



Epi Update for Friday, August 27, 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:

- **Potential shortage of blood lead test kits following July 2021 recall**
- **Continued increases in bacterial STIs**
- **New Lyme disease training modules for clinicians**
- **Infographic: What's the difference between a booster dose and an additional dose?**

Potential shortage of blood lead test kits following July 2021 recall

CDC has expressed concerns about potential shortages of LeadCare® test kits used to analyze capillary blood lead samples from patients, following a July 2021 recall.

If LeadCare® test kits are unavailable, CDC strongly recommends that health care providers not delay required blood lead testing for children. By delaying blood lead testing, children with higher blood lead levels risk not being identified and receiving necessary treatment and services. Blood lead testing can be done with either a venous or capillary blood sample, both of which can be submitted to a laboratory for analysis with higher complexity methods. Health care providers should contact laboratories for recommended blood collection supplies.

Public health professionals should work with health care providers in their jurisdictions to ensure patients receive their required blood lead tests. This outreach should include making providers aware of the need to conduct a capillary or venous test analyzed using higher complexity methods if LeadCare® test kits are unavailable.

If blood lead testing indicates blood lead levels above the current CDC Blood Level Reference Values (BLRV) and/or state or local action level, the health care provider or public health official should refer to CDC guidelines or state/local guidelines for appropriate follow-up action.

LeadCare® devices should be used according to FDA approvals. Currently, venous samples are not approved by the FDA to be analyzed with LeadCare® devices.

IDPH's Lead Poisoning Prevention Program is available to answer questions at 800-972-2026.

Continued increases in bacterial STIs

Increases in reported cases of syphilis in Iowa are accelerating further. There were 202 reported cases of infectious syphilis (primary, secondary, and early latent) in the first half of 2021, an increase of 87% compared to the same time period in 2020. Although men have historically accounted for a majority of the diagnoses, the proportion of cases among women has steadily increased (1 in 5 diagnoses were among women). Furthermore, the number of congenital syphilis cases in the state in 2021 (five cases) has already far surpassed the number in 2020 (one case). Congenital syphilis is a very serious condition that can be fatal.

Syphilis is known as “the great imitator.” Its signs can mimic many other conditions. Providers are encouraged to test patients who present with new sores or rashes, as well as sexually active individuals who have not been tested recently. Signs and symptoms may be minimal and go unnoticed in some patients. Early diagnosis and treatment can prevent long-term adverse health outcomes and reduce transmission. Although syphilis is curable, individuals can become reinfected. Presumptive treatment of sex partners is another important strategy. Since most syphilis testing is still based on antibody tests, individuals may test negative early in the infection (for up to 90 days).

In Iowa, Disease Intervention Specialists (DIS) work with individuals who have been diagnosed with infectious syphilis. They ensure linkage to care, conduct risk reduction counseling, and offer partner services so that sex partners may be confidentially notified of their exposure and connected to recommended treatment and testing. DIS routinely assist with interpretation of syphilis laboratory results and provide recommendations for treatment.

Other STIs are increasing, as well. Gonorrhea has increased by 22% in 2021 compared to 2020. Health care providers are encouraged to conduct a brief [sexual history](#) and offer testing for multiple STIs to their patients.

For further information on syphilis in Iowa or the state’s DIS, please contact George Walton at george.walton@idph.iowa.gov or (515) 240-1143.

Complete STI treatment guidelines can be found at www.cdc.gov/std/treatment/default.htm.

New Lyme disease training modules for clinicians

CDC has released new clinician training modules for Lyme disease. This four-part series will aid front-line health care providers with recognition, diagnosis, and treatment of Lyme disease.

The free online curriculum serves as a valuable resource for primary care clinicians, public health professionals, pharmacists, and health educators who encounter patients with Lyme disease. Free Continuing Education credits are available.

To register, visit www.train.org.

Infographic: What's the difference between a booster dose and an additional dose?

Q: What's the difference between a booster dose and an additional dose?

A: Sometimes people who are moderately to severely immunocompromised do not build enough (or any) protection when they first get a vaccination. When this happens, getting another dose of the vaccine can sometimes help them build more protection against the disease. This appears to be the case for some immunocompromised people and COVID-19 vaccines.

In contrast, a "**booster dose**" refers to another dose of a vaccine that is given to someone who built enough protection after vaccination, but then that protection decreased over time (this is called waning immunity).



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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To view in full size, visit www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html.

Have a healthy and happy week!

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