Epi Update for Friday, July 30, 2021

Office of the Public Health Medical Director
Center for Acute Disease Epidemiology (CADE)
Bureau of HIV, STD, and Hepatitis

Iowa Department of Public Health (IDPH)

Items for this week's Epi Update include:

- **Increasing inter-seasonal respiratory syncytial virus activity in Iowa**
- **Updated STI treatment guidelines released**
- **USPSTF Grade A recommendation for PrEP and cost-sharing elimination**
- **Pan-resistant *Candida auris* healthcare clusters identified in the U.S.**
- **Infographic: Infographic: AFM – Head, shoulders, knees, and toes**

Increasing inter-seasonal respiratory syncytial virus activity in Iowa
For this surveillance week (the week ending July 24), the Respiratory Syncytial Virus (RSV) percent positive increased to 20% (percent positive was 10% the previous surveillance week). For reference, the seasonal percent positive peaks for the two previous RSV seasons were 20% in January 2019 and 24% in December 2019. RSV activity was low this winter, but Iowa is now experiencing increasing inter-season activity.

IDPH recently issued a health alert asking clinicians to consider RSV when evaluating patients with respiratory illness and negative SARS-CoV-2 results. Use of preventive palivizumab for infants at risk for severe RSV disease was also suggested.

For more information on the reduced respiratory virus activity last season, and how it may be impacting current disease levels, visit www.cdc.gov/mmwr/volumes/70/wr/mm7029a1.htm.

For more information about RSV prophylaxis, visit www.cdc.gov/rsv/clinical/index.html.

Updated STI treatment guidelines released
For the first time since 2015, CDC has released updated Sexually Transmitted Infection (STI) treatment guidelines. The guidelines provide evidence-based diagnostic, management, and treatment recommendations, and serve as a source of clinical guidance for managing STIs.

The update includes new recommendations for gonorrhea treatment that were released in December (i.e., 500mg ceftriaxone for uncomplicated infection in adolescents and adults). There are also updated recommendations for chlamydia, trichomoniasis, and pelvic inflammatory disease.

For some infections (e.g., chlamydia), recommended and alternative regimens are listed. Although recommended regimens are preferred, there will be instances in which alternative regimens are more advantageous. For example, the alternative regimen for chlamydia is a single dose treatment and will be preferred when adherence to a full week of treatment is questionable. Shared clinical decision-making by the patient and the provider are encouraged to determine which treatment is most useful for the patient.

STIs are common and costly. In 2020, there were 15,095 cases of chlamydia, 6,919 cases of gonorrhea, and 500 cases of syphilis reported in Iowa. In the U.S., 26 million new STIs occur each year, totaling nearly $16 billion in medical costs. Evidence-based prevention, diagnostic, and treatment recommendations are critical to STI control efforts now more than ever.

All providers are encouraged to regularly reference and utilize these guidelines when assessing patient needs related to testing and treatment.

To view the updated guidelines, visit www.cdc.gov/std/treatment-guidelines. The mobile apps have not yet been updated, however you may access the quick guide on the mobile device friendly site at www.cdc.gov/STIapp/.

USPSTF Grade A recommendation for PrEP and cost-sharing elimination
In June 2019, the US Preventive Services Task Force (USPSTF) gave pre-exposure prophylaxis for HIV prevention (PrEP) a Grade "A" recommendation. This led to the new requirement (as of January 1, 2021) that commercial health plans and expanded Medicaid programs cover PrEP medications and associated services with no cost-sharing to patients.

This is an important change to the PrEP access landscape. Historically, medication assistance programs have provided substantial medication assistance but have not contributed to medical visit or laboratory cost offsets – which resulted in patient cost-sharing that was often burdensome and/or prohibitive.

In order to ensure that PrEP medications and associated services (provider visits and laboratory studies) are covered with no-cost sharing to patients, it is vital that providers and billing teams become familiar with appropriate coding techniques. NASTAD has recently released a coverage brief that provides an overview of this policy change, as well as links to resources to assist PrEP providers in ensuring that PrEP services are billed appropriately.

Please share this information widely with those who provide PrEP and who may be interested in providing PrEP services. Questions related to this policy can be directed to the HIV and Hepatitis Prevention Program at HIVHCVPrevention@idph.iowa.gov.

Pan-resistant *Candida auris* healthcare clusters identified in the U.S.
Last week, CDC's MMWR described independent clusters of resistant *Candida auris* (*C. auris*) infections within Texas and Washington, D.C. healthcare facilities.

- In two Texas facilities, 22 cases were identified, including two pan-resistant cases and five cases resistant to echinocandins and fluconazole.
- In Washington, D.C., 101 cases were identified, including three that were pan-resistant.
- Cases for both clusters were identified through skin colonization screening and/or clinical isolate testing confirmed through CDC's AR Lab Network.

C. auris is a fungus that presents a serious health threat. Pan-resistant C. auris isolates have been reported previously, although rarely, from the United States and other countries. It is important to quickly identify C. auris in hospitalized patients, so that healthcare facilities can take special precautions to prevent spread.

To view the full article, visit: www.cdc.gov/mmwr/volumes/70/wr/mm7029a2.htm?s_cid=mm7029a2_w.

Infographic: AFM – Head, shoulders, knees, and toes

To view in full size, visit www.cdc.gov/acute-flaccid-myelitis/downloads/examining-proximal-muscle-weakness-508.pdf.

Have a healthy and happy week!

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