

Epi Update for Friday, April 12, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE) Iowa Department of Health and Human Services

Items for this week's Epi Update include

- Measles update
- CDC launches web page on avian influenza A(H5N1) in mammals
- Spring is here and so are the ticks! Tick removal and testing
- Prevent mosquito bites while traveling internationally

Measles update

As of April 4, a total of 113 measles cases have been reported this year in 18 states – more than were reported in all of 2023. Seven outbreaks have been identified, and 73% of reported cases are outbreak-associated. No cases of measles have been identified in Iowa since 2019.

Iowa HHS is recommending health care providers be alert for suspect measles cases. Measles is characterized by a prodrome of fever (may spike to more than 104°F), cough, coryza, and conjunctivitis (the three “C”s), followed by a maculopapular rash that spreads from the head to the trunk to the lower extremities. Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally, or was exposed to a person with febrile rash illness.

If you have a patient who is suspected of having measles

- Isolate: Do not allow patients with suspected measles to remain in the waiting room or other common areas of the health care facility; isolate patients with suspected measles immediately, ideally in a single patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Health care providers should have presumptive evidence of immunity to measles and should adhere to standard and airborne precautions including a fit tested N95 or equivalent when evaluating suspect cases regardless of their vaccination status.
- Notify: Immediately notify CADE while the patient is still at the health care facility by calling 515-242-5935 during business hours or 515-323-4360 after hours about any suspected case of measles. CADE will facilitate testing and provide additional guidance.
- Test: Iowa HHS epidemiologists will work with health care providers to guide appropriate specimen collection for testing at the State Hygienic Laboratory. Patients should remain at home and away from others as much as possible until results are received to guide further public health recommendations.

Health care providers should also routinely evaluate patient vaccination status and promote measles-containing vaccines (MMR or MMRV) for patients who do not have presumptive evidence of immunity.

For more information from Iowa HHS about measles, visit

hhs.iowa.gov/public-health/center-acute-disease-epidemiology/epi-manual/reportable-diseases/measles.

CDC launches web page on avian influenza A(H5N1) in mammals

The CDC website now features a page dedicated to the current situation on highly pathogenic avian influenza A(H5N1) in mammals. The page includes information about the outbreak of avian influenza A(H5N1) in dairy cows in the U.S., the risk to people, a timeline of documented mammalian infections, and more.

To view the web page, visit www.cdc.gov/flu/avianflu/mammals.htm.

Spring is here and so are the ticks! Tick removal and testing

If you find a tick attached to your skin, remove the tick as soon as possible using the following steps:

- Use clean, fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
- Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you cannot remove the mouth easily with tweezers, leave it alone and let the skin heal.
- After removing the tick, clean the bite area and your hands with rubbing alcohol or soap and water.
- Dispose of the tick by flushing it down the toilet. If you would like to bring the tick to your health care provider for identification, put it in rubbing alcohol or place it in a sealed bag/container.

If you develop symptoms such as a rash or fever within several weeks of removing a tick, see your health care provider. You should tell your provider about the recent tick bite, when the bite occurred, and where the tick was most likely acquired.

In general, it is not recommended to test a removed tick for evidence of infection:

- Laboratories that conduct tick testing are not required to have the high standards of quality control used by clinical diagnostic laboratories. Results of tick testing should not be used for treatment decisions.
- Positive results showing that a tick contains a disease-causing organism do not necessarily mean that you have been infected.
- Negative results can lead to false assurance. You may have been unknowingly bitten by a different tick that was infected.
- If you do become ill, you should not wait for tick testing results before beginning appropriate treatment.

For more information from CDC about ticks and health risks to humans, visit www.cdc.gov/ticks/index.html.

Prevent mosquito bites while traveling internationally

International travelers should be prepared to prevent mosquito bites because mosquitoes may spread viruses and parasites not common or not present in the continental United States. Each year, mosquito-borne diseases are identified in Iowans returning from international travel. In 2023, six cases of dengue and 33 cases of malaria were identified in Iowa.

To prevent mosquito bites while traveling internationally, remember to pack the following items:

- EPA-registered insect repellents
- Long-sleeved shirts and long pants - mosquitoes may bite through thin clothing
- Clothing and gear (such as boots, pants, socks, tents) treated with 0.5% permethrin
- Mosquito net, if sleeping outside or if screened rooms are not available

For more information on how to prevent mosquito bites, visit

www.cdc.gov/mosquitoes/mosquito-bites/prevent-mosquito-bites.html.

Have a healthy and happy week!
Center for Acute Disease Epidemiology
800-362-2736