

## Epi Update for Friday, September 23, 2022

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)  
BUREAU OF HIV, STD, AND HEPATITIS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Items for this week's Epi Update include

- **Monkeypox update**
- **West Nile virus activity increasing**
- **Blood lead collection tube shortage affecting lead testing**
- **Meeting announcements and training opportunities**

### Monkeypox update

An ongoing outbreak of monkeypox has spread across many countries that don't normally report monkeypox, including the U.S. As of September 23, 65,415 cases have been identified in 106 countries. A total of 24,846 cases have been identified in the U.S., including 25 cases identified in Iowa.

Men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk. The virus is spreading mostly through close, intimate contact with someone who has monkeypox.





The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. Presenting symptoms typically include fever, chills, distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of fever has been reported. The rash can be confused with other diseases (e.g., secondary syphilis, herpes, chancroid, and varicella zoster).

A high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with men and people reporting travel or contact to a monkeypox case. The features of monkeypox can easily be confused with sexually transmitted infections (STI). It is important to comprehensively evaluate patients presenting with genital or perianal ulcers for STIs. However, co-infections with monkeypox and STIs have been reported and presence of an STI does not rule out monkeypox.

### Monkeypox, STIs, and the Importance of Concurrent Testing

**Background**  
Cases of monkeypox (MPV) have been reported in countries that do not normally report monkeypox—including the United States. In the U.S., monkeypox cases have been reported in every state, including Iowa.  
Anyone who has been in close contact with someone who has monkeypox is at risk of acquiring the virus. Early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases in the current outbreak.

**What should prompt clinical suspicion for monkeypox infection?**  
Clinicians should be alert to patients presenting with a **new characteristic rash or pustules**. This is especially true if the patient is part of a population experiencing higher rates of monkeypox.  
**The rash associated with monkeypox can be confused with other rashes** encountered in clinical practice including herpes, syphilis, and varicella. Patients co-infected with Monkeypox virus and other infectious agents (e.g., varicella zoster, herpes, syphilis) are also not uncommon.  
The CDC is encouraging clinicians to therefore have monkeypox on their differential diagnosis when presented with an STI-associated or STI-like rash, even if it is localized and not (yet) diffuse. When collecting specimens, consider taking multiple samples for **concurrent laboratory testing**.

**Consider:**  Monkeypox  Herpes  Varicella  Syphilis

**For cases of suspected monkeypox infection:**  
Clinicians suspecting monkeypox infection should **immediately** contact CADE.  
During business hours: (800) 362-2736 After business: (515) 323-4360

**Web Resources:**  
Iowa Division of Public Health monkeypox landing page: [idph.iowa.gov/ehim/monkeypox](https://idph.iowa.gov/ehim/monkeypox)

**Public Health**  
IOWA HHS

Clinicians must report suspected monkeypox cases to IDPH as soon as monkeypox is suspected and prior to collecting specimens.

- Contact IDPH by calling 515-242-5935 during business hours or 515-323-4360 outside of business hours.
- Contact SHL by calling 319-335-4500 or 1-800-421-4692.

For more information about the ongoing monkeypox outbreak, visit [www.cdc.gov/poxvirus/monkeypox/response/2022/index.html](http://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html).

### **West Nile virus activity increasing**

West Nile virus activity in Iowa has increased in recent weeks. So far in 2022, three human cases of West Nile virus and six presumptive viremic blood donors have been identified in Iowa. Iowa HHS is also currently investigating additional case reports. Forty-one mosquito samples in Iowa have tested positive for the virus.

This increase serves as a reminder of the importance of taking steps to reduce the risk of exposure to mosquitoes until the state's first hard frost.

- Use insect repellent with DEET, Picaridin, oil of lemon eucalyptus, Para-menthane-diol, 2-undecanone or IR3535.
  - Always read the repellent label and consult with a health care provider if you have questions when using these types of products for children.
  - For example, oil of lemon eucalyptus and Para-menthane-diol should not be used on children under 3 years of age and DEET should not be used on children less than 2 months of age.
- If possible, avoid outdoor activities between dusk and dawn, when mosquitoes are most active.
- Wear long-sleeved shirts, pants, shoes and socks outdoors whenever possible.
- Eliminate standing water around the home because that's where mosquitoes lay eggs.
  - Empty water from buckets, cans, pool covers and pet water dishes.
  - Change water in bird baths every three to four days.

For more information about West Nile virus, visit [idph.iowa.gov/cade/disease-information/west-nile-virus](http://idph.iowa.gov/cade/disease-information/west-nile-virus).

### **Blood lead collection tube shortage affecting lead testing**

On January 19, 2022, FDA updated the device shortage list to include all blood specimen collection tubes. FDA recommends health care providers, laboratory directors, phlebotomists, and other personnel consider blood specimen collection tube conservation strategies to minimize blood collection tube use and maintain quality and safe patient care for those where testing is medically necessary. Refer to FDA's [Blood Specimen Collection Tube Shortage: Frequently Asked Questions](#) for additional information.

CDC recommends the following actions to ensure children receive accurate blood lead tests:

- Communicate with testing laboratories about appropriate specimen requirements, as these may change over time.
- Use blood collection tubes that have been manufactured specifically for trace element testing or pre-screened lead-testing tubes. Contamination in collection tubes can contribute to inaccurate results.
- If the recommended tubes are not available, discuss acceptable alternatives with testing laboratories.

For more information, visit [www.cdc.gov/nceh/lead/news/blood-lead-collection-tube-shortage.html](http://www.cdc.gov/nceh/lead/news/blood-lead-collection-tube-shortage.html).

### **Meeting announcements and training opportunities**

Iowa HHS and SHL will be hosting the *Iowa Influenza Surveillance Webinar* for the 2022-23 Season on Wednesday, October 12 from 10-11:30 AM. Target audiences include local public health, health care providers, infection control staff, laboratorians, school nurses, long-term care facilities and others involved in respiratory virus surveillance. Presenters will review the 2021-22 influenza season, describe the Iowa Influenza Surveillance System for 2022-23, explain updated immunization guidance, outline Iowa's strategy for surveillance testing, and discuss guidance for long-term care outbreak response and antiviral use. To register, visit [https://us02web.zoom.us/webinar/register/WN\\_Kwv5m4yxQp2VNsi7bMwIhw](https://us02web.zoom.us/webinar/register/WN_Kwv5m4yxQp2VNsi7bMwIhw). Those who register will receive the slides and recording shortly after completion of the webinar.

**Have a healthy and happy week!**

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515-281-6801