



Vector-Borne Disease

Weekly Surveillance Report

Center for Acute Disease Epidemiology | Acute Disease Prevention and Emergency Response & EH | [West Nile Virus Website](http://WestNileVirusWebsite)

All data presented in this report are provisional and may change as additional reports are received

Date Issued: July 21, 2017



West Nile Virus (WNV)

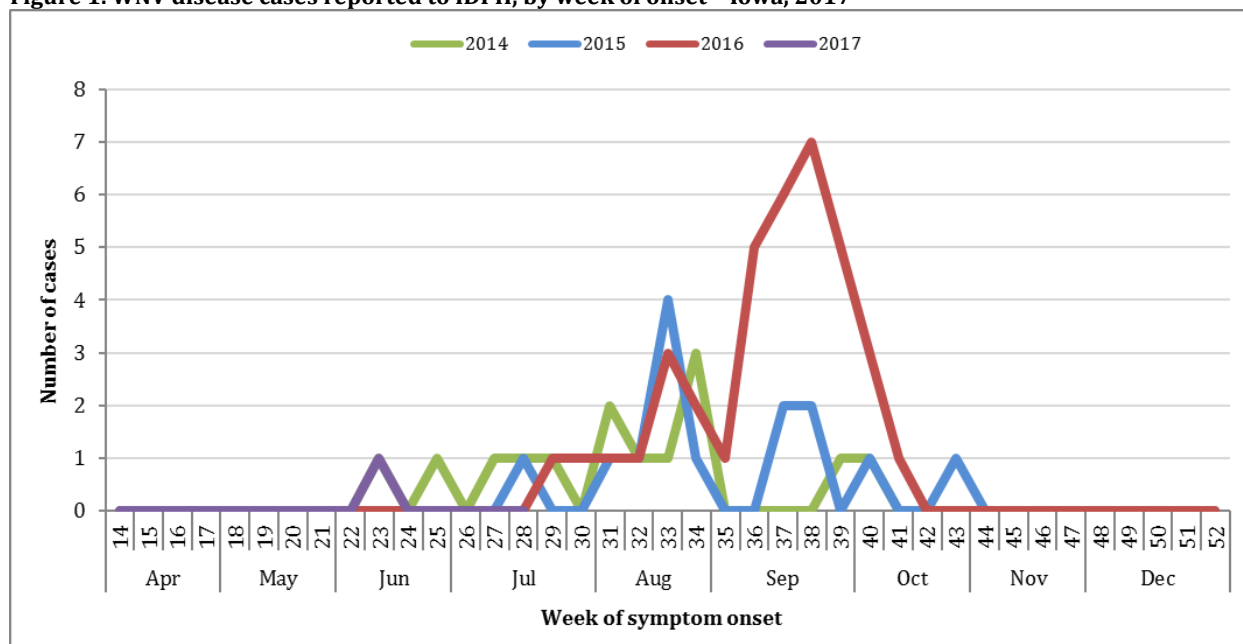
WNV is endemic in Iowa and activity usually peaks in late summer and early fall. IDPH works in collaboration with Local Public Health (LPH) and other appropriate partners to investigate all reported cases.

During the 2016 surveillance season, 37 human cases of WNV were reported in 19 Iowa counties. In 2017, six mosquito samples have tested positive for WNV [Table 1]. One human case has been identified, thus far in 2017.

Table 1. Human /Equine/Mosquito Surveillance, 2017 Positive Samples

County	Human	Blood Donor	Horses	Mosquitoes		
				<i>Culex pipiens</i>	<i>Culex restuans</i>	<i>Culex salinarius</i>
Ida	1	0	0	0	0	0
Polk	0	0	0	0	1	0
Pottawattamie	0	0	0	1	1	0
Story	0	0	0	0	0	1
Woodbury	0	0	0	0	2	0
Total	1	0	0	1	4	1

Figure 1. WNV disease cases reported to IDPH, by week of onset - Iowa, 2017



For additional information on Iowa West Nile virus activity, visit <http://idph.iowa.gov/cade/disease-information/west-nile-virus>.

