

ISDH Long Term Care
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GET VACCINATED...

**It's National
Influenza
Vaccination
Week**

www.flu.gov



The graphic features a dark blue header with the text 'GET VACCINATED...' in white. Below this, the text 'It's National Influenza Vaccination Week' is written in purple and white. The website 'www.flu.gov' is listed in blue. The CDC logo is at the bottom left. Four small photos are arranged in a 2x2 grid: a man, a woman and child, a pregnant woman, and a doctor.

National Influenza Vaccination Week

From the Centers for Disease Control and Prevention:

The Centers for Disease Control and Prevention (CDC) has set aside the week of December 5-11, 2010 to observe this season's National Influenza Vaccination Week (NIVW). The week-long emphasis on flu vaccination was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. National Influenza Vaccination Week provides an opportunity for public health professionals, health care professionals, health advocates, communities, and families from across the country to work together to promote flu vaccination before the traditional winter peak in flu activity.

With three strains of flu expected to circulate in the 2010-2011 season, it is important that everyone 6 months of age and older get vaccinated if they haven't already done so, to protect themselves and their loved ones from flu. The three flu strains identified by the CDC's Advisory Committee on Immunization Practices are an A/H3N2 strain, a B strain and the 2009 H1N1 pandemic strain. This year's flu vaccine provides protection against all three strains and approximately 160 million doses of the vaccine have already been distributed nationwide.

The universal flu vaccine recommendation, which encourages everyone 6 months of age and older to be vaccinated, took effect this flu season, "The new vaccination recommendation shows the importance of preventing the flu in everyone," says Dr. Anne Schuchat, Assistant Surgeon General of the U.S. Public Health Service and CDC's Director of the National Center for Immunization and Respiratory Diseases. "People who do not get vaccinated are taking two risks: first, they are placing themselves at risk for the flu, including a potentially long and serious illness, and second, if they get sick, they are also placing their close contacts at risk for influenza."

"The bottom line is, anyone—even healthy people—can get sick from the flu," said Assistant Secretary for Health Howard K. Koh, M.D., M.P.H. "Lead the way to better health for all by getting your flu shot."

One of the many goals for NIVW is to engage at-risk audiences who are not yet vaccinated, hesitant

about vaccination, or unsure about where to get vaccinated. Each day of National Influenza Vaccination Week is designated to highlight the importance for certain groups such as families, older adults, and people with high risk conditions like diabetes, asthma and heart problems, to get vaccinated. The kickoff day, Sunday, December 5th, will emphasize the importance of the universal vaccination recommendation, because everyone needs to be protected from flu.

The Centers for Disease Control and Prevention (CDC) will focus each day on groups and provide a variety of toolkits, activities, and informational materials. The week's schedule and focus includes:

- Sunday, December 5: General Audience and NIVW Kickoff
- Monday, December 6: Family Vaccination Day
- Tuesday, December 7: Chronic Conditions Day
- Wednesday, December 8: Employee Health Day
- Thursday, December 9: Older Adults Vaccination Day
- Friday, December 10: Young Adults Vaccination Day
- Saturday, December 11: General Audience and NIVW Wrap-up

State and local public health departments and other partners are encouraged to participate in planning their own NIVW events. For more information about National Influenza Vaccination Week, please visit <http://www.cdc.gov/flu/nivw/> or <http://www.flu.gov>, the U.S. Department of Health and Human Services' dedicated flu website.

Health Alerts

Indiana Health Alert Network Advisory Message:
Viral Gastroenteritis (Norovirus) Widespread Throughout Indiana

12/2/2010

Viral gastroenteritis (Norovirus) is currently widespread throughout Indiana, reflected in elevated gastrointestinal syndromic data from hospitals and numerous outbreaks in long term care facilities, schools, hospitals, and restaurants. Although commonly called "stomach flu", it is important to not confuse Norovirus infection with influenza, a respiratory illness characterized by fever, sore throat, cough, and muscle aches. The seasonality of both Norovirus infection and influenza overlap, but the transmission routes and prevention methods are very different.

Numerous Norovirus outbreaks in long term care facilities and schools have been reported, and some have been confirmed through testing at the ISDH Laboratory. Although the ISDH does not test random individual samples for Norovirus, the ISDH Laboratory will perform Norovirus testing on stool samples related to an outbreak and perform bacterial confirmatory testing on routine samples.

Noroviruses are shed primarily in stool and are very easily transmitted by the fecal-oral route, such as consuming contaminated food or beverages or having close contact with someone who is ill. The predominant symptoms of Norovirus infection are nausea, diarrhea, and vomiting. Some people may experience a low-grade fever, chills, headache, muscle aches, and fatigue. The infection has a rapid incubation period, ranging from 12-72 hours and averaging 24-48 hours. While there is no specific treatment or vaccine available for Norovirus infection, ill persons will generally recover within 1-2 days. Dehydration may follow prolonged vomiting and/or diarrhea, especially in the very young, the elderly, and those with weakened immune systems.

Since those infected may shed virus up to two weeks after recovery, prevention is key to stopping transmission of infection:

- Practice thorough, frequent hand washing, especially after using the restroom, after changing diapers, after assisting someone who is ill, after cleaning soiled areas, before eating, and before preparing food.
- Thoroughly disinfect high-traffic contact surfaces and contaminated areas with a 1:10 dilution of bleach.
- Exclude anyone who is symptomatic with diarrhea and/or vomiting from high risk settings:

- Long term care facilities
- Health care facilities
- Day care facilities
- Food handling
- Schools

To report a suspected outbreak of viral gastroenteritis, please contact your local health department. The ISDH will provide assistance to local health departments as needed for outbreak investigations, including laboratory testing for Norovirus.

