

EPI Update for Friday, March 31
Center For Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Mumps update**
- **Influenza update**
- **EPI fact sheets available in multiple languages**
- **Meeting announcement and training opportunities**

Mumps update

The number of mumps cases continues to increase. As of today, the number of cases stands at 245, with the median age at 21 years; approximately one-fourth are college students. Thirty-six counties are affected and activity is expected to continue to spread to new counties. IDPH published an article on the mumps epidemic in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) dispatch this week. It also may be part of the weekly report for the week ending April 8. To view the MMWR dispatch, go to:

www.cdc.gov/mmwr/preview/mmwrhtml/mm55d330a1.htm.

Important Mumps Facts

Since many schools, laboratories, medical practices and health departments are involved with the current mumps epidemic, there are a large number of questions about mumps, as well as a number of concerns that have arisen in the past several weeks. Some of the questions that have been received from medical providers and health departments are answered in a new document titled "Mumps Questions and Answers" available on the IDPH Web site. This document and others about mumps, including a Fact Sheet in Spanish, can be located on the link to mumps at www.idph.state.ia.us/adper/cade.asp. People WITHOUT symptoms should NOT be tested for mumps disease. IgG serology can be used to test for immunity to mumps through a hospital or commercial laboratory, but not through the University Hygienic Laboratory.

At this time vaccination with MMR is the BEST defense against mumps. The current vaccine will protect against the strain of mumps currently circulating in Iowa. IDPH has emphasized the need for health care workers to review their immune status, and to be sure of their protection against this disease. Remember: Many patients with mumps are seeking medical care. Other basic disease prevention measures that will protect against mumps include:

- Washing hands frequently
- Not sharing food, drinks and other objects that might contain another's saliva
- Ill persons should stay home.

Unlike other health care workers, staff at typical long-term care facilities are NOT considered to be at high risk for transmitting mumps to susceptible patients. (Rationale: health care workers at long term care facilities that care for basically healthy elderly people will not be at risk of transmitting to at-risk patients since the elderly grew up during times when mumps were common, thus we can assume that most, if not all of them, are already immune.) Thus, although we recommend all health care workers be fully vaccinated, we are not asking these health care workers to do anything special for this outbreak at this time.

Role of IgG for establishing immunity and IgM for diagnosing disease when mumps is suspected.

Although they appear after onset of illness, IgG antibodies tend to persist for long time periods after natural infection or immunization. In contrast, IgM antibodies tend to appear quickly after onset of illness, but usually do not persist beyond a few months. Thus, IgG antibodies are useful for identifying those who are already immune and IgM antibodies are useful for finding those who are recently infected (i.e. currently or very recently ill). IgM antibodies first appear in serum and usually become detectable with laboratory testing within 3-4 days after onset of clinical symptoms. Mumps-specific IgM antibody reaches a peak titer within 1-2 weeks of the onset of infection and usually declines to undetectable levels by 2-3 months after the onset of clinical symptoms. Mumps-specific IgG antibody may begin to appear as soon as the first week after the onset of symptoms and persists for years after the acute illness.

To diagnose acute mumps, send a serum sample for IgM testing. You should also send specimens for culture. (If blood is taken within a day or two of onset, the IgM may not have risen yet to detectible levels, thus may be negative, but the viral culture will be positive.)

Ideally, serum for IgM and specimens for culture should ALL be sent to optimize rapid diagnosis.

Influenza update

The influenza activity level was reduced to regional this week. Reports of influenza-like illness have slightly declined and rates of absenteeism in schools have declined also. For more information on influenza, visit our Web site at:

<http://www.idph.state.ia.us/adper/flu.asp>

Avian influenza

To date, there have been 186 cases and 105 deaths due to avian influenza. Additional countries in Africa are seeing disease in birds including Egypt. H5N1 influenza has not been identified or suspected in wild or domestic birds in North America. Submissions are dead wild birds for avian flu are NOT being requested from the public at this time.

Pandemic planning activities

IDPH continues to work on pandemic preparedness activities including collaboration with other state departments on planning and education with educators and law enforcement

EPI fact sheets available in multiple languages

Mumps Fact Sheet Translated to Spanish

Many counties requested the Mumps Fact Sheet from the EPI Manual to be translated to Spanish. Currently, the fact sheet can be found on IDPH Web site under Mumps Information. When the HAN document library is available, the location of the fact sheet within HAN will be announced.

Other Epi Fact Sheets Also Available in Bosnian

IDPH has also translated 23 fact sheets from the “Epi Manual” to Bosnian. The fact sheets are available on the IDPH Web site under the EPI Fact Sheet link on the CADE page. For those not familiar with the Bosnian language, you’ll see the header “Za Vise Informacija na bosanskom jeziku, kliknite ovdje” (translated to English says “Please click here for information in Bosnian.”) If you click on this link, it will list the Bosnian translated fact sheets. These fact sheets include the below topics:

- Category A agents: Anthrax, Botulism, Plague, Smallpox, Tularemia and Viral Hemorrhagic Fever.
- Category B agents: Brucellosis, Cholera, Cryptosporidiosis, Encephalitis (2-Arboviruses, Western Equine), DEET fact sheet, E.coli, Psittacosis, Salmonella and Shigellosis.
- Additional fact sheets translated into Bosnian: Influenza fact sheet, Influenza fact sheet for child care facilities, Influenza fact sheet for long-term care, Influenza fact sheet for home, Influenza fact sheet for business, Influenza Fact sheet for outbreak guidelines, West Nile Virus and West Nile Virus-Senior Citizens

Fact Sheets on the HAN

When the HAN document library is available for postings, the location of these translated fact sheets will be announced.

Meeting announcement and training opportunities

A satellite broadcast and webcast titled “Mass Antibiotic Dispensing: Collecting POD Exercise Data” from the CDC Public Health Training Network is scheduled for April 6 from 12:00 to 1:00 Central Time. This webcast is designed for state and local health departments who will be collecting time-study data at a mass dispensing drill. The webcast will also be available for viewing after the date of the presentation. Visit www.phppo.cdc.gov/phtn for information about this and other web courses.

Have a healthy and happy week

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Iowa Department of Public Health

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