EPI Update for Friday, March 25, 2011 Center for Acute Disease Epidemiology (CADE) lowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Updated recommendations for use of meningococcal conjugate vaccines
- Minnesota measles update
- Collection of a nasal aspirate on a very large nose
- Meeting announcements and training opportunities

Updated recommendations for use of meningococcal conjugate vaccines

The Advisory Committee on Immunization Practices (ACIP) recently updated recommendations for use of meningococcal conjugate vaccines. The report includes two new recommendations:

- 1) Routine vaccination
 - Administer vaccine to adolescents, preferably at 11 or 12 years, with a booster dose at 16 years of age. For adolescents who receive the first dose at 13 through 15 years of age, a one-time booster dose should be administered, preferably between the ages of 16 through 18 years. Persons who receive their first dose of meningococcal conjugate vaccine at or after 16 years of age do not need a booster dose.

2) High risk patients

 A 2-dose primary series should be administered two months apart for persons 2 through 55 years of age with persistent complement component deficiency (e.g., C5-C9, properidin, factor H, or Factor D), functional or anatomic asplenia, and for persons with human immunodeficiency (HIV) infection.

To review the entire recommendation, please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?scid=mm6003a3 w

Minnesota measles update

The state of Minnesota has issued an update on recent measles activity. There have been 11 confirmed cases of measles in individuals ranging in age from 4 months to 35 years. Four of the cases were too young to receive vaccine, five were of age but were not vaccinated, and two have unknown vaccine status. There have been six hospitalizations and no deaths.

Persons with measles are contagious from one to two days prior to onset of symptoms (about four days before rash onset) to four days after the appearance of the rash. The incubation period is 7 to 18 days, and averages 10 days to onset of fever and 14 days to the onset of rash. To prevent measles, children (and some adults) should be

vaccinated with two doses of the measles, mumps, and rubella (MMR) vaccine. Recommended Immunization Schedules can be obtained at www.cdc.gov/vaccines/recs/schedules/default.htm.

Any individual suspected of having measles (generalized rash lasting greater than or equal to three days, temperature >101° Fahrenheit, and cough or coryza or conjunctivitis) or any fever in a person who has been recently exposed to measles, should:

- 1) have serology for IgM drawn immediately and sent to the State Hygienic Laboratory (testing is performed at no cost to the patient and on an emergency basis if approved by public health).
- 2) be immediately reported to the Iowa Department of Public Health at 800-362-2736 (24 hours a day, 7 days a week) and the local health department. This is considered a public health emergency.
- 3) be told to go home and stay home until measles can be excluded from the diagnosis. This and other control activities should not be delayed pending the return of laboratory results from persons suspected of having measles.

For more information on measles, please visit www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual&context=measles_chapter. Updates from Minnesota are posted at www.health.state.mn.us/divs/idepc/diseases/measles/.

Collection of a nasal aspirate on a very large nose

Though it's rare that elephants in lowa would need tuberculosis testing, if it were necessary, a nasal aspirate culture could be used to determine if an elephant exposed to *Mycobacterium tuberculosis* developed disease. Such testing was used by animal care workers at an elephant sanctuary in Tennessee following arrival of elephants who had been exposed to an elephant with TB. The elephants required quarantine and frequent testing for TB, according to a recent article in Emerging Infectious Diseases. Routine procedures for obtaining a "trunk wash" involved training each elephant to allow a volume of sterile saline to be instilled in the trunk. The elephant raised and then lowered its trunk and expelled the saline into a plastic bag. Standard culture methods were then used on the specimen.

Unfortunately during this quarantine, a number of employees at the facility also seroconverted from skin test negative to positive, indicating a new infection. An investigation of the factors associated with human infection was then performed. Risk of infection with TB was increased for those who had power washed the animal barn and those working in an adjacent administration building that had air flow from the animal barn. There was a decreased risk for those who always used N95 respirators when appropriate and were fit tested at recommended intervals. The moral of the story: proper infection control procedures are always a good idea. For more information on this investigation see www.cdc.gov/eid/content/17/3/366.htm.

Meeting announcements and training opportunities

Reminder: Iowa Governor's Conference on Public Health on April 5-6, 2011 Scheman Conference Center, Ames, Iowa. For more details, visit www.iowapha.org/Default.aspx?pageId=127969

Have a healthy and happy week!

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