IOWA | Health and Human Services

Epi Update for Friday, April 11, 2025

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

Iowa Department of Health and Human Services (Iowa HHS)

Items for this week's Epi Update include

- **Update: Measles cases continue to be reported in the U.S.**
- **New and updated measles resources from Iowa HHS**
- **Blastomycosis overview: A fungal infection endemic to Iowa**
- **Infographic: Measles immunity and vaccine recommendations**

Update: Measles cases continue to be reported in the U.S.

As of April 10, 2025, 712 confirmed measles cases were reported by 25 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Washington. No measles cases have been reported in Iowa since 2019.

Outbreak-associated cases make up 93% of total confirmed measles cases. Texas is reporting 532 cases, and neighboring New Mexico is reporting 56 cases. Other states reporting significant measles activity include Kansas (32 cases) and Ohio (21 cases).

Overall, 97% of cases were unvaccinated or had an unknown vaccination status, 11% of cases were hospitalized, and three deaths have been reported.

Measles is characterized by a prodrome of fever, 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 symptoms, especially if they recently traveled to an area impacted by an outbreak or were exposed to a person with febrile rash illness.

Health care providers who suspect measles should 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. 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 updates from CDC about measles in the U.S., visit www.cdc.gov/measles/data-research/index.html.

New and updated measles resources from Iowa HHS

Several new and updated measles resources are now available on the *Disease Information* page on the Iowa HHS web site, in addition to previously available information regarding measles symptoms, causes, risk factors, and prevention.

New resources geared towards the public include an updated measles fact sheet and a measles vaccine recommendation summary. School and child care resources now include setting-specific FAQs for child care facilities, schools, and colleges/universities. For health care providers, new resources include an MMR vaccine Q&A, a flow chart describing measles immunity and vaccine recommendations, tools for how to see suspected measles patients safely, and an assessment tool to evaluate health care exposures.

To view these new resources, visit the measles tab of our *Disease Information* page at hhs.iowa.gov/center-acute-disease-epidemiology/disease-information.

Blastomycosis overview: A fungal infection endemic to Iowa

Blastomycosis is a lung infection caused by breathing spores from *Blastomyces*, a fungus found in moist soil and decomposing plant matter like wood and leaves. Blastomycosis is endemic to the eastern half of the U.S. and Canada, including all of Iowa.

About half of people who breathe in *Blastomyces* spores don't get sick. Those who do develop symptoms usually develop pneumonia three weeks to three months after exposure. Symptoms include fever, cough, shortness of breath, night sweats, muscle or joint pain, weight loss, and fatigue. Some may develop skin lesions. Immunocompromised individuals are at higher risk of severe illness, and rarely the infection can spread from the lungs to the skin, bones/joints, or central nervous system.

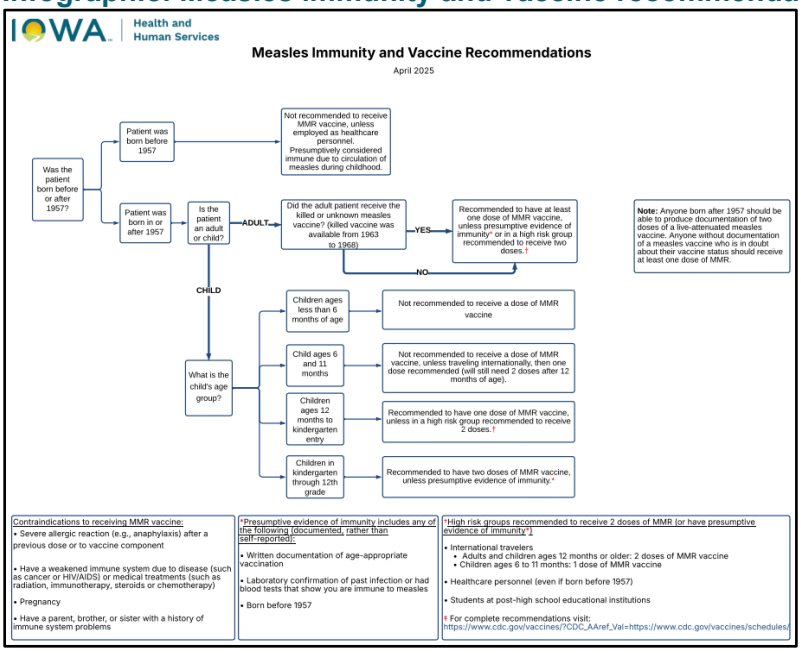
Health care providers should consider blastomycosis in patients who have been in an area where *Blastomyces* is endemic (including Iowa) and have symptoms of pneumonia, especially if antibiotics do not help. Higher risk outdoor activities include those that disturb soil or plant matter, like construction, excavations, etc.

Diagnostic testing generally includes enzyme immunoassay (EIA) antigen testing, antibody tests, PCR, culture, and microscopy. CDC has a full testing algorithm.

Amphotericin B is recommended to treat moderate to severe disease, including that of the central nervous system. Itraconazole is recommended for mild to moderate disease and step-down therapy.

For more information about blastomycosis, including full testing and treatment guidelines, visit www.cdc.gov/blastomycosis/hcp/clinical-overview/index.html.

Infographic: Measles immunity and vaccine recommendations



To view in full size, visit hhs.iowa.gov/media/15809/download?inline.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
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