

EPI Update for Friday, June 5, 2015
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Last weekly seasonal influenza report
- Avian influenza update
- Middle East Respiratory Syndrome (MERS)
- LIME disease: Get your sunblock out, not your bug spray!
- Meeting announcements and training opportunities

Last weekly seasonal influenza report

This week's seasonal flu report will be the last weekly report published this season; over the summer months, these reports will be published monthly. Weekly reports will resume in October. IDPH would like to thank all the sites that have and continue to report data to the Iowa Influenza Surveillance Network.

During the summer months, IDPH encourages providers to continue submitting specimens from patients with flu-like symptoms to the State Hygienic Laboratory (SHL). When the prevalence of influenza is low, it is critical to continue influenza surveillance to determine if the circulating strains match the next season's vaccine. Surveillance helps to identify genetic changes in the virus that may impact virulence or resistance to antiviral medications and to provide health care providers with situational awareness concerning influenza activity levels in Iowa.

ILINet is a year-round surveillance and ILINet providers are still encouraged to submit specimens to SHL for testing and report their data to CDC. To learn more about the flu surveillance program or to become a sentinel site, please contact Kemi Oni at (515) 725-2136 or oluwakemi.oni@idph.iowa.gov.

Avian influenza update

As of June 3rd, no human infections with Avian influenza (H5N2) have been reported in Iowa or any other affected state. Avian flu has been confirmed at 71 sites/farms in 18 Iowa counties. More than 30,000,000 poultry have been affected and depopulated in Iowa. Approximately 200 workers in Iowa have been or are being monitored for symptoms and/or recommended to take antiviral prophylaxis.

On June 2, CDC released a Health Advisory on various strains of avian influenza A (H5N2), (H5N8), and (H5N1) viruses. This advisory discusses the history of these viruses and reminds health care providers to consider avian flu in persons with close contact to potentially infected birds. This advisory also discusses the use of personal protective equipment and antiviral treatment and prophylaxis in those with close contact to sick birds.

This advisory does not change any previous IDPH recommendations or actions concerning the situation in Iowa.

For more information on the health advisory, visit emergency.cdc.gov/HAN/index.asp. For more information about avian influenza in Iowa, visit www.cdc.gov/flu/avianflu/h5/index.htm.

Middle East Respiratory Syndrome (MERS)

This week, IDPH received a request for Middle East Respiratory Syndrome (MERS) testing for an ill traveler recently returned from the Middle East. The patient was experiencing fever, cough, and body aches. Testing at SHL determined the patient did not have MERS.

MERS is caused by Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and typically causes severe acute respiratory illness (fever, cough and shortness of breath).

CDC recommends that patients should be evaluated for MERS-CoV infection if they meet the following criteria:

- A. Fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND EITHER:
- history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, OR
 - close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula, OR
 - a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated in consultation with state and local health departments,

OR

- B. Fever AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND being in a health care facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula in which recent health care-associated cases of MERS have been identified.

OR

- C. Fever OR symptoms of respiratory illness (not necessarily pneumonia; e.g. cough, shortness of breath) AND close contact with a confirmed MERS case while the case was ill.

For information regarding when to test for MERS, visit www.cdc.gov/coronavirus/mers/interim-guidance.html.

LIME (not Lyme!) disease: Get your sunblock out, not your bug spray!

Bartenders should be careful of the after-burn when mixing margaritas in the sunshine. Recently there were two reports of skin burns occurring after the mixing of margaritas outdoors. Within a few days of margarita making, both victims developed skin blisters in areas where lime juice had come in contact with bare skin. The mixture of citric acid from the lime juice and UV rays caused a toxic reaction known as phytophotodermatitis (also referred to as “lime disease” or “margarita dermatitis”) and can cause not only skin burns, but prolonged discoloration of the skin even after the rash or blistering resolves. Precautions include wearing gloves, washing hands with soap and water immediately after coming into contact with citrus juice, and liberally applying sunscreen.

For more information on phytophotodermatitis, visit newsnetwork.mayoclinic.org/discussion/sun-related-skin-condition-triggered-by-chemicals-in-certain-plants-fruits/.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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