

**EPI Update for Friday, May 21, 2010**  
**Center for Acute Disease Epidemiology**  
**Iowa Department of Public Health (IDPH)**

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

- **National Recreational Water Illness Prevention Week**
- **Update on Mumps in Northwest Iowa: Testing Available**
- **Potential for Q Fever Infection Among Travelers Returning from Iraq and the Netherlands**
- **Antimicrobial Risks to Health Care Workers**
- **Meeting announcements and training opportunities**

**National Recreational Water Illness Prevention Week**

May 24 to May 30, 2010 is National Recreational Water Illness Prevention Week. The observance was designated to raise awareness about healthy swimming. Follow these recommendations to ensure a safe and healthy swimming experience:

- Don't swim when you have diarrhea.
- Shower with soap before swimming and wash hands after using the toilet or changing diapers. Germs on your body end up in the water.
- Wash children thoroughly (especially the rear end) with soap and water before they go swimming.
- Take your kids on bathroom breaks or check diapers often.
- Change diapers in a bathroom or a diaper-changing area and not at poolside.
- Avoid swallowing pool water.

For more information about healthy swimming, visit [www.cdc.gov/healthywater/swimming](http://www.cdc.gov/healthywater/swimming).

**Update on Mumps in Northwest Iowa: Testing Available**

Mumps activity continues in northwestern Iowa; an additional five cases of mumps have been identified. When added to the eight cases reported in early May, this brings the total number to 13.

Diagnosing mumps is important for the public health response needed to contain outbreaks. There are two tests available for mumps testing; these tests are best at different stages of the disease.

- PCR for mumps virus (buccal swab in viral transport medium) is best early in the course of infection, since the mumps virus is shed 7 days before the onset of symptoms to 9 days after the onset of parotitis.
- IgM antibodies first appear in serum and become detectable usually within three to four days after onset of clinical symptoms. Mumps-specific IgM antibody reaches a peak titer within one to two weeks of the onset of

infection. IgM may be transient or missing for individuals who were previously immunized (thus may not be detectable by laboratory tests) even if they currently have mumps disease.

- Perform **both** tests when mumps is suspected.

Collecting a good specimen is critical for reliable laboratory testing. For further information, go to [www.uhl.uiowa.edu/services/mumps](http://www.uhl.uiowa.edu/services/mumps) or contact the University Hygienic Laboratory at 319-335-4500.

### **Potential for Q Fever Infection Among Travelers Returning from Iraq and the Netherlands**

Health care providers should consider Q fever in persons with febrile illness, pneumonia or hepatitis who have recently been in Iraq or the Netherlands. Q fever, caused by *Coxiella burnetii*, usually occurs after inhalation of aerosolized organisms from placental material, birth fluids, and excreta of infected animals. Direct animal contact is not required; the organism can be spread by dust or wind. Rarely, infections occur after ingestion of contaminated dairy products and human-to-ill human sexual contact.

An unexplained febrile illness, sometimes accompanied by pneumonia or hepatitis or both, is the most common clinical presentation. Illness onset typically occurs within two to three weeks of exposure.

Serologic testing for Q fever is available at the University Hygienic Laboratory. Doxycycline (100mg twice a day for two to three weeks) is the treatment of choice for acute Q fever. For additional information on Q fever, visit [www.cdc.gov/ncidod/dvrd/qfever/index.htm](http://www.cdc.gov/ncidod/dvrd/qfever/index.htm).

### **Antimicrobial Risks to Health Care Workers**

While health care workers use antimicrobials daily these chemicals are not thought of as pesticides nor are they thought to have potential adverse health effects. Between 2002 and 2007, however, four states reported a total of 401 work-related illnesses associated with antimicrobial pesticide exposures in health care facilities. Most illness involved janitors, housekeepers, and nursing or medical assistants, usually due to splashes or spills. Multiple organ systems were affected, including eyes, neurological, respiratory, and skin. While most patients had low-severity illness, higher severity illnesses were reported, including eight hospitalizations and one death. For the complete report, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm5918a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5918a2.htm).

IDPH's Pesticide Poisoning Surveillance Program reminds health care facilities to minimize antimicrobial hazards by:

- choosing the least hazardous effective product available,
- informing employees of the risks of all products used in their facilities,
- providing training to maximize compliance with label instructions, and
- promoting safe handling work practices.

For more information or to report a pesticide exposure, contact IDPH at 515-281-0908.

**Meeting announcements and training opportunities**

None

**Have a healthy and happy week!**

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