

**EPI Update for Friday, April 15, 2011**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

**Items for this week's EPI Update include:**

- Measles update
- Enjoying holiday eggs safely
- Updated: Pertussis exposure in vaccinated health care providers
- Iowa influenza surveillance weekly report condensed
- Measles: an evolutionary perspective by Russell Currier DVM
- Meeting announcements and training opportunities

**Measles update**

There have been 17 confirmed cases of measles reported in Minnesota. Fourteen of the cases have been linked to a case that acquired infection in Kenya (15 total), one case acquired infection in Florida, and one case in India.

In January and February, CDC received reports of 13 imported measles cases among U.S. travelers abroad; seven aged 6-23 months. For more information, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s\\_cid=mm6013a1\\_e&source=govdeli\\_very](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s_cid=mm6013a1_e&source=govdeli_very). Because measles remains endemic in much of the world, international travelers should be up-to-date on vaccinations. ACIP recommends U.S. children who travel abroad should be vaccinated at an earlier age than those living in the U.S. because of the greater risk for exposure to measles. For more information, visit [www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm).

For instructions on follow-up of possible measles patient, see the April 1 EPI Update at [www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=EpiUpdate](http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=EpiUpdate) .

**Enjoying holiday eggs safely**

Eggs are often used as holiday decorations and in party activities (like egg hunts) during the Easter and Passover holidays. Everyone should be reminded that *Salmonella* can be found in normal looking eggs, even intact eggs. Salmonellosis causes fever, diarrhea, and abdominal cramps, typically 12 to 72 hours after exposure. Illness can last four to seven days and most people recover without antibiotic treatment (which is generally not recommended). Severe illness may occur in the very young, the elderly, pregnant women, or those with compromised immune systems. For basic safety tips for cooking, storing, decorating and eating holiday eggs, visit [www.fsis.usda.gov/news/nr\\_032105\\_01/index.asp](http://www.fsis.usda.gov/news/nr_032105_01/index.asp).

**Updated: Handling pertussis exposure in vaccinated health care providers**

IDPH has updated its guidelines for exposed HCPs vaccinated with Tdap. This update is based on ACIP's revised recommendations of February 23<sup>rd</sup>.

- Of primary importance is the use of appropriate masks in the presence of any patient with a cough illness. This will prevent exposure.
- All health care personnel, regardless of age, should receive a single dose of Tdap as soon as feasible (if they have not previously received Tdap) and regardless of the time since last Td dose.

Data on the need for post-exposure antimicrobial prophylaxis in Tdap-vaccinated HCP are inconclusive. Some vaccinated HCP are still at risk for *B. pertussis* infections, thus previous Tdap vaccination may not preclude the need for post-exposure antimicrobial prophylaxis.

IDPH recommendations for post-exposure care in vaccinated health care personnel are:

- 1) Post-exposure antimicrobial prophylaxis is recommended for all vaccinated HCP who have unprotected exposure to pertussis, and are likely to expose patients at risk for severe pertussis (e.g., hospitalized neonates and pregnant women). Post-exposure antibiotic prophylaxis is recommended after each exposure.
- 2) Other vaccinated HCPs should either receive post-exposure antimicrobial prophylaxis or be monitored daily for 21 days after each pertussis exposure and treated with antibiotics at the onset of signs and symptoms of pertussis.

If a health care provider has not been vaccinated against pertussis, does not wear a mask appropriately, and is exposed to pertussis, post-exposure antibiotic prophylaxis is recommended after each exposure.

The full discussion on ACIP Provisional Recommendations can be found at [www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf](http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf).

For more information on IDPH update and on pertussis call 800-362-2736 or visit [www.idph.state.ia.us/cade/default.aspx?group=3](http://www.idph.state.ia.us/cade/default.aspx?group=3) and click on pertussis.

### **Iowa influenza surveillance weekly report condensed**

Since flu activity is waning, the Iowa Influenza Surveillance Network weekly report will only report statewide activity beginning the week ending April 9, 2011. To see the weekly flu report, visit [www.idph.state.ia.us/adper/iisn.asp](http://www.idph.state.ia.us/adper/iisn.asp) and click on the reports archive.

### **Measles: an evolutionary perspective by Russell Currier DVM**

As a former editor and faithful reader of the Friday Update, I offer a perspective on the troubling episode of measles in Minnesota. According to Robin A. Weiss, a British virologist, all pathogenic viruses are like an art collection i.e. “family heirlooms” (coevolved with host e.g. retroviruses, papilloma and hepatitis viruses), “temporary exhibits” (zoonoses e.g. rabies, West Nile, ebola, SARS), and “new’ acquisitions” (appearing in human populations in the last 12,000 years e.g. measles, small pox, HIV].

Measles (caused by a morbillivirus) is closely related to canine distemper and rinderpest of cattle (which emerged during prehistoric times – probably when cattle were first

domesticated). It adapted to humans as measles. Rinderpest (AKA cattle plague) was endemic in Europe and Africa until eradicated in 2010 by using a very effective vaccine (developed by Dr Walter Plowright, a British veterinarian, honored for this by receiving the 1999 World Food Prize in Des Moines).

Rinderpest was the first eradicated animal disease, and shares this distinction with human small pox (which was also obtained from an animal, probably a camel with camel pox).

### **Meeting announcements and training opportunities**

#### Agricultural Medicine course

June 13-17, Iowa City and July 11-15, Omaha. A training program for health care professionals who treat and help prevent farm occupational illnesses and injuries. For information, visit [www.public-health.uiowa.edu/icash/education/agmedtraining.html](http://www.public-health.uiowa.edu/icash/education/agmedtraining.html).

#### Immunize for a Better Life

June 8-9, Des Moines. Designed for a diverse field of health care professionals interested in learning about immunizations. For information, visit [www.trainingresources.org](http://www.trainingresources.org).

#### **Have a healthy and happy week!**

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