For more information on Norovirus infection and for specific guidance on related infection control measures, please contact Amie May, Enteric Epidemiologist at the Indiana State Department of Health, 317-234-2808 or you can also visit these websites

Quick facts noro <http://www.in.gov/isdh/22189.htm>

Quick facts handwashing <http://www.in.gov/isdh/files/HandWashingQF2010.pdf>

CDC noro <http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm>

Indiana Health Alert Network Advisory Message:
Increased Statewide Pertussis Activity

11/23/2010

Increased Statewide Pertussis Activity

The Indiana State Department of Health (ISDH) is investigating increased pertussis activity throughout the state. As of November 19, 535 cases of confirmed or probable pertussis have been reported to the ISDH, with more than 60 other cases currently under investigation. This is the highest number of reported pertussis cases since 1959. Of these 535 cases, 339 (63%) have been confirmed by PCR testing. Cases have been reported from every region of the state. Typically there is a peak incidence for pertussis during the summer and early fall months. Of the 535 cases (50%) 265 are school aged (5-18 years of age). When a pertussis case is identified within a school or child care facility, letters may be sent home with attendees to describe the symptoms of pertussis and the importance of vaccination.

Pertussis Clinical Case Definition

Health care providers are encouraged to consider a diagnosis of pertussis in patients with cough illness. Pertussis is defined as a cough illness lasting at least two weeks with one of the following: paroxysmal cough, inspiratory 'whoop,' or post-tussive vomiting, without other apparent cause.

Symptoms typically begin 7-10 days following exposure. Symptoms occur in three stages: first, an individual may experience cold-like symptoms, including a runny nose or sneezing. A mild, occasional cough may develop as well. During the second stage, the cough becomes more severe with bursts of coughing (paroxysms) that may cause difficulty catching one's breath (resulting in a 'whoop' sound) or vomiting following coughing. The second stage can last as long as 10 weeks. Finally, the cough begins to resolve and become less persistent during the third stage.

Pertussis can occur in individuals who have received all of their childhood vaccinations. Pertussis immunity begins to wane over time, which is why the addition of a pertussis booster dose (Tdap) to the routine vaccination schedule (at 11-12 years of age) is important to provide further protection.

Laboratory Testing

Please order appropriate testing for cases meeting the clinical case definition for pertussis or those with a coughing illness of any duration with exposure to a known pertussis case. Appropriate testing includes culture and/or PCR. The ISDH Laboratory now has PCR (as well as culture) kits available for use in testing suspected cases; instructions for obtaining kits are included in the document linked below. The ISDH encourages clinicians to use culture or PCR for pertussis testing whether conducted at the ISDH or another laboratory. Serologic tests for diagnosis of pertussis have not been validated and are not considered confirmatory for diagnosis.

Antibiotic Therapy

If you suspect a pertussis case, do not wait for laboratory confirmation to initiate antibiotic therapy. Prophylactic antibiotic therapy should also be prescribed for all household contacts regardless of whether or not they are symptomatic and regardless of immunization status. For a chart depicting appropriate antibiotic therapy for both cases and contacts, visit

http://www.in.gov/isdh/files/Recommended_Pertussis_Control2010-05LetterheadFinal.pdf

Note that antibiotics will shorten the infectious period of pertussis, but they will not shorten the duration of symptoms unless provided very early in the course of illness.

Control Measures

- Suspect cases should be excluded from work, school, or other public gatherings through 5 days on an appropriate antibiotic. If a suspect case is not treated, the case should be excluded through 21 days after cough onset.
- Symptomatic close contacts should be excluded from work, school, or other public gatherings through 5 days on an appropriate antibiotic. Symptomatic contacts who are not treated should be excluded through 21 days after cough onset.
- Asymptomatic close contacts should be placed on antibiotics, but they may immediately return to work or school. One exception: inadequately immunized household contacts under the age of 7 years should be excluded through 5 days on antibiotics per the Indiana Communicable Disease Rule.
- Assess the vaccination status of patients. Children under age 7 years are eligible for the DTaP vaccine, and persons 10 through 64 years of age are eligible for the one-time Tdap pertussis booster vaccine. Vaccination following exposure will not prevent illness; however, it will help to protect against future exposures.

All suspect cases of pertussis should be reported immediately to the local health department.

For additional information regarding pertussis, please refer to 'Recommended Pertussis Control Measures' available at http://www.in.gov/isdh/files/Recommended_Pertussis_Control2010-05LetterheadFinal.pdf

ISDH Updates

Indiana Epidemiology Newsletter

The latest issue (September/October 2010) of the Indiana Epidemiology Newsletter has been published to the ISDH Web site. You may view the newsletter by clicking on the following link or copy and paste it into your browser window: <http://www.in.gov/isdh/17458.htm> or click [here](#) to download the Adobe Acrobat PDF version.

Featured articles in the July/August newsletter include:

- "Pertussis: On the Rise In Indiana"
- "Cancer Mortality"
- "Indiana Tuberculosis Annual Summary 2009"

Coming Events

December 13, 2010: Indiana Quality Indicator Survey (QIS) Overview Conference Call

March 31, 2011: ISDH Indiana Healthcare Leadership Conference, *Improving Nutrition*, Indiana Convention Center, Indianapolis, Indiana. The agenda and registration information will be posted closer to the event.

October 27, 2011: ISDH Indiana Healthcare Leadership Conference, topic to be determined, Indiana Convention Center, Indianapolis, Indiana.



Have a good week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health