

EPI Update for Friday, March 10, 2006  
Center for Acute Disease Epidemiology  
Iowa Department of Public Health (IDPH)

*Items for this week's EPI Update include:*

- **Mumps outbreak update**
- **Influenza update**
- **Questions on influenza vaccine efficacy**
- **Chikungunya virus**
- **Meeting announcements**

**Mumps outbreak update**

A total of 45 probable and confirmed symptomatic cases of mumps have occurred in Iowa this year. Nearly half have occurred in college students at several institutions; of these, 65 percent have documentation of two doses of measles, mumps, and rubella vaccine. The age range is 11 to 41 years. Mumps virus has been isolated in approximately 20 percent of the cases, and isolates have been sent to the Centers for Disease Control and Prevention (CDC). Most cases are occurring in eastern Iowa.

IDPH took several actions this week to address this outbreak of mumps, including a revision of the EPI Manual Mumps chapter (specifically the change in duration of isolation from nine days to five days), and recommendations for exposed persons. Mumps updates, laboratory testing information and the revised EPI Manual chapter is available at [www.idph.state.ia.us/adper/cade.asp](http://www.idph.state.ia.us/adper/cade.asp).

Since cases have occurred in college students and clinical settings, we recommend reviewing immunization histories of medical staff, students, and faculty for mumps vaccination. Two doses of MMR are recommended. Remember, being born prior to 1957 does NOT ensure immunity.

**Influenza update**

*Seasonal Influenza: Iowa and the United States*

Iowa influenza activity remained widespread this week. At 4 percent activity, Iowa is above the threshold of 2.25 percent. Iowa has also seen an increase in the number of laboratory-confirmed influenza B cases. All strains tested at the University Hygienic Laboratory still match the vaccine strain. For more detailed information on Iowa influenza surveillance, visit the Iowa Influenza Surveillance Network Web page at [www.idph.state.ia.us/adper/iisn.asp](http://www.idph.state.ia.us/adper/iisn.asp).

**Avian influenza**

Human cases of influenza are occurring in the countries previously noted. There are a total of 175 cases confirmed by WHO and 96 deaths. For more information, visit the World Health Organization (WHO) Web site at [www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html).

### **Questions on influenza vaccine efficacy**

IDPH has received several inquiries as to whether the influenza vaccine will still protect against influenza infection since the season is reaching its peak so late this year.

Influenza vaccination given anytime last fall should still be effective in preventing influenza this season. There are no national recommendations for booster vaccination at this time, except in children under the age of 9 receiving their very first flu shots. (Both doses should be given one month apart in the fall to protect for the whole flu season.)

Like any vaccine, the flu shot is not 100 percent effective and disease will still occur in some vaccinated persons, including healthy adults and children.

### **Chikungunya virus**

Since March 2005, there has been an extensive, ongoing outbreak of chikungunya in two locations in the Indian Ocean; one in the French territory of Reunion and the other in the Republic of Mauritius. Chikungunya is one of many “alphaviruses” in the *Togaviridae* family. It is transmitted by the bite of an infected female mosquito, most likely *Aedes aegypti*. The incubation period is four to seven days. Clinical signs include fever, chills, headache, nausea, vomiting, rash, and arthritis / joint pain (wrist, knees, ankles). The rash will typically resolve in seven to ten days, but the arthritis can last for days to weeks. There is no vaccine available to prevent infection and treatment consists of supportive care. Fortunately, chikungunya is rarely fatal.

Current statistics indicate that approximately 25 percent of the population of Reunion has been affected with Chikungunya. Since *Aedes* mosquitoes bite during the day, it is extremely important for individuals living and traveling in affected countries to take appropriate prevention measures. The CDC recommends using an insect repellent that contains up to 50 percent DEET, wearing long sleeves and long pants when outdoors, and staying at hotels or resorts that are air-conditioned. If an individual is not staying at an air-conditioned hotel or resort, they should stay in a room with screens to keep mosquitoes out, and use bed nets treated with insect repellent.

For more information on the situation for the islands in the Indian Ocean visit

[www.cdc.gov/travel/other/2006/chikungunya\\_mosquito.htm](http://www.cdc.gov/travel/other/2006/chikungunya_mosquito.htm) or

[www.who.int/csr/don/2006\\_02\\_17a/en/](http://www.who.int/csr/don/2006_02_17a/en/)

For information on other diseases transmitted by mosquitoes and insects, visit CDC’s website at: [www.cdc.gov/ncidod/dvbid/](http://www.cdc.gov/ncidod/dvbid/)

### **Meeting Announcements:**

None.

**Have a healthy and happy week**

**Center for Acute Disease Epidemiology**

**Iowa Department of Public Health**

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