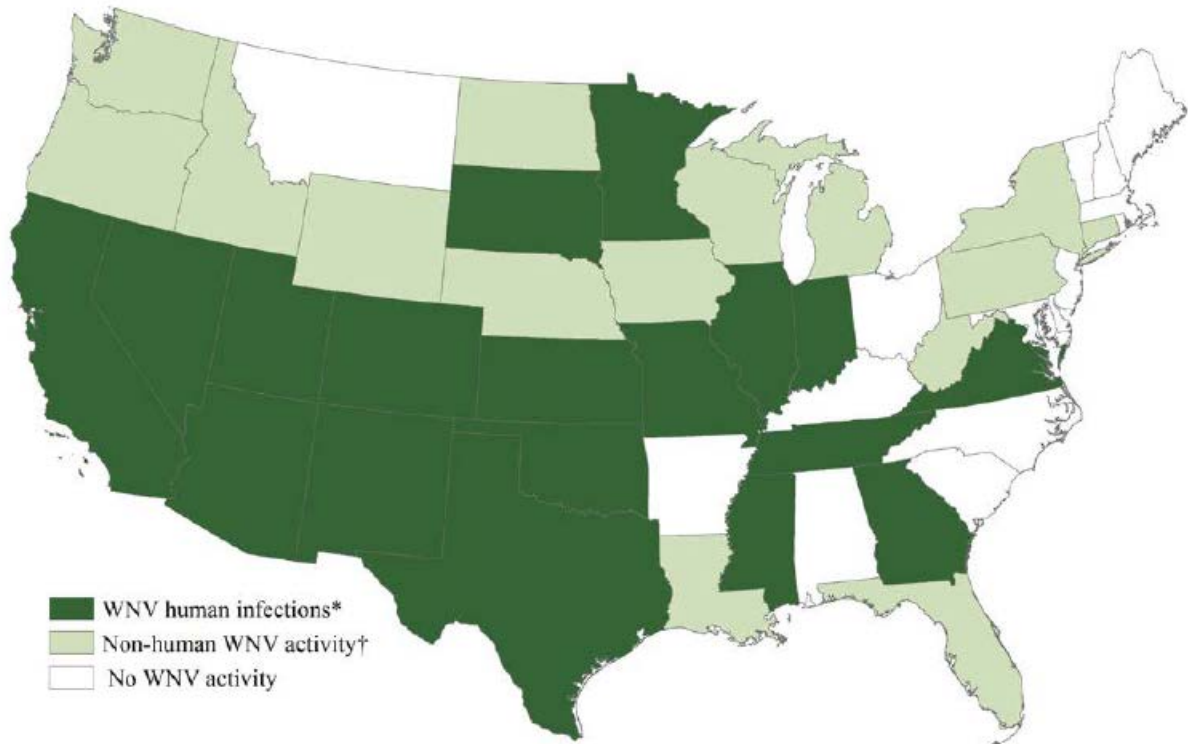
National WNV Activity:

As of July 18th, 223 counties from 33 states have reported WNV activity to ArboNET for 2017, including 18 states with reported WNV human infections (i.e., disease cases or viremic blood donors) and 15 additional states with reported WNV activity in non-human species only (i.e., veterinary cases, mosquito pools, dead birds, or sentinel animals) [Figure 2].

To date, 46 human WNV disease cases have been reported from 35 counties in 17 states. Of these, 26 (57%) were classified as neuroinvasive disease (such as meningitis or encephalitis) and 20 (43%) were classified as non-neuroinvasive disease [Figure 3]. Dates of illness onset for cases ranged from March–July [Figure 4].

In addition, eight WNV PVDs have been reported from three states.

Figure 2. WNV activity reported to ArboNET, by state - United States, 2017 (as of July 18, 2017)



*WNV human disease cases or presumptive viremic blood donors. Presumptive viremic blood donors have a positive screening test which has not necessarily been confirmed.

