

EPI Update for Friday, May 28, 2010
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Pertussis cases are increasing in central Iowa**
- **Summer food safety**
- **New recommendations for the measles, mumps, rubella, and varicella (MMRV) vaccine**
- **Progress toward worldwide polio eradication**
- **Meeting announcements and training opportunities**

Pertussis cases are increasing in central Iowa

The number of reported cases of pertussis (whooping cough) over the last two months has increased in Warren and Lucas counties, with 32 cases in Warren and 14 in Lucas. Cases are continuing to be reported and it is believed that transmission of this disease is ongoing in these counties.

While it is important to ensure that all children's pertussis vaccines are up-to-date, most adolescents and adults don't realize that they need to receive the new Tdap vaccine. Since adults with pertussis often only have a cough that lasts weeks, they don't realize that they have "whooping cough;" thus, often are the ones who spread this disease to children. Children should get five doses of DTaP vaccine at: 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years. A single booster dose of Tdap is recommended all persons ages 11 through 64 years.

Pertussis should be reported within three days to public health officials.

Summer food safety

Warm weather means more outdoor activities, including picnics and cookouts. Every year during the summer months, and often right after summer holiday weekends, Iowa sees a significant increase in food-borne diseases such as salmonella and *E. coli* O157. This is perhaps due to the increase in outdoor grilling and picnics. Remember to use these four simple rules at all times: cook food thoroughly (especially ground meats and poultry), keep cold food cold, keep hot food hot, and wash your hands (especially before handling food).

For more information, including recommended cooking temperatures for meats and seafood, visit www.foodsafety.gov.

New recommendations for the measles, mumps, rubella, and varicella (MMRV) vaccine

Recently released recommendations from ACIP regarding use of the combination measles, mumps, rubella, and varicella vaccine (MMRV) include:

- If using the MMRV, the recommended age is 12 to 15 months for the first dose and age 4 to 6 years for the second dose.
- Unless the parent or caregiver expresses a preference for MMRV vaccine, CDC recommends that separate MMR vaccine and varicella vaccine should be administered for the first dose in the 12 to 15 months aged children.
- For the second dose at any age (15 months to 12 years) and for the first dose if age is ≥ 48 months, MMRV vaccine is generally preferred.
- Children with a personal or family history of seizures of any etiology generally should be vaccinated with separate MMR vaccine and varicella vaccine.

The company that produces MMRV is currently taking orders for this vaccine. A limited number of doses (approximately 1.4 million doses) are available as long as supplies last. There remains an adequate supply of both MMR and varicella vaccines to meet current demand.

For more information, please visit: www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm

Progress toward worldwide polio eradication

In the 1940s and 1950s, large polio epidemics caused panic every summer in Iowa, crippling thousands of children and making “iron lungs” common life-saving equipment in hospitals. After the introduction of vaccines in the late 1950s and early 1960s, polio began disappearing from Iowa and the United States, as well as other industrialized countries.

In 1985, the Pan American Health Organization launched an initiative to eradicate polio in the Americas, resulting in this area being certified polio-free in 1994. The last case of poliomyelitis in Iowa was reported in 1991.

In 1988, the World Health Assembly passed a resolution to eradicate polio from the world by the year 2000. While this goal has not yet been met, the progress being made was recently published by the CDC.

In 1988, there were an estimated 350,000 cases of poliomyelitis in 125 countries. In 2009, only 23 countries reported any cases, and only a total of 1,606 cases were reported; the majority of cases occurred in just four countries: Afghanistan, India, Nigeria, and Pakistan. The cases reported by the other 19 countries were caused by importation of the virus. Routine immunization, supplemental immunization activities, and acute flaccid paralysis surveillance continue to be the key steps in eradicating this disease.

For more information on polio, visit www.cdc.gov/polio/, www.cdc.gov/mmwr/preview/mmwrhtml/mm5918a1.htm, or www.who.int/topics/poliomyelitis/en/. For information on how you can assist in the global polio eradication effort visit www.cdc.gov/vaccines/programs/stop/default.htm.

Meeting announcements and training opportunities

Save the date: The 11th Iowa HIV, STD, and Hepatitis Conference 2010: *A New Decade, A Call for Change*, will occur on September 22-23, 2010, in Des Moines, Iowa. See www.trainingresources.org for more information.

Have a healthy and happy (and a bit cooler) holiday weekend!

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