

# Epi Update for Friday, September 2, 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**
- **Influenza vaccine recommendations for 2022-23 season**
- **Variant influenza: Identification, treatment, and prevention**
- **HHS announces first West Nile case of 2022**
- **Infographic: Tips for adequate collection of lesion specimens from suspect monkeypox case**
- **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 1, 52,090 cases have been identified in 100 countries. A total of 19,464 cases have been identified in the U.S., including 18 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 individuals reporting travel history or contact with a case of monkeypox. The features of monkeypox cases 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 the presence of an STI does not rule out monkeypox.

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).

## **Influenza vaccine recommendations for 2022-23 season**

ACIP has released updated influenza vaccine recommendations for the 2022-23 season in the U.S. Routine annual influenza vaccination is recommended for all persons aged 6 months and older who do not have a contraindication. Influenza vaccination has been shown to reduce influenza related illness and risk of serious complications that can result in hospitalization or death.

Inactivated and recombinant influenza vaccines may be administered concurrently or sequentially with other inactivated or live vaccines. The currently approved influenza and COVID-19 vaccines may be administered at the same time or at any interval before or after each other.

Primary updates for the 2022-23 influenza season include: ACIP recommends adults aged > 65 years preferentially receive any of the several higher dose or adjuvanted influenza vaccines, and the age indication for Flucelvax Quadrivalent (cell culture-based influenza vaccine) is now approved for persons aged > 6 months.

For more information, visit [www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s\\_cid=rr7101a1\\_w](http://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w) or [idph.iowa.gov/immmtb/immunization/influenza/recommendations](http://idph.iowa.gov/immmtb/immunization/influenza/recommendations).

## **Variant influenza: Identification, treatment, and prevention**

Five cases of human infection with influenza viruses that usually spread only in pigs, also known as variant influenza, were reported to CDC in August 2022. These cases include three infections with influenza A(H3N2) variant (A(H3N2)v) and two infections with influenza A(H1N2)v. None of these cases occurred in Iowa. Four of the five cases reported exposure to pigs or attendance at an agricultural fair prior to illness. No hospitalizations, deaths, or person-to-person spread have been associated with the five recent variant influenza virus infections.

Early identification and investigation of variant influenza infections is important to determine whether the virus is spreading efficiently among people and prevent the emergence of new viruses that could have pandemic potential. Recommendations for identification, treatment, and prevention of variant influenza virus infections include:

- Clinicians who suspect influenza in a patient with swine exposure should consider influenza testing.
- Laboratories with positive influenza A specimens outside of influenza season can contact CADE at 800-362-2736 or SHL at 319-335-4500 to discuss submitting specimens for further testing.
- Persons who are at high risk for influenza complications should avoid exposure to pigs or take precautions when contact is necessary (e.g., well-fitting mask, hand hygiene).
- Persons with influenza-like illness who are at high risk for complications should consult with a health care provider as soon as possible after symptom onset to determine if antiviral treatment is needed.

For more information, visit <https://emergency.cdc.gov/han/2022/han00473.asp>.

## **HHS announces first West Nile case of 2022**

Iowa HHS has announced the first case of West Nile virus infection reported in 2022, in a middle age adult (aged 41-60 years) from Buena Vista County. The case was confirmed through a test at SHL.

With Labor Day activities on the horizon, Iowa HHS reminds all Iowans take the following steps to reduce the risk of exposure to West Nile virus:

- 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.

In 2021, six Iowans were diagnosed with West Nile virus, with zero deaths.