†WNV veterinary disease cases, or infections in mosquitoes, birds, or sentinel animals

Figure 3. WNV neuroinvasive disease incidence reported to ArboNET, by state - United States, 2017 (as of July 18, 2017)

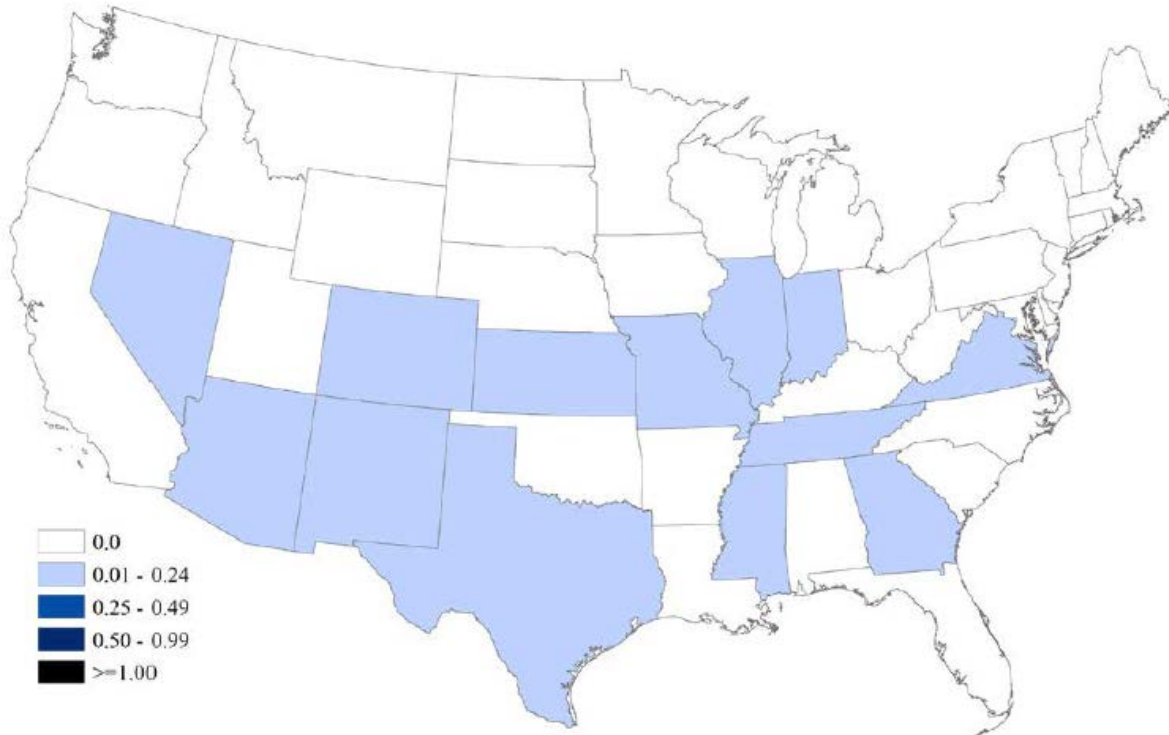
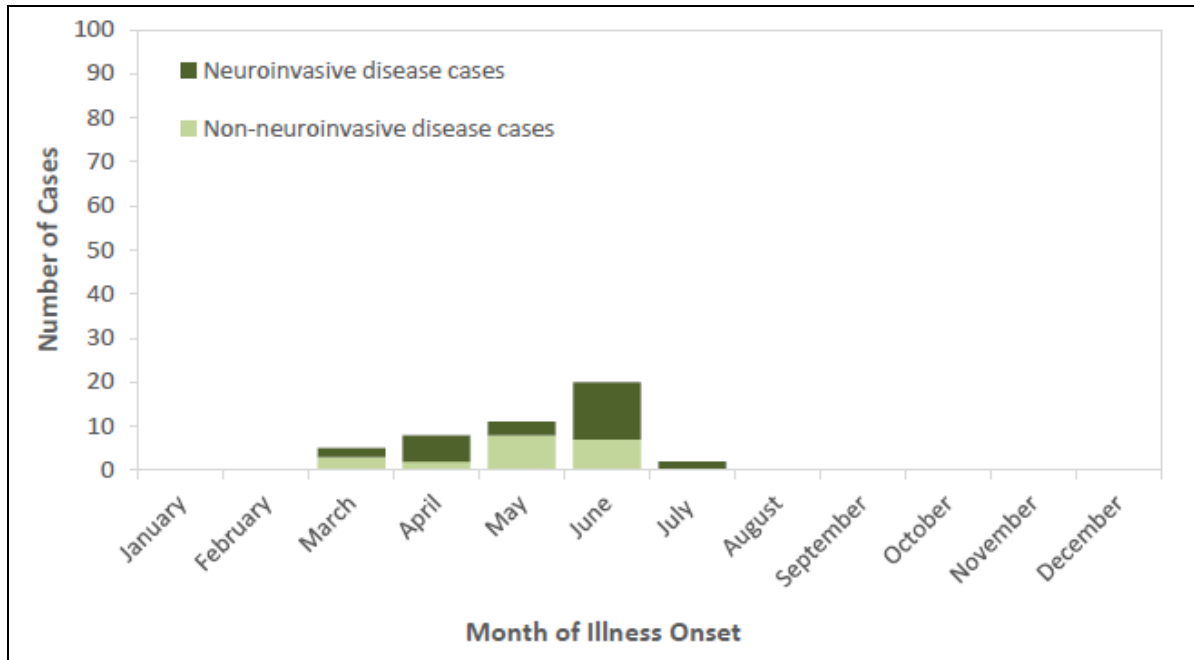


