

EPI Update for Friday, April 27, 2012
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Measles is a public health emergency**
- **Death rates from unintentional injury among children dropping**
- **New course: Field Experiences in Public Health**
- **Severe hand, foot and mouth disease (HFMD) associated with coxsackievirus A6**
- **Meeting announcements and training opportunities**

Measles is a public health emergency

People suspected of having measles should be reported immediately to IDPH, CADE at (800) 362-2736 or after hours, 515-323-4360. CADE will consult on the appropriate emergency confirmatory testing and assist transporting the emergency specimen to the State Hygienic Laboratory (SHL); results are typically available within hours. *Public health notification and response should not be delayed pending laboratory results, since vaccine/immunoglobulin must be given within days of exposure to protect against disease.*

Measles was eliminated from the U.S. in 2000, but the importation of the disease from other countries remains a problem. Last year the CDC reported 222 cases and 17 outbreaks in 31 states—more than four times the usual number. Susceptible U.S. residents being exposed overseas and international visitors are the cause of this rise.

- Susceptible U.S. citizens should be fully vaccinated before traveling overseas.
- Children should be up-to-date on all immunizations.
- Health care providers should remain vigilant for possible measles and act immediately. Misdiagnoses and delays in reporting to public health have resulted in transmission of measles to others in the U.S.

For more information on the report for 2011, visit

www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a1.htm?s_cid=mm6115a1_w.

Death rates from unintentional injury among children dropping

According to a new CDC "Vital Signs" report, death rates from unintentional injuries among children and adolescents from birth to age 19 declined by nearly 30 percent from 2000 to 2009. The report can be found at

www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a5.htm?_cid=mm6115a5_e.

Still, more than 9,000 children lost their lives as a result of unintentional injury in the U.S. in 2009. Although rates for most child injuries have been dropping, suffocation rates are on the rise, with a 54 percent increase in reported suffocation among infants younger than 1 year old. Poisoning death rates also increased, with a 91 percent increase among teens aged 15 to 19 years of age, largely due to prescription drug overdose. The most common cause of death from unintentional injury for children is motor vehicle crashes.

A CDC and partner organization's report, "National Action Plan on Child Injury Prevention," contains overall goals to:

- Raise awareness about the problem of child injury and their effects
- Highlight prevention solutions by setting common goals and strategies.
- Mobilize action to reduce child injury

For a copy of the plan and more information about child injury prevention, visit www.cdc.gov/safechild.

New Course: Field Experiences in Public Health

Three of Iowa's leading public health practitioners will teach a graduate level course this summer to give students learning opportunities in a broad cross section of health disciplines. "Field Experiences in Public Health," will offer practical experience in: environmental, occupational and behavioral health; infectious and chronic diseases; emergency response; and death investigations.

Michael Pentella, Ph.D., of the State Hygienic Laboratory; Patricia Quinlisk, M.D., of the Iowa Department of Public Health; and Yogesh Shah, M.D., of Des Moines University will teach the six-week course. It will be taught from two locations that will be connected electronically: Des Moines University and the Hygienic Lab on the UI Research Park in Coralville.

Three semester hours of course credit will be issued upon successful completion. Course dates are June 19 through July 27. University of Iowa students can register through the ISIS page with their Hawk ID and password. All other students can register using the online form at www.continuetolearn.uiowa.edu/ccp/enroll.htm. You may also call (319) 335-2575 or 800-272-6430 or write to dce-registration@uiowa.edu.

Severe hand, foot and mouth disease (HFMD) associated with coxsackievirus A6

HFMD is a common viral illness caused by enteroviruses. It predominantly affects children younger than five years old. Outbreaks typically occur during summer and autumn months in the U.S. The most common cause of HFMD has been enterovirus serotype coxsackievirus A16.

Most infections are asymptomatic; but some may have a mild febrile illness with rash on the palms of the hands and soles of the feet, and sores in the mouth. HFMD also has been associated (often weeks after initial symptom onset) with nail dystrophies (e.g., Beau's lines or nail shedding).

From November 7, 2011, to February 29, 2012, CDC received reports from four states of 63 persons with signs and symptoms of HFMD or with fever and atypical rash. Of the 34 patients tested, Coxsackievirus A6 (CVA6) was detected in 25 (74 percent). No enteroviruses were detected in the other nine patients. The age ranges of patients, severity of illness, seasonality of disease, and identification of CVA6 in these cases were unusual for HFMD. CVA6 has been associated with more severe and extensive rashes than HFMD caused by other enteroviruses, and this is the first outbreak like this

to be reported in the U.S. For more information, visit
www.cdc.gov/mmwr/preview/mmwrhtml/mm6112a5.htm?s_cid=mm6112a5_e.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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