

EPI Update for Friday June 16, 2006  
Center for Acute Disease Epidemiology  
Iowa Department of Public Health (IDPH)

*Items for this week's EPI Update include:*

- **Measles (Rubeola) awareness**
- **West Nile virus detected – Encouraged to “Fight the Bite”**
- **Phase 3 mumps vaccination strategy continues**
- **Human papillomavirus (HPV) vaccine**
- **“Lead season” underway**
- **Food safety: A core function of public health!**
- **Meeting announcements and training opportunities**

**Measles (Rubeola) awareness**

France, Germany: France health authorities warn World Cup travelers of a measles outbreak in Germany. France's Health Ministry said 1,169 people have been infected with measles in the North Rhine-Westphalia region of Germany. A ministry statement advised tourists to make sure they were vaccinated against measles, an airborne virus that is highly contagious. The World Cup, which started on June 9, is expected to attract more than 1 million tourists to 12 German cities hosting soccer matches.

Measles is a public health emergency and should be reported immediately to the local and state health department.

Measles should be suspected in an individual who presents with an acute erythematous rash and fever (generally high; 104 to 105 degrees), preceded by a two- to four-day prodrome of cough, coryza, conjunctivitis (the “three Cs”) and photophobia. The individual should be questioned re: vaccination (MMR) status, recent travel, recent out of town visitors (from where and dates), and about contact with persons with similar signs and symptoms.

Remember, if anyone has the three Cs (cough, coryza and conjunctivitis) and a rash, they have measles until proved otherwise. Thus a blood specimen should be drawn and the person put into isolation immediately. Unless severely ill, isolation means that the person should go home and stay home, and not have any visitors. (If severely ill, hospitalization is appropriate with isolation procedures.)

IDPH recommends submission of specimens to the University Hygienic Lab (UHL). The phone number is 319-335-4500. Remember, if measles is suspected, control measures are implemented before serologic confirmation. The CADE Disease Reporting Hotline is (800) 362-2736. Please also refer to the EPI Manual at [http://www.idph.state.ia.us/adper/surveillance\\_manual.asp](http://www.idph.state.ia.us/adper/surveillance_manual.asp)

### **West Nile virus activity detected – Iowans encouraged to “Fight the Bite”**

Dead crows collected from Johnson, Linn, and Lyon counties have been confirmed as the first positive West Nile virus activity in Iowa this year, marking the return of the virus that first appeared in Iowa in late 2001. Earlier this month, West Nile virus surveillance began across the state. In addition to dead bird collection, mosquito traps and sentinel chicken flocks have been placed at 12 different sites around the state to monitor for West Nile virus and other mosquito-borne viruses. State health officials offer the following suggestions to “Fight the Bite” and reduce the risk of exposure to West Nile virus:

- Use insect repellent with DEET, picaridin or oil of lemon eucalyptus. Check label for correct use.
- Avoid outdoor activities at dusk and dawn when mosquitoes are most active.
- Wear long-sleeved shirts, pants, shoes, and socks whenever possible outdoors.
- Eliminate standing water around the home because that’s where mosquitoes lay eggs. Empty water from buckets, cans, on pool covers and pet water dishes (after the pet has a chance to get a drink, of course.)
- Change water in bird baths every three to four days.

IDPH has a toll-free hotline for Iowans to receive WNV information. The number is 866-WNV-Iowa (1-866-968-4692). Additional West Nile virus information can be found on the IDPH Web site, [www.idph.state.ia.us](http://www.idph.state.ia.us).

### **Phase 3 mumps vaccination strategy continues**

Phase 3 of the mumps vaccination strategy will continue through October 2006. Focus will remain on individuals 18-46 years of age while targeting college-age students. IDPH will continue to collaborate with post secondary institutions to promote vaccination of students. Iowa will maintain doses of MMR vaccine for the continuation of phase 3, and will continue to offer it to those at high risk at no or little cost via the local health department. Through June 14, 8,473 doses of state supplied MMR vaccine have been administered. For more information, visit [www.idph.state.ia.us/adper/mumps.asp](http://www.idph.state.ia.us/adper/mumps.asp)

### **Human papillomavirus (HPV) vaccine**

The Food and Drug Administration (FDA) announced the approval of Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to human papillomavirus (HPV) types 6, 11, 16 and 18. The vaccine is approved for use in females 9-26 years of age.

HPV is the most common sexually-transmitted infection in the United States. The Centers for Disease Control and Prevention estimates that about 6.2 million Americans become infected with genital HPV each year and that over half of all sexually active men and women become infected at some time in their lives. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the U.S. each year.

Worldwide, cervical cancer is the second most common cancer in women; it is estimated to cause over 470,000 new cases and 233,000 deaths each year.

For most women, the body's own defense system will clear the virus. Infected women do not develop related health problems. However, some HPV types can cause abnormal cells on the lining of the cervix that can turn into cancer years later. Other HPV types can cause genital warts. The vaccine is effective against HPV types 16 and 18, which cause approximately 70 percent of cervical cancers and against HPV types 6 and 11, which cause approximately 90 percent of genital warts.

Gardasil is a recombinant vaccine (contains no live virus) that is given as three injections over a six-month period. Immunization with Gardasil is expected to prevent most cases of cervical cancer due to HPV types included in the vaccine. However, females are not protected if they have been infected with that (those) HPV type(s) prior to vaccination, indicating the importance of immunization before potential exposure to the virus. Also, Gardasil does not protect against less common HPV types not included in the vaccine, thus routine and regular pap screening remain critically important to detect precancerous changes in the cervix to allow treatment before cervical cancer develops. For more information, visit [www.fda.gov/womens/getthefacts/hpv.html](http://www.fda.gov/womens/getthefacts/hpv.html)

#### **“Lead season” underway**

Iowa’s current prevalence of lead poisoned children is 7.1 percent, compared to the national rate of 1.6 percent. Lead poisoning is a condition known to cause developmental delays in children. Many children are poisoned by exposure to dust and debris from unsafe renovations of older homes, contact with bare soil, and contact with deteriorated lead-based paint. The IDPH Bureau of Lead Poisoning Prevention refers to summertime as the “lead season” because cases of lead poisoning increase during warmer months. This is likely due to an increase in the number of remodeling and repainting projects being done during the spring and summer. Additionally, in the summer, children are more apt to play in open windows and in soil next to houses painted with lead-based paint where hazards are often found. (Lead was removed from residential paint production in 1978.)

The best way to prevent lead poisoning is to test all Iowa children under the age of 6 for lead poisoning and to stop the exposure to lead hazards. This can be done by making safe repairs to homes with deteriorated paint, and covering any bare soil. For more information on testing children for lead poisoning and safely eliminating lead hazards in homes, visit [www.idph.state.ia.us/eh/lead\\_poisoning\\_prevention.asp#links](http://www.idph.state.ia.us/eh/lead_poisoning_prevention.asp#links) or call 800-972-2026.

#### **Food safety: A core function of public health!**

Food safety is a core function of public health and as such, laboratory support for food-borne outbreak investigations is an essential service for the University Hygienic Laboratory (UHL). The testing of food and clinical specimens (i.e., stool or vomit) is

vital to determine the presence of a pathogen and possibly the source of the outbreak. Often times, food is not available for testing because it has been discarded or entirely consumed, but every effort should be made to collect appropriate clinical specimens so the pathogen can be identified. UHL has sample collection kits available for both food and stool (enteric) specimens. These kits have been distributed to each county health department and regional epidemiologist so they are immediately available for use. If you know of or suspect a food-borne outbreak please immediately contact your local health department so specimens can be collected in a timely manner.

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

None this week.

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