

Epi Update for Friday, September 23, 2016
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Zika virus transmission in South Florida**
- **Skin infections in student athletes**
- **What are SUPER LICE?**
- **Iowa Acute Disease Monthly Update**
- **Infographic: The Power of Preparedness**
- **Meeting announcements and training opportunities**

Zika virus transmission in South Florida

The Centers for Disease Control and Prevention (CDC) has modified Zika travel and testing recommendations for the Wynwood area of Miami. This comes after three mosquito incubation periods passed without any identified new cases of local transmission of Zika. CDC no longer recommends pregnant women and their partners avoid travel to the Wynwood area. Active Zika virus transmission is ongoing in the previously identified 4.5 square mile area of Miami Beach, Florida. Because of the active virus transmission in the area, pregnant women should avoid travel to the identified 4.5-square mile area of Miami Beach.

Even with the CDC's Wynwood-area travel modification, pregnant women and partners of pregnant women who are concerned about potential Zika virus exposure may consider postponing nonessential travel to all parts of Miami-Dade County, including areas without identified active transmission. For all of Miami-Dade County, CDC advises strict adherence to precautions to prevent mosquito bites.

For more information on Zika virus transmission in Florida, visit www.cdc.gov/zika/intheus/florida-update.html.

Skin infections in student athletes

Fall sports season is now in full swing and soon the winter sports season will begin. Every year, questions about skin infections in athletes arise. Many athletes are at higher risk of developing skin infections due to frequent direct skin-to-skin contact with other athletes. The Iowa High School Athletic Association maintains guidance for addressing communicable conditions (including skin infections) among student athletes; this guidance is available at www.iahsaa.org/information/sports-medicine-wellness-info/communicable-conditions-in-sports/. The National Collegiate Athletic Association also maintains an NCAA Sports Medicine Handbook, which is available at www.ncaapublications.com/p-4374-2014-15-ncaa-sports-medicine-handbook.aspx.

What are SUPER LICE?

Super lice have been in the news a lot lately, prompting questions and concern. Here is some basic information about head lice that can be shared with concerned patients and parents:

- Super lice are head lice that have become resistant to some lice treatment products.
 - Super lice look and act the same as 'regular' head lice (they are not bigger or faster).
 - Resistance to head lice treatments has been reported for decades and the recent studies show the trend is continuing.
- Head lice (including 'Super Lice') do NOT hop or fly; they crawl, just like 'regular' head lice.
 - Most spread is by head-to-head contact, and much less commonly, through contact with clothing (like scarves and hats) or other personal items (like brushes or towels).
- Head lice (including 'Super Lice') live less than two days if they fall off a person and nits (eggs) will die if they are not kept at the same temperatures as that found close to the scalp. If an infestation occurs, the following is recommended:
 - Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the two days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for two weeks.
 - Vacuum the floor and furniture, particularly where the infested person sat or lay. Spending a lot of time and money on housecleaning activities is not necessary.
 - Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
- Resistance is not the only cause of treatment failures; others include:
 - Applying the treatment to hair that has been washed with conditioning shampoo or rinsed with hair conditioner. Conditioners can act as a barrier that keeps the head lice medicine from adhering to the hair shafts; this can reduce the effectiveness of the treatment.
 - Not carefully following the instructions for the treatment that is used. Some examples of this include not applying a second treatment if instructed to do so, or re-treating too soon after the first treatment, before all the nits are hatched and the newly hatched head lice can be killed. Another reason is re-treating too late after new eggs have already been deposited.
 - Re-infestation. The person was treated successfully and the lice were eliminated, but the person becomes infested again by lice spread from another infested person. Sometimes reshampooing the hair too soon (less than 2 days) after correctly applying and removing permethrin can reduce or eliminate any residual (continued) killing effect on the lice.
- Lice are extremely common, especially among pre-school children attending child care, elementary school children, and the household members of these infested children.

- An estimated 6 million to 12 million infestations occur each year in the United States among children 3 to 11 years of age.
- Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. For additional information about head lice in schools, visit www.cdc.gov/parasites/lice/head/schools.html.
- Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.
- Head lice present a nuisance, but do not spread disease.

IDPH produces a brochure with basic information about head lice and head lice treatment guidance:

- English version: idph.iowa.gov/Portals/1/Files/CADE/head_lice%20brochure%2810-08%29%20lighter%20green%20reviewed%205%202010.pdf.
- Spanish version: <http://idph.iowa.gov/Portals/1/Files/CADE/headlice%20brochure%20%28Spanish%29%205%202010.pdf>.

Resources from the CDC are available at www.cdc.gov/parasites/lice/head/index.html.

Iowa Acute Disease Monthly Update

A new issue of the Iowa Acute Disease Monthly Update is available on our new Website. Visit idph.iowa.gov/CADE and scroll down to 'Reports' to access the file. The Monthly Update can also be viewed directly at idph.iowa.gov/Portals/1/userfiles/79/Reports/Misc/Monthly%20Report/IADMU%20Sep%202016.pdf.

Infographic: The Power of Preparedness

THE POWER OF PREPAREDNESS



National Preparedness Month **2016**

GLOBAL



PREPARE GLOBALLY

The world has come together to better prevent, detect, and respond to health threats

ABOUT 2/3 OF THE **WORLD** REMAINS UNPREPARED TO HANDLE A PUBLIC HEALTH EMERGENCY

COUNTRY



PREPARE TO RESPOND

Emergency Operations Centers (EOCs) bring experts together to make decisions quickly in emergencies

THE CDC EOC HAS BEEN **ACTIVATED** MORE THAN **90%** OF THE TIME IN THE LAST 7 YEARS

STATE



PREPARE LOCALLY

Preparing today can reduce the impact of future disasters

NEARLY 2000 U.S. EMERGENCY RESPONDERS HAVE BEEN TRAINED IN HOW TO GET CRITICAL **MEDICINES** THROUGH THE STRATEGIC NATIONAL STOCKPILE

COMMUNITY



PREPARE TOGETHER

In times of crisis communities have to help one another

ONLY 34% OF PEOPLE REPORTED HAVING VOLUNTEERED TO HELP DURING A **DISASTER**

INDIVIDUAL



OVER 60% OF PEOPLE DO NOT HAVE AN

Infographic available at www.cdc.gov/phpr/npm/powerofpreparedness.htm.

Meeting announcements and training opportunities

2016 Iowa Environmental Health Association Fall Conference - Marshalltown, Iowa
October 18-19. For more information, visit www.ieha.net/2016FallEHConference.

Have a healthy and happy week!

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