

## Epi Update for Friday, October 21, 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

- Screening patients for Ebola virus disease (EVD)
- Recent reports of RSV, parainfluenza in Iowa and clarification regarding *B. Parapertussis*
- Infographic: Think Ebola: Early recognition is critical for infection control
- Meeting announcements and training opportunities

### Screening patients for Ebola virus disease (EVD)

CDC is monitoring an ongoing outbreak of Ebola virus disease (EVD) across multiple districts of Uganda. No cases related to this outbreak have been reported in countries outside of Uganda and the current risk of EVD spreading to the U.S. is low.

To minimize the potential spread of EVD, exit and entry screenings are being conducted at designated airports. Travelers from Uganda will be asked questions to assess exposure to EVD and symptom checks will be performed. Information for travelers that list Iowa as their final destination is then shared with Iowa HHS, and we coordinate with local health departments to perform an additional risk assessment, provide education, and monitor for symptoms.

Early recognition of EVD is critical for infection control:

- Obtain a travel history for all acutely ill patients returning from an area with an active Ebola virus outbreak within the last 21 days. **Initiate immediate infection control measures for acutely ill patients with concerning travel history.**
- Evaluate for Ebola risk factors in travelers returning from areas with an active Ebola virus outbreak. If an acutely ill patient has any of these risk factors, begin immediate infection prevention and control measures. Examples include contact with persons with suspected or confirmed EVD, participation in funeral rituals, working in a laboratory without appropriate PPE, handling wild animals exposed to Ebola virus disease.
- Inquire about signs or symptoms compatible with EVD, which may be non-specific and similar to other common causes of illness. Primary signs and symptoms of Ebola often include some or several of the following:
  - Fever ( $\geq 100.4^{\circ}\text{F}/38.0^{\circ}\text{C}$ )
  - Severe headache
  - Muscle and joint pain
  - Weakness and fatigue
  - Sore throat
  - Loss of appetite
  - Gastrointestinal symptoms including abdominal pain, diarrhea, and vomiting
  - Unexplained hemorrhaging, bleeding or bruising
  - Red eyes, skin rash, and hiccups

If patient evaluation indicates possible EVD infection:

- *Isolate* the patient immediately.
- *Inform* Iowa HHS immediately by calling 515-242-5935 during business hours or 515-323-4360 outside of business hours.

For full CDC EVD guidelines, including patient screening tools, example screening questions, isolation guidelines, infection prevention and control guidelines (PPE), and more, visit [www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/index.html](http://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/index.html).

For updates on the current EVD outbreak in Uganda, visit [www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html](http://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html).

### **Recent reports of RSV, parainfluenza in Iowa and clarification regarding *B. Parapertussis***

Many respiratory illnesses peak in late fall through early spring. This seasonality has been altered for multiple respiratory diseases. For example, Iowa did not have a typical respiratory syncytial virus (RSV) season in late 2020 and had an early RSV peak in August 2021.

Iowa laboratories are reporting increasing or high positivity for several viruses. Rhinovirus and other enteroviruses have been the predominant pathogen reported since mid-August, but the percent positivity for enteroviruses has been dropping since peaking at 37% in early September. Both parainfluenza and RSV have been increasing since August, with human parainfluenza virus (PIV) and RSV positivity around 13% and 10% respectively.

RSV and PIV can cause respiratory illness in all age groups, but may impact young children, older adults, and persons with chronic medical conditions most severely. PIV types (HPIV-1 through HPIV-4) tend to have different seasonality and clinical presentations. For example, HPIV-1 and HPIV-2 most often cause upper or lower respiratory illness in children, while HPIV-3 is often associated with lower respiratory illness like pneumonia.

Clinicians should consider RSV and PIV in patients with respiratory illness and negative SARS-CoV-2 or influenza results. Neither RSV nor PIV have an approved vaccine in the U.S., but there is a prophylactic medication for infants at risk during typical RSV season. Immunizing patients for other respiratory illness like influenza, COVID-19, and pertussis can reduce the chances of serious illness from those pathogens as well as co-existing infections.

Another illness that Iowa HHS has received questions about recently is *Bordetella parapertussis*. Although parapertussis is caused by bacteria similar to *B. pertussis* (whooping cough), they are not the same illness. *B. parapertussis* does not produce pertussis toxin, and the symptoms it causes are typically milder than whooping cough. Parapertussis is not a reportable disease in Iowa. There is no vaccine for parapertussis and the vaccine for pertussis does not offer protection against parapertussis. Parapertussis can be distinguished from pertussis via diagnostic testing. Consult with your laboratory for more information.

For more information about RSV prophylaxis, visit [www.cdc.gov/rsv/clinical/index.html](http://www.cdc.gov/rsv/clinical/index.html).

To view the Iowa Respiratory Virus Surveillance Report, visit [idph.iowa.gov/influenza/reports](http://idph.iowa.gov/influenza/reports).

## Infographic: Think Ebola: Early recognition is critical for infection control

**Think EBOLA**  
Early recognition is critical for infection control

**Think Ebola when you approach a patient. Start the steps for basic infection control before assessing the patient for risks.**

- Always use standard precautions
- If there are concerns that the patient could meet the criteria for Ebola, immediately separate the patient from others

**IDENTIFY**

Assess your patient for:

- International travel

OR

- Contact with someone with Ebola within the last 21 days

AND

Other symptoms:

- Fever
- Severe headache
- Muscle pain
- Weakness
- Fatigue
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

If the patient has both exposure and symptoms, immediately isolate the patient and inform others (see INFORM)

**ISOLATE**

If assessment indicates possible Ebola virus infection, take action.

- Isolate the patient in a private room with a private bathroom or covered, bedside commode and close the door
- Wear appropriate personal protective equipment (PPE): <http://go.usa.gov/szgB>
- Limit the healthcare personnel who enter the room
- Keep a log of everyone who enters and leaves the patient's room
- Consider alternative diagnoses, and evaluate appropriately
- Only perform necessary tests and procedures
- Avoid aerosol-generating procedures
- Follow CDC guidelines for cleaning, disinfecting, and managing waste: <http://go.usa.gov/sz2YA>

**INFORM**

Alert others, including public health authorities.

- Notify your facility's infection control program and other appropriate staff
- Contact your state or local public health authorities
- Consult with state or local public health authorities about testing for Ebola

For more information, visit:  
<https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/think-ebola.html>

To view in full size, visit [www.cdc.gov/vhf/ebola/resources/pdfs/Think\\_Ebola-P.pdf](http://www.cdc.gov/vhf/ebola/resources/pdfs/Think_Ebola-P.pdf).

### Meeting announcements and training opportunities

#### Basic Infection Prevention and Control Concepts for Everyone

The Iowa HHS Healthcare Associated Infections (HAI) Program is hosting a one-hour webinar on November 9 at 12:00 PM. The webinar will cover key elements of standard and transmission-based precautions. Anyone involved in health care is encouraged to attend, including environmental services personnel, emergency medical services personnel, pharmacists, home health service providers, therapists, dietitians, and non-clinical staff. Continuing education credits are available. Register for FREE at

[ecri.zoom.us/meeting/register/tjAqdeqsrz0iH9MajcK05Wv-ugsu0\\_OIW2aG](http://ecri.zoom.us/meeting/register/tjAqdeqsrz0iH9MajcK05Wv-ugsu0_OIW2aG).

**Have a healthy and happy week!**

Center for Acute Disease Epidemiology  
800-362-2736

Bureau of HIV, STD, and Hepatitis  
515-281-6801