

EPI Update for Friday, August 19, 2011
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Positive test results for acute Hepatitis A infection in asymptomatic persons**
- **College students and meningococcal vaccination**
- **Recent measles activity in Minnesota**
- **Meeting announcements and training opportunities**

Positive test results for acute Hepatitis A infection in asymptomatic persons

Licensed IgM anti-HAV diagnostic tests are very sensitive and specific when testing persons with acute hepatitis symptoms; however, their use among persons without clinical findings typical of hepatitis A (especially in Iowa where acute HAV prevalence is low) can lead to false positive test results.

Older children and adults with acute Hepatitis A infections usually have symptoms and 70 percent are jaundiced. Therefore, it is recommended that IgM anti-HAV testing not be included in routine screenings. Testing is most appropriate in persons with clinical findings typical of hepatitis A and in persons who have been exposed to settings where HAV transmission is suspected.

Hepatitis A is a reportable condition in Iowa. So far this year, 30 positive Hepatitis A IgM laboratory reports have been investigated. Of the 30 investigated cases, only three cases were confirmed as acute Hepatitis A cases. For more information visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5418a1.htm.

College students and meningococcal vaccination

College students are at higher risk for meningococcal meningitis, therefore all college students (ages 16 to 21) are recommended to receive meningococcal vaccination (MCV4). If the student has never received a MCV4, they should be vaccinated before college entry or when non-vaccinated status is identified. If they received a dose of meningococcal vaccine between the ages of 11 and 15, a booster dose of MCV4 should be given before college entry. Routine MCV4 vaccination is recommended to be given at age 11 to 12. For more information, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_w.

Recent measles activity in Minnesota

Minnesota recently reported two cases of measles in young children. The suspected index case was likely exposed in Kenya. Healthcare providers are reminded that measles is a public health emergency. Any individual suspected of having measles (fever, rash, and cough or coryza or conjunctivitis) or any fever in a person who has been recently exposed to measles, should:

- 1) Immediately have blood drawn for IgM serology to test for acute disease; obtain both a throat and nasopharyngeal swab, place in viral transport fluid for virus culture and real time PCR, and send to the State Hygienic Laboratory (testing is performed at no cost to the patient, and on an emergency basis if approved by public health).
- 2) Immediately be reported to the Iowa Department of Public Health at 800-362-2736 (24 hours a day, 7 days a week) and the local health department. Investigation into possible spread at the health care facility needs to start immediately.
- 3) Immediately go home and stay home until measles can be excluded from the diagnosis. This and other control activities should not be delayed pending the return of laboratory results from persons suspected of having measles.

Persons with measles are contagious from one to two days prior to onset of symptoms, and about four days before rash onset to four days after the appearance of the rash. The incubation period is seven to 18 days, and averages 10 days to onset of fever and 14 days to the onset of rash. To prevent measles, children (and some adults) should be vaccinated with two doses of the measles, mumps, and rubella (MMR) vaccine.

Recommended immunization schedules can be obtained at www.cdc.gov/vaccines/recs/schedules/default.htm.

For more information on measles, please visit www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual&context=measles_chapter.

Meeting announcements and training opportunities

None

Have a healthy, happy week!

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800-362-2736