

EPI Update for Friday, April 4, 2008
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Current measles outbreak in the United States**
- **Fifth disease- it's not as bad as it looks...**
- **Are YOU the right person for the Epidemiology Response Team?**
- **"Pandemic Planning: Update 5" just released by U.S. Dept. of Health & Human Services**
- **Pandemic Preparedness Webinar: Monday April 7, 2008**

Current measles outbreak in the United States

Measles is a health care emergency – if you suspect measles, please call the disease reporting hotline at 1-800-362-2736 immediately. Follow the after hours instructions if there is no answer.

A measles outbreak, linked to an importation from Switzerland, is currently occurring in Arizona. The first patient, with rash onset on February 12, 2008, was an adult visitor from Switzerland who was hospitalized with measles and pneumonia (a measles outbreak is occurring in Switzerland). There are no known Iowa cases or contacts at this time.

Measles is one of the most highly contagious diseases. It is transmitted by respiratory droplets and airborne spread (you can get measles from entering a room that someone with measles left over an hour before!). The disease can result in severe complications, including pneumonia and encephalitis. Fatality rates in developing countries can be anywhere from 3 to 30%. The incubation period for measles ranges from 7 to 18 days. The diagnosis of measles should be considered in any person with a generalized maculopapular rash lasting ≥ 3 days, a temperature $\geq 101^{\circ}\text{F}$ (38.3°C), and cough, coryza, or conjunctivitis (i.e. three C's and a rash).

Persons who are known contacts of measles patients and who develop fever and/or rash should be considered to have measles until proven otherwise. They should be put into immediate isolation and public health called. When assessing a possible case of measles, they should minimize their exposure to others and follow proper airborne infection isolation procedures.

- While indigenous transmission of measles has been eliminated in the U.S., measles can be imported and spread in Iowa (as happened in 2004 in eastern Iowa). Thus, have a high degree of suspicion in persons with the above symptoms who have traveled abroad or who have been in contact with travelers.

- Healthcare facilities should assess the measles immunity status of all employees and patients. Large outbreaks have occurred in the U.S. in hospitals, medical centers and clinics. Be proactive.
- Measles vaccine (MMR) is highly effective; it provides full, lifetime protection to about 99% of those with two doses of MMR.

For more information about measles, please review the measles chapter in the Epi Manual under “Reportable Diseases M, N” at:

www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual

Fifth disease- it’s not as bad as it looks...

CADE has received several reports of outbreaks of Fifth disease, also known as parvovirus B19, in schools across Iowa. This illness is common in school-age children and is spread easily from person to person. By the time the characteristic “slapped cheek” rash appears on the face and spreads to the trunk and limbs, the illness is no longer contagious, thus the child does not need to stay home.

Here are a few Fifth Facts:

- Cold-like symptoms last a few days followed by 7-10 days of rash.
- Human parvoviruses do not infect animals, thus you cannot “catch” parvovirus B19 from your pet.
- A child may attend school or daycare with a Fifth disease rash as long as the child feels well.
- In outbreaks, up to 20% of people infected will never have symptoms of illness.
- While typically a mild disease, it can be serious in patients with sickle cell anemia, pregnancy, and immunocompromising conditions.
- Fifth’s disease should not be treated with antibiotics.
- The name “fifth disease” originated in 1905, when a French physician assigned numbers to the common childhood diseases characterized by rashes. For example, measles was “first disease,” scarlet fever was “second disease,” rubella was “third disease.” Today, the numerical names for these diseases have been replaced with the specific disease name, except for the fifth disease. It is unknown what disease corresponds to the “fourth disease.”

For more information, go to

http://www.cdc.gov/ncidod/dvrd/revb/respiratory/parvo_b19.htm.

Are YOU the right person for the Epidemiology Response Team?

The Iowa Department of Public Health is now recruiting members for the state Epidemiology Response Team. Members should have training and experience in public health or field epidemiology.

The team will be called to assist local or state public health officials during an emergency when agencies need assistance in surveillance and investigation. The IDPH is targeting current and retired members of health departments, colleges and universities, and members of medical, veterinary, or other professions to volunteer, but will consider anyone with training in communicable diseases, disease investigation, zoonotic diseases and/or outbreak investigations.

If you are interested in more information, please contact the Iowa Department of Public Health, Center for Acute Disease Epidemiology at 515-242-5935 and ask for Elizabeth Miller or email emiller@idph.state.ia.us .

“Pandemic Planning: Update 5” just released by U.S. Dept. of Health & Human Services

The 16-page document is available at <http://www.pandemicflu.gov/plan/pdf/panflureport5.pdf>.

Meeting announcements and training opportunities

Pandemic Preparedness Webinar: Monday April 7, 2008

The U.S. Department of Health and Human Services will make available a Webinar about pandemic preparedness on April 7, 2008. For more information, see http://www.pandemicflu.gov/news/panflu_webinar.html.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736