EPI Update for Friday, August 22, 2014
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week’s EPI Update include:
- Update: Iowa epidemiologist assists Sierra Leone Ebola outbreak
- First Chikungunya case in American Samoa
- Influenza immunization recommendations
- Meeting announcements and training opportunities

Update: Iowa epidemiologist assists Sierra Leone Ebola outbreak
Samir Koirala, an epidemiologist working with IDPH, is currently assisting the CDC in Sierra Leone to help control and prevent the spread of the Ebola outbreak.

*We are working on the problems created by the treatment center and the lab being located in different districts. If a person in one district is suspected of having Ebola, the patient is taken to the isolation ward in the local hospital and blood is drawn and sent to the lab (which is in another district) for PCR test. The report usually comes back in 24 hours and if the test is positive, the patient is transferred to the treatment center (which is also in another district). Unfortunately, the district where the lab and treatment centers are located is quarantined by the government, so family members are not able to visit their loved ones who are sick; occasionally, they will get a call if their loved one dies, but they often don't hear anything about how they are doing. This creates a very concerning barrier to good relations with the local people, and obviously makes people less likely to bring ill relatives to the attention of health workers.*

*We are working to put a system in place that will allow our district surveillance officer to get information/outcome of each patient who has been transferred to the treatment center, and in turn, contact the family. To do this, we are trying to have a point of contact in each of the two districts who can communicate with each other regularly and provide information on patient status. I really want to have this system in place before I return to the U.S. two weeks from now.*

Samir expects to return to Des Moines at the end of August. He will be replaced by another epidemiologist (coordinated through the CDC) who will continue to support the in-country surveillance team.


First Chikungunya case in American Samoa
For the first time, mosquitos in American Samoa are reported to be carrying the Chikungunya virus. Although not typically fatal, the virus can cause such excruciating joint pain, lasting weeks to months, that patients cannot walk or carry on with daily life activities. For more information about Chikungunya, visit [www.cdc.gov/chikungunya/pdfs/CHIKV_VectorControl.pdf](http://www.cdc.gov/chikungunya/pdfs/CHIKV_VectorControl.pdf).
**Influenza immunization recommendations**

Children 6 months and older should be vaccinated for flu as soon as vaccines are available and efforts to vaccinate children should continue as long as influenza viruses are circulating.

Unless contraindicated for that child, vaccinate all children aged 2 through 8, preferentially with live attenuated influenza vaccine (LAIV) if the provider supply allows. However, vaccination should not be delayed to acquire LAIV if only Inactivated Influenza Vaccine (IIV) is available; in such circumstances IIV should be administered.

Remember, children aged 6 months through 8 years may need two doses of vaccine this fall if they:

1. did not receive a dose of 2013-14 seasonal flu vaccine, or
2. did not receive two doses of seasonal flu vaccine since July 1, 2010, or
3. did not receive at least one seasonal flu vaccine before July 1, 2010 and a seasonal flu vaccine since July 1, 2010, or
4. did not receive two or more doses of seasonal flu vaccine before July 1, 2010 and one dose of the 2009 monovalent H1N1 vaccine.

Egg allergies should not prevent someone from getting vaccinated. If they are 18 to 49 years of age they should receive the Recombinant Influenza Vaccine (Flublok). If they are younger than 18 years, or Flublok is unavailable, the inactivated influenza vaccine should be administered by a physician with experience in the recognition and management of severe allergic conditions. Full recommendations can be found at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm/](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm/).

**Meeting announcements and training opportunities**

Attention local public health partners and hospital Infection preventionists: IDPH Center for Acute Disease Epidemiology’s *Fall Epi Updates* are occurring at four locations and dates:

1. Expo Center Pocahontas County, Pocahontas, October 15.
2. Lakeview Lodge at Hickory Hills Park, LaPorte City, October 16.

Sessions are from 10 a.m. to 3 p.m. Topics include immunology and test considerations for diseases of high public health importance, Lyme disease, pertussis investigation recommendations, rabies review, emerging/re-emerging diseases, *Cyclospora* wrap-up, exclusion recommendations for *Shigella*, confidentiality, and IDSS Q & A. For more information and registration, visit [www.surveymonkey.com/s/cadefallupdates2014](http://www.surveymonkey.com/s/cadefallupdates2014).

Information on the five-day *Extension Training Program for Infection Prevention*, September 22-26, at the University of Iowa Hospital and Clinics, Iowa City, can be found at

Have a healthy and happy week!
Center for Acute Disease Epidemiology
Iowa Department of Public Health
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