

**EPI Update for Friday, April 1, 2016**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

Items for this week's EPI Update include:

- **Opioid overdose prevention**
- **Electronic laboratory reporting update**
- **An early spring means farm work is underway**
- **Meeting announcements and training opportunities**

**Opioid overdose prevention**

In the U.S., 44 people die from prescription painkiller overdose each day. Prescription opioid overdoses are responsible for more deaths in the U.S. every year than all other drugs combined, and collectively, drug overdoses are now the leading cause of injury death in the U.S. The number of Iowa drug overdose deaths – a majority of which are related to prescription medications – has more than quadrupled, increasing from 12 in 2005 to 52 in 2014.

Due to their effect on the part of the brain that regulates breathing, heroin and high doses of opioids can cause respiratory depression – to the point of death. Naloxone (Narcan) is an opioid receptor antagonist medication used to counter the effects of the overdose by basically ejecting heroin and opioids from the receptor sites. Because the effects of naloxone only last for 30-90 minutes, it's important that the individual receiving naloxone seek medical attention following administration. Otherwise, there's the possibility that the effects of naloxone could wear off and the individual would again begin to experience respiratory depression.

The issue of access to naloxone has received a lot of attention lately. Up until five years ago, availability was restricted to only the at-risk drug user. Providing medication to anyone else was prohibited and laws required a doctor-patient relationship to be established prior to direct prescription. However, family and friends are often in the best position to administer this life-saving drug. Since that time, due to the increasing number of heroin and opioid overdoses, 46 states have passed laws providing immunity to medical professionals who prescribe or dispense naloxone or to persons who administer naloxone as a means of preventing overdose death. Currently, Iowa is considering revisions to its current law to allow for similar protections.

For more information, visit [www.cdc.gov/drugoverdose/](http://www.cdc.gov/drugoverdose/).

**Electronic laboratory reporting update**

ELR (electronic laboratory reporting) has been steadily implemented statewide since the first Iowa hospital system began automatically reporting on October 1, 2014 and today, a total of 58 Iowa hospitals have fully implemented ELR. In addition, six laboratories that serve as reference labs for Iowa healthcare providers have fully implemented ELR. Approximately 77 percent of reporting volume is expected through ELR and another 13

percent is expected through web entry; paper-based reporting is expected to fall to 6 percent or less during 2016 as the remaining Iowa hospitals implement ELR.

Automation provides a number of significant benefits:

- Timelier reporting: on average, laboratory results are reported nearly a full week sooner than paper-based reporting and two to three days sooner than manual web entry to the Iowa Disease Surveillance System. In acute disease surveillance, timeliness is a critical factor in containing and minimizing spread of infection.
- More complete information: communication standards require that more complete information is included with each report.
- More accurate information: risk of error occurs at each data entry point. ELR reduces the number of data entry points to one, thereby reducing the risk of inaccurate information reaching front-line public health investigators.
- Saves processing time for laboratory, hospital, and public health staff.

Despite these benefits, it is important to emphasize that ELR cannot replace immediate reporting when a healthcare provider suspects infection with:

- Anthrax
- Botulism
- Cholera
- Diphtheria
- *Haemophilus influenzae* type invasive disease
- Measles
- *Neisseria meningitidis*
- Plague
- Polio
- Rabies (human)
- SARS
- Smallpox
- Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean Congo)
- Yellow Fever

For immediate reporting, call the 24/7 disease hotline at 800-362-2736.

### **An early spring means farm work is underway**

With the warm spring weather, farmers are getting a jump on field work. Medical providers and first responders should prepare for an accidental ammonia release in their community by reviewing or updating their local response protocols. The Iowa Statewide Poison Control Center is available for consultation at 800-222-1222. You can also refer to the CDC/ATSDR Medical Management Guidelines for Ammonia at [www.atsdr.cdc.gov/MMG/MMG.asp?id=7&tid=2](http://www.atsdr.cdc.gov/MMG/MMG.asp?id=7&tid=2). References to share with farmers are also available, including the ISU Extension at [www.extension.org/pages/63196/anhydrous-ammonia-safety](http://www.extension.org/pages/63196/anhydrous-ammonia-safety) and North Dakota State University at [www.ag.ndsu.edu/pubs/ageng/safety/ae1149.pdf](http://www.ag.ndsu.edu/pubs/ageng/safety/ae1149.pdf).

**Meeting announcements and training opportunities**

*Iowa Infection Prevention and Control Conference*, Cedar Rapids Marriott Hotel and Conference Center, May 3-4, 2016. To register, visit [UI Center for Conferences](#).

*Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals*, University of Iowa, June 13-17, will include information and skills to anticipate, recognize, and prevent occupational illnesses and injuries. For more information, visit [cph.uiowa.edu/gpcah/education/iowa-ag-med-course](http://cph.uiowa.edu/gpcah/education/iowa-ag-med-course).

**Have a healthy and happy (and greener) week!**

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800-362-2736