

**EPI Update for Friday, November 13, 2015**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

Items for this week's EPI Update include:

- **Mumps cases are increasing**
- **Mumps laboratory testing in Iowa**
- **Ebola update**
- **Safer food saves lives – stopping multistate foodborne outbreaks**
- **Meeting announcements and training opportunities**

**Mumps cases are increasing**

Since July 12<sup>th</sup>, 149 laboratory confirmed cases of mumps have been reported; 128 cases in Johnson County and 21 in the rest of the state. Recently, the number of cases has been increasing, especially in University of Iowa students. For mumps statistics, visit [idph.iowa.gov/ehi/mumps/status-updates](http://idph.iowa.gov/ehi/mumps/status-updates).

Public health and the University of Iowa are recommending a third dose of MMR vaccine for all University of Iowa students under the age of 25. Multiple vaccine clinics are taking place across the campus, and will continue until Thanksgiving break. A third dose of MMR vaccine is not recommended for others at this time. For more information on mumps, visit [idph.iowa.gov/ehi/mumps](http://idph.iowa.gov/ehi/mumps).

**Mumps laboratory testing in Iowa**

Johnson County (while mumps outbreak is occurring):

- Patient with symptoms consistent with mumps for 3 or less days – obtain buccal swab and serology for IgM.
- Patient with symptoms consistent with mumps for more than 3 days, diagnose based on clinical symptoms –obtain blood for IgM serologic testing (do not need to obtain buccal swab).
- Report to public health all patients with positive laboratory test and/or clinically diagnosed mumps.

Outside of Johnson County:

- Patients with symptoms consistent with mumps – obtain buccal swab and blood for IgM serologic testing.

Mumps specimen collection

Serology

- Collect 7-10ml of blood in a red-top or serum-separator tube for IgM test upon suspicion of mumps.
- Store specimens at 4°C and ship on wet ice packs.

Buccal swab

- Massage the parotid area for 30 seconds prior to swabbing the area around Stensen's duct gland.
- Synthetic swabs are preferred over cotton swabs.

### **Ebola update**

Sierra Leone was declared Ebola-free on November 7<sup>th</sup> after two incubation periods (42 days) without any new cases. An enhanced surveillance period will continue in Sierra Leone for 90 days; however, travelers coming from Sierra Leone to Iowa will no longer need to be actively monitored.

Ebola transmission continues in Guinea, though the number of new cases reported has dropped dramatically from the height of the outbreak (only four cases have been reported in the last 21 days). Travelers from Guinea to Iowa will continue to be monitored for symptoms of Ebola.

Currently, only one traveler is being monitored in Iowa. A total of 128 travelers have been monitored since September 2014. No cases of Ebola have occurred in Iowa.

For more information on Ebola in West Africa and Ebola monitoring in the United States, visit [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html). For more information on Ebola monitoring in Iowa, visit [idph.iowa.gov/ehi/ebola/status-updates](http://idph.iowa.gov/ehi/ebola/status-updates).

### **Safer food saves lives – stopping multistate foodborne outbreaks**

Multistate foodborne outbreaks can cause serious illness in large numbers of people and more of these outbreaks are being found. From 2010 to 2014, multistate outbreaks caused 56 percent of deaths from reported foodborne outbreaks, although they accounted for just three percent of all such outbreaks.

Foods that cause multistate outbreaks are contaminated before they reach a restaurant or home. Investigating these outbreaks often reveals problems on the farms, in processing or in distribution that resulted in contaminated food.

Health care providers can assist in stopping these outbreaks by:

- Submitting clinical specimens for culture from appropriate symptomatic patients for advanced testing such as DNA fingerprinting;
- Reporting all suspected outbreaks rapidly to the local or state health department; and
- Informing patients or caretakers of patients (especially those at high risk - pregnant women, adults over 65 years, children under 5, and people with weakened immune systems) that they have an increased risk for food poisoning and how to reduce their risks of food poisoning.

For more information on steps to prevent food poisoning, visit [www.foodsafety.gov/](http://www.foodsafety.gov/). For more information on the foodborne “CDC vital signs,” visit [www.cdc.gov/vitalsigns/foodsafety-2015/index.html](http://www.cdc.gov/vitalsigns/foodsafety-2015/index.html).

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

None

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

Center for Acute Disease Epidemiology

Iowa Department of Public Health

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