EPI Update for Friday, April 13, 2012
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Tick season is upon us**
- **Rapid testing for Giardia and Cryptosporidium**
- **Polio virus is gone from India; just three more countries to go!**
- **Meeting announcements and training opportunities**

Tick season is upon us

Iowa's unusual stretch of warm weather in late winter and early spring has led to earlier than normal tick activity and start to the tick-borne disease season. Ticks can carry the organisms that cause Lyme disease, Rocky Mountain Spotted Fever, and Ehrlichiosis. Everyone needs to start protecting themselves against tick bites. For information on how to prevent tick bites and tick removal when a bite does occur, please share the Centers for Disease Control and Prevention information at www.cdc.gov/ticks/avoid/on_people.html. For guidelines on the safe use of insect repellants, visit www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual&context=DEET_factsheet.

The most common tick-borne disease in Iowa is Lyme disease; 85 cases of Lyme disease were reported to IDPH in 2011.The most diagnostic and earliest sign of infection is a rash that may appear within a few days to a month, usually at the site of the tick bite. The rash will first look like a small, red bump, then expand until it begins to look like a bull's eye, with a red center and a red ring surrounding a clear area. Unfortunately, this rash does not appear in everyone. For more information on Lyme disease, visit www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual&context=Lyme_Disease_factsheet. The Iowa State University Medical Entomology laboratory conducts tick surveillance across the state and that surveillance data is available at www.ent.iastate.edu/medent/ticks_IA.

Rapid testing for Giardia and Cryptosporidium

Laboratory testing for Giardia and Cryptosporidium has come a long way in the last few years and many labs now perform antigen testing instead of the traditional ova and parasite (O&P) test. There are several convenient EIA assays on the market. A careful look at the literature shows that the sensitivity of these assays can range from 81 to 91 percent (when compared to fluorescent antibody stains done on O&P tests, which are considered the gold standard). Thus, there have been reports of false positives when testing is done in populations with only a low incidence of the parasite. A good rule is when there is a negative immunoassay and persistent consistent symptoms, or an unlikely positive result, an ova and parasite test should be performed for the direct examination of stool. Ova and parasite testing is available through SHL.

Polio virus is gone from India; just three more countries to go!
It´s official: India is no longer polio-endemic. On February 25th, after India marked 12 months in which no Indian child had been paralyzed by the polio virus, the World Health Organization officially removed India from the list of countries with active transmission of endemic polio. This leaves just three countries which have not yet stopped polio: Afghanistan, Nigeria and Pakistan.

“We have won the battle, but the war is not yet over,” said India’s Health Minister, Ghulam Nabi Azad. “Let us today rededicate ourselves and resolve that we will continue our efforts with the same vigor, so that India can be declared (certified) polio-free by 2014.”

Meeting announcements and training opportunities
None

Have a healthy and happy week!
Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736