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

### Infographic: Tips for adequate collection of lesion specimens from suspect monkeypox case

**MONKEYPOX**

**Tips for Adequate Collection of a Lesion Specimen from a Suspect Monkeypox Virus Case**

Vigorous swabbing of lesion specimens maximizes the probability of achieving accurate diagnostic results. **Specimens that do not contain enough human DNA may lead to inconclusive PCR test results, with no positive or negative result.** Inconclusive results necessitate patients being sampled again which can delay diagnosis. Follow the instructions below to make sure your specimens are adequate for testing. While vigorous swabbing on the surface of a lesion should collect enough viral DNA, more viral DNA can be found in crusts when present. Recommended [infection prevention and control practices](#), including the use of personal protective equipment (PPE), for caring for a patient with suspected or confirmed monkeypox infection should be used during specimen collection: [What Healthcare Professionals Should Know](#). Unroofing or aspiration of lesions (or otherwise using sharp instruments for monkeypox testing) is **not necessary, nor recommended due to the risk for sharps injury.**

**Swabbing of Lesion Surface:**

1. Use sterile, synthetic swabs. Do not use cotton swabs.
2. More information on specimen collection can be found here: [Preparation and Collection of Specimens](#).
3. Do not clean the lesion with ethanol or any other disinfectant prior to swabbing.
4. Hold the swab with a firm grasp. Avoid touching the swab shaft at least an inch before the tip if collecting a dry swab and the length of the swab shaft that will be submerged in liquid if using a swab to be stored in viral transport media.
5. Apply firm pressure (generally firm enough so that the swab shaft, if plastic, may bend slightly). This may result in discomfort or slight pain, but it is necessary to obtain adequate DNA.
  - a. If lesion ruptures while swabbing, ensure that swab collects lesion fluid.
  - b. If possible, avoid using swabs that bend too easily which may make applying firm pressure difficult.
6. Swipe the swab back and forth on the lesion surface at least 2-3 times then rotate and repeat on the other side of the swab at least 2-3 times.
  - a. If material is visible on the swab surface (such as skin material or from lesion fluid that is leaking from the lesion), this is indicative of an adequate collection. Although please note that material may not always be visible on swabs.
7. Place swab within appropriate container.
  - a. Ensure container, storage and shipping conditions are approved by laboratory that specimen is being sent to for testing.

**Collection of crusts from healing lesions:**

Crusts are not accepted by all laboratories as an approved specimen type. Ensure the laboratory that will be receiving the specimen for testing is able to test crusts before collecting or sending.

1. Use a forceps or other blunt-tipped sterile instrument to remove all or a piece of the crust at least 4mm x 4mm – about the size of this dot: ●
2. Separate each crust into a dry, sterile container.
  - a. Ensure container, storage, and shipping conditions are approved for laboratory that specimen is being sent to for testing.
3. Cover lesion with band aid.

To view in full size, visit: [www.cdc.gov/poxvirus/monkeypox/pdf/mpox-adequatespecimencollection\\_508.pdf](http://www.cdc.gov/poxvirus/monkeypox/pdf/mpox-adequatespecimencollection_508.pdf).

### Meeting announcements and training opportunities

SHL and Iowa HHS will deliver a two-part webinar series on *Legionella* on Tuesday, September 6 from 3-4 PM and Tuesday, September 20 from 3-4 PM. The intended audience are laboratorians, infection preventionists, and local health care officials. Part 1 will discuss the epidemiology and testing used to identify *Legionella* in humans. Part 2 will highlight how environmental testing combined and whole genome sequencing can be used to reduce health care acquired *Legionella* infections. P.A.C.E. credit will be provided.

To register, visit [https://uiowa.qualtrics.com/jfe/form/SV\\_cvGn245UNGssah0](https://uiowa.qualtrics.com/jfe/form/SV_cvGn245UNGssah0).

Save the date! Iowa HHS will be hosting the *2022 Virtual Iowa Infection Prevention and Control Conference* on Tuesday, November 8. The intended audience are Iowa infection preventionists from any setting. Featured topics include updates to ST-91 endoscope reprocessing, environmental services in long-term care, water management, and more! Registration will be free. More information, including registration, will be coming soon.

**Have a healthy and happy week!**

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800-362-2736

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515-281-6801