EPI Update for Friday, August 24, 2012
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Babesiosis: another tick-borne disease**
- **Tattoo-associated mycobacterial skin infections**
- **2012-13 seasonal influenza vaccine recommendations**

Babesiosis: another tick-borne disease

Summer is the peak season for tick-borne diseases in Iowa. One rare, but important tick-borne infection that is not well known is Babesiosis. Babesiosis is caused by the parasite *Babesia microti*, which infects red blood cells. It is endemic in the Northeast and the upper Midwest (Minnesota and Wisconsin), and may be present in Iowa.

Babesiosis is asymptomatic in many people, but can cause flu-like illness, hemolytic anemia, jaundice, thrombocytopenia (low platelets) and rarely, can result in death. Symptoms usually occur a few weeks to months after exposure (but may occur several months later, especially in immunocompromised patients). Those at highest risk for complications include those without a spleen, the elderly, the immunosuppressed, and those with other underlying medical conditions. Babesiosis should therefore be considered, especially if risk factors exist such as having spent time outdoors, been bitten by ticks, or traveled to endemic areas.

Laboratory diagnosis can be done via blood smears and in Iowa, the State Hygienic Laboratory can perform the test.Babesiosis can be treated by a combination of two drugs: either atovaquone plus azithromycin OR clindamycin plus quinine. Asymptomatic patients typically do not require treatment.

For more information on the diagnosis and treatment of Babesiosis, visit www.cdc.gov/parasites/babesiosis/health_professionals/index.html#tx.

Tattoo-associated mycobacterial skin infections

IDPH has confirmed two cases of skin infections caused by the bacterium *Mycobacterium chelonae* associated with tattoos. Both cases received tattoos in the fall of 2011, using the same commercial ink product. No ink in Iowa was available for testing; however, these cases were linked to a case in Washington State that had received a tattoo using the same brand of ink. An investigation of the ink products was conducted by FDA.

Tattoo inks and pigments can be contaminated through:

- use of contaminated ingredients to make inks
- use of manufacturing processes that introduce contaminants or allow contaminants to survive

- use of unhygienic practices that contaminate ink bottles or mixing with contaminated colors

- use of non-sterile water to dilute the inks.

Infections from *Mycobacterium chelonae* can cause red rash with swelling, possibly accompanied by itching or pain in the tattooed area, usually appearing two to three weeks after tattooing. The infection does not typically heal without proper treatment by a healthcare professional.

For more information, visit
www.cdc.gov/mmwr/preview/mmwrhtml/mm6133a3.htm?s_cid=mm6133a3_e.

2012-13 seasonal influenza vaccine recommendations
Shipping of the 2012-13 seasonal flu vaccine has begun. The strains included in this year's formulation are A/California/7/2009 (H1N1)-like, A/Victoria/361/2011 (H3N2)-like, and B/Wisconsin/1/2010-like. The latter two antigens differ from those included in the last two years' vaccine. Immunizations should be offered as soon as the vaccine is available. The supply of vaccine should meet demand.

All persons 6 months of age and older should be vaccinated.

Those at highest risk of complications from the flu include children under the age of 5 years, pregnant women, adults over the age of 65 years, and those with chronic conditions like kidney, liver, or blood disorders, endocrine disorders (e.g. diabetes), lung diseases (e.g. emphysema, cystic fibrosis, COPD), asthma and weakened immune systems. All those at high risk of complications should be vaccinated annually.

Children age 6 months through 8 years old who have received at least one dose of H1N1-containing flu vaccine in the past (either one dose of monovalent 2009 H1N1 vaccine, or seasonal vaccine since July 2010) and has received two doses of any seasonal flu vaccine, needs only one dose of this season's vaccine. All others should receive two dose this season at least four weeks (28 days) apart.

For more information, visit
www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Flu.

Meeting announcements and training opportunities
None

Have a happy and healthy week!
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