

**EPI Update for Friday, November 13, 2009- Amended
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)**

Items for this week's EPI Update include:

- **H1N1 quick points for health care providers**
- **H1N1 surveillance information**
- **Weather's effect on illness**

- **Meeting announcements and training opportunities**

H1N1 quick points for health care providers

- Those with diabetes are at increased risk for severe disease and complications due to H1N1 influenza. One in four diabetic patients hospitalized with H1N1 required intensive care. Diabetics should receive vaccine when it is available, and those with confirmed or probable influenza should be treated promptly with oseltamivir or zanamivir. See www.cdc.gov/h1n1flu/diabetes.

- Pneumococcal vaccine is strongly recommended for those 65 years and over, and for those with diabetes or other long-term health problems ages 2 through 64, to prevent secondary pneumococcal infection following H1N1 influenza. See www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm.

- Obesity, especially morbid obesity, has been seen in those with serious H1N1 influenza infections. Patients with obesity or morbid obesity should be carefully evaluated for the presence of underlying medical conditions that are known to increase the risk for influenza complications, and receive empiric treatment when these conditions are present, or if signs of lower respiratory tract infection are present. The ACIP has **not** recommended that those who are obese, but do not have underlying medical conditions, be added to the target groups for vaccination. See www.cdc.gov/h1n1flu/recommendations.htm

- In the U.S., only a few cases of seasonal influenza have been identified, primarily influenza B. There has been one pediatric death associated with influenza B. No seasonal flu has been identified in Iowa. See www.cdc.gov/flu/weekly/.

- Current guidelines recommend prophylaxis after exposure to H1N1 influenza for those at higher risk of complications who have had close contact with confirmed or probable influenza and for health care workers who were not wearing appropriate PPE. See www.cdc.gov/h1n1flu/highrisk.htm and www.cdc.gov/h1n1flu/masks.htm.
- As more vaccine becomes available, some local health departments are beginning to vaccinate persons in the broader ACIP target group; for example those up to age 64 who have chronic medical conditions. See www.cdc.gov/h1n1flu/vaccination/acip.htm and www.cdc.gov/media/pressrel/2009/r090729b.htm.

H1N1 surveillance information

Of the 276 recent outpatient visits for influenza-like illness, 12 percent of patients were prescribed antiviral medication, and 11 percent of patients were prescribed antibiotics. Most presented with cough and a fever.

Influenza activity has been declining; the highest levels of activity in schools and outpatient settings were reported approximately two weeks ago. However, H1N1 activity, including hospitalizations and deaths, remains far above baseline levels.

For more surveillance information, see www.idph.state.ia.us/adper/iisn.asp

Weather's effect on illness

As we start going into the winter, not only do temperatures decrease but so does humidity. The loss of moisture in the air causes the mucosal membrane barrier to become less effective. This may be one of the reasons that respiratory viruses and other diseases such as meningococcal meningitis cause more illness at this time of year. Studies have also shown that once someone has influenza or another severe respiratory virus, secondary infections, both bacterial and viral are more common.

Ensure that all patients are up to date on not only the seasonal flu vaccine (and the H1N1 vaccine if recommended), but pneumococcal, meningococcal, Hib, and any other bacterial vaccines as recommended. Meningococcal vaccine is especially important for certain populations such as students living in dormitories and laboratorians who work with this organism.

Also note: If *N. meningitidis* is isolated from blood or CSF, the lab must send the isolate to the University Hygienic Laboratory for serogrouping.

Meeting announcements and training opportunities

None

Have a healthy and happy week!
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