

EPI Update for Friday, April 28, 2006

Center for Acute Disease Epidemiology

Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Mumps outbreak update**
- **Lead screening, part 3: Unusual sources of lead poisoning in Iowa children**
- **Warm weather brings pesky ticks**
- **Meeting announcements and training opportunities**

Mumps outbreak update

By the close of business Wednesday, April 26 a total of 1273 confirmed, probable, and suspect cases of mumps have been reported to IDPH. Sixty-nine counties have reported activity. We have received follow-up information on 681 cases, including information on vaccination status. Overall, the college age group still has the highest recorded incidence rate of any age group. The most recent information indicates that there is a more even age distribution in central and western parts of the state.

Public health immunization clinics are being held this week in the 35 counties with colleges or other post-high school educational facilities. These clinics are for people who are 18 to 22 years of age who have not had two doses of MMR vaccine and who do not have insurance coverage for immunizations. Information on times and locations of these clinics can be obtained from the local public health agency in those counties. More information on the counties and up-to-date details of clinic times and locations are available at www.idph.state.ia.us/adper/mumps.asp <<http://www.idph.state.ia.us/adper/mumps.asp>>.

Other useful materials for clinicians and the public are available on the IDPH Web site. This includes information on vaccination recommendations for health care staff, answers to frequently asked questions from health care providers, and testing guidance from the University Hygienic Laboratory (UHL). There is also a variety of materials for public health departments and the general public. New materials are regularly added to the Web site. We encourage public health and medical providers to check the site periodically.

Lead screening, part 3: Unusual sources of lead poisoning in Iowa children

While most cases of childhood lead poisoning in Iowa have been caused by lead-based paint, some cases have been linked to other sources of lead. In one instance, six children aged 1 to 3 years had blood lead levels of 25 to 72 µg/dL. The families lived in a trailer park with no known lead-based paint hazards. Investigators learned that a relative from Mexico had brought the remedy, azarcon (lead tetroxide), to the families and that the parents had given it to the children for stomachaches. The medicine was tested and determined to be 25 percent lead by weight. Another poisoning case included two

children who were given medicine, also from Mexico, made from ground dried chicken gizzard lining and greta (lead oxide). Another child became ill after ingesting lead gun ammunition, while another had chewed on jewelry which was 50 percent lead. Blood lead levels for all children eventually returned to normal following treatment. These cases show that complete investigations of childhood lead poisonings must consider atypical sources of lead exposure.

Warm weather brings pesky ticks

With the warmer-than-usual weather, the IDPH Center for Acute Disease Epidemiology (CADE) is already receiving calls about ticks and tickborne diseases. Protection from tick bites, performing daily tick checks, and removing ticks promptly and safely are always the best ways to minimize the risk of contracting a tick-borne disease. The Centers for Disease Control and Prevention (CDC) and IDPH recommend that when a person finds a tick attached, he or she should watch for fever or a rash where the tick was attached for the next 30 days. A person who has these symptoms should see his or her medical provider to be evaluated for tickborne disease. More information on tickborne diseases and individual prevention is available at www.cdc.gov/ncidod/ticktips2005/ <<http://www.cdc.gov/ncidod/ticktips2005/>>.

Tickborne diseases present in the United States include Lyme disease, Rocky Mountain spotted fever (RMSF); human monocytotropic (or monocytic) ehrlichiosis (HME); human granulocytotropic (or granulocytic) anaplasmosis or HGA, previously known as human granulocytotropic ehrlichiosis or HE.

Although the early clinical signs of tick-borne diseases are often similar, the disease agents are different. In addition, the most common tick vectors have differing but overlapping ranges. The CDC recently published a very thorough Morbidity and Mortality Weekly Report (MMWR) titled: "Diagnosis and Management of Tickborne Rickettsial Diseases: Rocky Mountain Spotted Fever, Ehrlichioses, and Anaplasmosis --- United States --- A Practical Guide for Physicians and Other Health-Care and Public Health Professionals." It is available at www.cdc.gov/mmwr/PDF/rr/rr5504.pdf <<http://www.cdc.gov/mmwr/PDF/rr/rr5504.pdf>>.

Meeting announcements and training opportunities

Tuberculosis: Diagnosed in 24 Hours

This conference which was originally scheduled for May 9 has been postponed. It will be rescheduled for the fall

Natural Toxins and Bioterrorism

The Grand Rounds presentation of the University of Iowa Upper Midwest Center for Public Health Preparedness will be presented by Mark A. Poli, U.S. Army Medical Research Institute on Thursday, May 11, from noon to 1 p.m. This presentation will be broadcast via the ICN and streaming video on the Web. Registration and more information are available at www.public-health.uiowa.edu/icphp/grand_rounds/current_session <http://www.public-health.uiowa.edu/icphp/grand_rounds/current_session>.

Have a healthy and happy week!
Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736