ia.us/h1n1/, and on the locations for Iowa's 2009 H1N1 vaccine clinic sites at www.idph.state.ia.us/webmap/default.asp?map=h1n1_vaccine_sites

Public Health is providing these quick points to address any questions and concerns of Iowa's health care providers. Please send questions and issues you wish to see addressed to influenzaAH1N1@idph.state.ia.us

Update on shortage of erythromycin ophthalmic ointment

CDC has published guidance at www.cdc.gov/std/treatment/2006/erythromycinOintmentShortage.htm describing the occurrence of adverse events associated with use of Gentamicin ophthalmic ointment.

Laboratory testing of Shiga-toxin producing E. coli infection

In the 1990s, an outbreak resulting from eating poorly cooked beef from a fast food restaurant chain brought *E. coli* O157 to the nation's attention. *E. coli* O157 and its cousins, other Shiga Toxin producing *E. coli* (STEC), cause disease by the production of Shiga-toxin (serogroups O26, O45, O103, O111, O121, and O145) and are reportable in Iowa. However, few non-O157 STEC infections are detected in clinical diagnostic laboratories since they do not routinely test stool specimens for these organisms

Clinical diagnostic laboratories should include STEC O157 in their routine bacterial enteric panel. If bacterial culture for STEC O157 is not performed in

parallel with EIA or other rapid method for detection of Shiga toxin, Shiga toxin-positive broths should be inoculated to a selective isolation medium, such as SMAC agar, and any resulting sorbitol-negative colonies should be tested with O157 antiserum or latex reagent. All confirmed and presumptive STEC O157 isolates and Shiga-toxin positive broths that do not yield STEC O157 should be forwarded to UHL for confirmatory testing and further genetic characterization. From July 1, 2008 through June 30, 2009, UHL has detected 61 O157 isolates, and 103 isolates of non-O157 STEC.

National health literacy month features six stories from Iowa

About three years ago, Norma Kenoyer had a routine outpatient surgery. Afterwards, she was given four pages of information about the operation and told to take it easy the rest of the day. The following day, Norma went to work where she had to lift some fairly heavy objects. "The next morning I felt like my insides were going to fall out," Norma recalls. "Then my husband read the papers and told me I shouldn't have done any lifting so soon after the surgery."

As someone who has struggled with dyslexia all her life, Norma is one of Iowa's strongest advocates for adult literacy, especially health literacy. Norma's story is one of six submitted by Iowans to a national project promoting October as National Health Literacy Month. In October, one or more new stories will be added each day to the project's Web site www.healthliteracymonth.org

New CADE staff

Barbara Livingston, RN, BSN, MPH, CIC is the Healthcare-Associated Infections (HAI) Grant Coordinator. Barbara has had 33 years of health care experience and worked extensively with the Department of Veteran Affairs (VHA) to implement HAI prevention activities. She has been an active member of the Infection Preventionist and Professional Nursing community in Iowa and nationally. Barbara can be reached at: 515-242-3892 or blivings@idph.state.ia.us

Christopher Tate is an epidemiologist working with influenza surveillance and IDSS. Chris has a B.A. in Biology with a Biomedical Studies Concentration from St. Olaf College and is completing his M.P.H. in Epidemiology from the University of Minnesota. He worked for seven years at Fairview Ridges Hospital and spent two years at the Minnesota Department of Health as an intern focusing on pandemic influenza preparedness and infection control. He also served on numerous work groups in the development and publishing of *Allocating Pandemic Influenza Vaccines in Minnesota* and *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*. He can be reached at (515) 281-0247 and ctate@idph.state.ia.us

Meeting announcements and training opportunities

None

Have a healthy and happy week!
Center for Acute Disease Epidemiology
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