EPI Update for Friday, May 30, 2014 Center for Acute Disease Epidemiology (CADE) lowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Suspect 3rd U.S. MERS case was not infected
- Surveillance for microcystin toxin exposure
- Do you have patients who work with stone countertops?
- IDPH joins World No Tobacco Day observation
- Meeting announcements and training opportunities

Suspect 3rd U.S. MERS case was not infected

On May 17th, CDC announced that a contact of the first U.S. case of MERS preliminarily tested positive for exposure to the virus, though he was not symptomatic at the time of testing. Further testing now indicates that this contact was *not* infected with the virus.

This new information means that there has been no documented MERS transmission in the U.S., though person-to-person transmission has occurred in areas where the virus is endemic. For more information, visit www.cdc.gov/media/releases/2014/p0528-mers.html.

Surveillance for microcystin toxin exposure

Blue-green algae or cyanobacteria (found in recreational water), produce microcystin toxins that can cause illness in people and animals. Cyanobacterial blooms with high levels of toxin formation, often form in warm, slow-moving waters that are rich in nutrients (such as manure, fertilizer runoff or improperly treated septic wastes). Blooms can occur at any time, but most often occur in late summer or early fall. People can get microcystin poisoning from exposure to contaminated water, either by intentionally or accidentally swallowing water; by having direct skin contact (swimming, wading or showering); or by breathing airborne droplets containing microcystins, such as during boating or waterskiing. People who accidentally swallow water or breathe in water droplets containing microcystin can develop gastrointestinal symptoms, such as nausea, vomiting, and diarrhea. Other symptoms can include cough, runny eyes and nose, sore throat, and asthma-like symptoms. Skin rashes can also develop and in severe cases, liver failure can occur.

IDPH and the Iowa Department of Natural Resources (IDNR) are participating in a surveillance project to assess the human and animal health risks associated with algal blooms. As a part of this, IDPH is asking both human and animal health providers to report suspected or confirmed cases of microcystin poisoning.

For more information on harmful algal blooms, visit www.idph.state.ia.us/eh/algal_blooms.asp.

Do you have patients who work with stone countertops?

The market for engineered stone or quartz-containing surfacing materials used in countertop products (such as CaesarStone™, Silestone™, Zodiaq™, or Cambria™)

has grown tremendously in the past five to ten years. Earlier this year, the National Institute for Occupational Safety and Health (NIOSH – part of CDC) described cases of silicosis in young and middle-aged workers in other countries who had worked with these types of countertops. Recently, a U.S. occupational physician reported a possible U.S. case. NIOSH is interested in any patients diagnosed with silicosis who work with engineered stone countertop products

Silicosis is a reportable condition in Iowa. Iowa healthcare providers who suspect that their patients' health problems may be caused by working with quartz-containing materials, such as these countertops, should report this to IDPH's Occupational Health & Safety Surveillance program at 800-972-2026. For more information on silica hazards, visit blogs.cdc.gov/niosh-science-blog/2014/03/11/countertops/.

IDPH joins World No Tobacco Day observation

In recognition of May 31 as World No Tobacco Day, Quitline Iowa is offering eight weeks of nicotine replacement therapy (NRT) – patches, gum or lozenges – to eligible participants enrolling in the no-cost program through the end of June.

In Iowa, 18.1 percent of adults smoke. Tobacco is the leading cause of death for Iowans, taking the lives of more than 4,400 adults each year. The estimated annual Iowa health care costs directly associated with tobacco use now total \$1 billion.

Quitline Iowa pairs tobacco users with a Quit Coach® to help them develop an individualized quitting plan and determine which NRT is best to help them stay tobacco-free. A Quit Coach® also helps by:

- Preparing participants for their guit date
- Providing tips and support to live in a smoke-free environment
- Offering advice and information on medications that may help with withdrawal symptoms

lowa state residents can take advantage of the program by calling 1-800-QUIT-NOW (1-800-784-8669), or visiting www.quitlineiowa.org to enroll. Registration specialists and Quit Coaches® are available 24 hours a day.

Meeting announcements and training opportunitiesNone

Have a healthy and happy week!

Center for Acute Disease Epidemiology Iowa Department of Public Health 800-362-2736