

EPI Update for Friday, March 24, 2006
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Mumps, mumps and more mumps...
- Influenza update
- EIS officer update: "Back from Africa"
- Meeting announcements

Iowa mumps update

A total of 187 confirmed and probable cases of mumps have been reported to the Iowa Department of Public Health (IDPH) as of Thursday, March 23rd. Reports have increased significantly due to increased surveillance, awareness and, unfortunately, more disease. Activity is spreading to other regions of the state, though the majority of cases are still occurring in Dubuque, Johnson and Blackhawk Counties. The reason for an outbreak occurring at this time and only in Iowa, is still unknown, but we continue to investigate and are consulting with the Centers for Disease Control and Prevention (CDC).

To view the complete mumps update, mumps tools and other documents, check the HAN or our Web site at www.idph.state.ia.us/adper/cade.asp.

IDPH is hosting two conference calls on Friday; one with local public health officials and the other with infection control practitioners, to share the most up-to-date information on mumps. Information has been sent to invitees on how to join the conference call.

Influenza update

Seasonal Influenza: Iowa and the United States

Iowa influenza activity has remained at widespread for this week. Iowa influenza-like illness is reported at 3.14 percent, which is slightly higher than the national rate of 3 percent. Cases of influenza B continue to be confirmed by the University Hygienic Laboratory. To view this week's Iowa Influenza Surveillance Network report or to learn more about Iowa influenza surveillance, visit www.idph.state.ia.us/adper/iisn.asp.

Avian influenza

Human cases of influenza are now occurring in Azerbaijan. There are a total of 184 cases confirmed by the World Health Organization (WHO) and 103 deaths. For more information, visit the WHO Web site at www.who.int/csr/disease/avian_influenza/en/index.html.

EIS Officer update: "Back from Africa"

Between March 1 and 15, 2006, I participated, as a CDC assignee, in a mission for the World Health Organization (WHO) to Mauritania, Africa. The objectives of this assignment, as a member of the WHO evaluation team, were:

- (i.) to confirm the interruption of dracunculiasis (guinea worm) transmission;
- (ii.) to review the guinea worm surveillance system and examine data and documentation related to the Mauritania Guinea Worm Eradication Program (MGWEP) at each program administration level within the Mauritania Ministry of Health (MOH) for the last three years (at least);
- (iii.) to review program management, monitoring, and supervision;
- (iv.) to conduct field visits in three regions to confirm the interruption of guinea worm transmission and interview key informants in the community;
- (v.) and to make recommendations for action.

Guinea worm is a disease, resulting from the ingestion of contaminated water containing worm larvae. (Filtering drinking water with something as simple as a piece of cloth can reduce the risk of infection). After ingestion, the worm larva migrates through the intestine and becomes an adult. After mating, the female worm migrates to the leg where an ulceration through the skin occurs, allowing the female worm to release her baby larva into the environment whenever the leg is immersed in water. This disease can cause serious secondary infections and even cripple the patient. WHO is attempting to eradicate this disease. More information can be found at

www.cdc.gov/ncidod/eid/vol4no3/hopkins.htm and www.cdc.gov/mmwr/preview/mmwrhtml/mm5237a1.htm Pictures of guinea worm infection can be seen at www.dpd.cdc.gov/dpdx/HTML/Dracunculiasis.htm

This WHO evaluation confirmed that transmission of guinea worm in Mauritania has been interrupted. However, there are deficiencies in the surveillance system that might compromise the program's ability to detect imported cases. The presence of a monetary reward for guinea worm cases is well known (approximately \$20 U.S.), but the current amount of the reward may need to be increased and requires further media advertisement and reinforcement. The lack of safe water is an issue in all three districts. It is particularly concerning because the presence of imported cases, the lack of filters and health education, and the irregularity of active surveillance at the village level means that this disease could easily reappear. Community water committees are not able to raise funds for repairs in a timely manner. As a result, broken hand pumps are often not repaired for months or years, forcing villagers back to unsafe water sources.

Thirteen recommendations were made after this evaluation and presented to the Ministry of Health, basically concerning the need to continue an acceptable level of surveillance for the next three years.

Personally my trip was a very enriching experience. For the first time I was able to see the amazing Sahara desert dunes. It was quite hot though!

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Meeting announcements

2006 Public Health Conference, Iowa State Center, Scheman Building in Ames
Tuesday, March 28th - Wednesday, March 29th

Have a healthy (and happily a guinea worm free) week

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Iowa Department of Public Health

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