EPI Update for Friday, November 30, 2007
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **National Influenza Vaccination Week**
- **Tracking the "killer cold"**
- **Attempted self-diagnosis of measles**
- **Vaccines cut vaccine-preventable deaths by 99 percent**
- **Meeting announcements and training opportunities**

National Influenza Vaccination Week
Nov. 26 through Dec. 2 is National Influenza Vaccination Week. CADE reminds all Iowans to get their influenza vaccination if they haven't already done so. Contact your local health department for flu vaccination clinics in your area. Flu activity has been confirmed in Iowa. For more information, visit www.idph.state.ia.us/adper/flu.asp.

Tracking the "killer cold"
Four states have documented outbreaks due to infections with a new variant strain adenovirus 14 (Ad14) that has been dubbed by the media as the "killer cold." Adenoviruses are associated with symptoms such as conjunctivitis, fever, cough, cold, runny nose. Severe illness can occur in newborn or elderly patients or in patients with underlying medical conditions but is generally not life-threatening in otherwise healthy adults. Infections with Ad14 can cause severe and sometimes fatal respiratory illness in patients of all ages, including healthy young adults.

Recent clusters of Ad14 infections have occurred in New York, Oregon, Washington and Texas with 140 cases of infection, and 58 (38 percent) of the patients requiring hospitalization and nine fatalities. No recent clusters or outbreaks of Ad14 have been reported in Iowa. Public Health officials are requesting that health care providers watch for patients with worsening respiratory symptoms and troubled breathing and submit specimens to the University Hygienic Laboratory for testing. Testing differentiates Ad14, influenza, or other respiratory virus and can aid in the optimal use of anti-viral medications. For more information, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5645a1.htm.

For more information on testing, refer to www.uhl.uiowa.edu/kitsquotesforms/vidandpcrcollectioninstructions.pdf.

Attempted self-diagnosis of measles

Recently CADE received a message from a concerned mother who was given a notice about her daughter's possible exposure to measles at preschool. CADE has not received any reports of measles anywhere in Iowa for several years. Also, for the last five years measles has occurred as an imported disease in the United States.

When CADE contacted the mother, no information about the "case" was available other than the name of the preschool. Local public health (LPH) attempted to contact the closed preschool, and asked infection control professionals in three area hospitals to review their medical records to determine if any child that potential had measles had been seen at their institution. In the end, LPH was able to contact the director of the preschool and the mother of the suspect measles case. The mother had self-diagnosed measles; it was determined that the rash was actually caused by flea bites**.**

Measles is a highly contagious and potentially deadly disease, thus is considered a public health emergency; notify state or local public health officials immediately if measles is suspected. History of travel or exposure to someone with a rash is very important. Symptoms include fever, conjunctivitis, coryza, cough and Koplik spots. The red blotchy rash usually starts on the face, and later becomes generalized, and lasts four to seven days. Itching is not typically a symptom.

If a person is suspected as having measles, public health should be notified immediately, and the patient should be instructed to go directly home and stay there until public health to contacts them. A measles-specific IgM should also be drawn (at least three days after the appearance of the rash) and submitted to UHL for emergency testing. If measles is suspected prior to clinic or ER visit, the patient should be instructed to not enter the clinic or hospital. Instead the health care professional should see them at home or in a car in a parking lot; this will reduce the risk of measles transmission. Remember, measles is so contagious that going into a room where a measles case had been two hours prior, can still expose a person to measles.

Vaccines cut vaccine-preventable deaths by 99 percent

A study recently published in JAMA demonstrates that vaccines have cut cases of vaccine-preventable diseases by over 90 percent and deaths by over 99 percent. Researchers looked at the rates of both disease and deaths for 13 illnesses prevented by vaccines (most of which are given in infancy and childhood).

Nationally, between 1953 and 1962, more than 500,000 people had measles every year and 440 died of it; but only 55 cases occurred in the United States in 2006. The decline in cases of mumps was 95.9 percent, and would have been over 99 percent except for the mumps outbreak 2006, where Iowa was the focus of transmission.

Deaths from tetanus, pertussis, mumps, diphtheria, polio, rubella, smallpox and measles all fell by more than 99 percent. And while cases of diphtheria, measles, polio, rubella and smallpox fell by over 99 percent, efforts are still needed to prevent tetanus cases and whooping cough (pertussis), as cases still occur in Iowa.

Congratulations and thank you to all those involved in ensuring Iowans are protected from these vaccine preventable diseases.

Meeting announcements and training opportunities
None

Have a healthy and happy week!
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