Figure 4. WNV disease cases reported to ArboNET, by month of onset – United States, 2017 (as of July 18, 2017)



Malaria

Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects *Anopheles* mosquitoes. Malaria is spread to humans by the bite of the infected female mosquito. Only *Anopheles* mosquitoes can transmit malaria and they must have been infected through a previous blood meal taken from an infected person.

Nine cases of malaria have been reported in Iowa. Cases are in travelers and immigrants returning from parts of the world where malaria transmission occurs. In 2016, 22 cases of malaria were reported to IDPH.

Rocky Mountain spotted fever (RMSF)

American dog ticks are carriers of *Rickettsia rickettsii*, the bacteria that causes RMSF. The American dog tick is the most common species of tick in Iowa and can be found in every county in the state. The tick is most active late March through August.

Two cases of RMSF have been reported in Iowa. In 2016, 11 cases of RMSF were reported to IDPH.

Ehrlichiosis/Anaplasmosis

There are at least three species of bacteria responsible for ehrlichiosis/anaplasmosis in the United States: *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Anaplasma phagocytophilum*. Ehrlichiae are transmitted by the bite of an infected lone star tick (*Amblyomma americanum*) which is found in Iowa. *A. phagocytophilum* is transmitted by the bite of an infected blacklegged tick (or deer tick, *Ixodes scapularis*) in Iowa. The clinical signs and symptoms of these infections are similar.

Eight cases of ehrlichiosis/anaplasmosis have been reported in Iowa. In 2016, 14 cases of ehrlichiosis/anaplasmosis were reported to IDPH.

Babesiosis

Babesiosis is caused by microscopic parasites that infect red blood cells. Most human cases in the United States are caused by the parasite *Babesia microti*. *Babesia microti* is spread by the blacklegged tick (or deer tick, *Ixodes scapularis*). The parasite typically is spread by the young nymph stage of the tick. They are most common during the warm months of spring and summer in areas with woods, brush, or grass.

One case of Babesiosis has been reported in Iowa. In 2016, one case of Babesiosis was reported to IDPH.

Lyme

Lyme disease is caused by *Borrelia burgdorferi* and in Iowa is transmitted to humans by the bite of an infected tick, the blacklegged tick (or deer tick, *Ixodes scapularis*). Ticks are most likely to spread the Lyme disease bacterium during their pre-adult stage (nymph). They are most common between May and July and found in tall grasses and brush of wooded areas.

As of July 21st, 114 confirmed and probable cases of Lyme have been reported in Iowa. In 2016, 232 cases of Lyme disease were reported to IDPH.