



Epi Update for Friday, June 17, 2022

**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:

- **Monkeypox update, testing guideline changes**
- **Measles cases identified in Minnesota**
- **CDC: No recent increase in hepatitis among U.S. children, surveillance ongoing**

Monkeypox update, testing guideline changes

Cases of monkeypox continue to be identified in countries that don't normally report monkeypox, with the highest case counts occurring in Europe, Canada, and the U.S. As of June 16, 2,166 cases have been identified in 37 countries. A total of 100 cases have been identified in the U.S., with California (21) and New York (17) reporting the most cases. No cases have been identified in Iowa.

Early data suggest that gay, bisexual, and other 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.

If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to central or West African countries, parts of Europe where monkeypox has been reported, or other areas reporting monkeypox cases, monkeypox should be considered as a possible diagnosis.

Clinicians must report suspected monkeypox cases to IDPH as soon as monkeypox is suspected and prior to collecting specimens. IDPH will consult with CDC and SHL to determine the need and plan for laboratory testing.

- 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.

SHL has capacity to test patients suspected of having monkeypox for orthopoxvirus by realtime PCR and may forward additional specimens to CDC for confirmatory testing.

CDC has made changes to monkeypox testing guidance. Effective immediately:

- SHL and CDC can now accept dry swabs, swabs stored in viral transport media (VTM) (available through SHL), and lesion crusts for testing. Swabs must be sterile and made of nylon, polyester, or Dacron with a plastic (preferred), wood, or thin aluminum shaft. Cotton and Rayon swabs are NOT acceptable and other swab types must not be used. Do NOT place crusts in viral transport media.
- All specimens should be refrigerated (2– 8°C) or frozen ($\leq 20^{\circ}\text{C}$) within one hour after collection.
- Samples should be triple packed and shipped as Category B Biological Substances or transported via courier.

Additionally, specimens approved by IDPH for testing at SHL should be submitted using the *IDPH Epidemiological Investigation Test Request Form* obtained from IDPH.

SHL also recommends that all laboratories perform a risk assessment on handling specimens that may contain monkeypox.

For more information about testing for monkeypox, visit www.cdc.gov/poxvirus/monkeypox/lab-personnel/lab-procedures.html.

For more information about the ongoing outbreak, including clinical characteristics of monkeypox lesions, visit www.cdc.gov/poxvirus/monkeypox/response/2022/index.html.

Measles cases identified in Minnesota

The Minnesota Department of Health (MDH) has announced they are investigating two confirmed cases of measles in children who are siblings in Hennepin County (Minneapolis–Saint Paul area).

The children developed symptoms after returning from a country where measles is common. One child was hospitalized due to measles complications. MDH, Hennepin County Public Health staff, hospital, and clinic staff have worked to notify exposed individuals. The risk to the general public from these cases is low. The children were isolated when symptoms started, so exposures were limited to health care and family settings.

No measles cases have been identified in Iowa. Health care providers who suspect a patient may have measles should contact IDPH immediately at 800-362-2736 during business hours or 515-323-4360 outside business hours.

For more information about the measles cases identified in Minnesota, visit www.health.state.mn.us/news/pressrel/2022/measles061422.html.

CDC: No recent increase in hepatitis among U.S. children, surveillance ongoing

Following the identification of pediatric hepatitis cases of unknown etiology in the United States and United Kingdom, CDC issued a request in April 2022 for U.S. health care providers to report additional cases. Many reported cases had test results positive for adenovirus, which is not known to cause hepatitis in immunocompetent children.

Per a recent CDC MMWR, analyses of four data sources did not indicate recent increases in hepatitis-associated emergency department visits or hospitalizations, liver transplants, or adenovirus types 40/41 percent positivity among U.S. children compared with pre-COVID-19 pandemic levels. Continued surveillance is important to monitor changes over time.

No cases have been identified in Iowa at this time. IDPH is requesting that health care providers notify IDPH of children <10 years of age with elevated aspartate aminotransferase (AST) or alanine aminotransferase (ALT) (>500 U/L) who have an unknown etiology of their hepatitis (with or without any adenovirus testing results, independent of the results) since October 1, 2021. Notify IDPH by calling (800) 362-2736.

To view the full MMWR article, visit www.cdc.gov/mmwr/volumes/71/wr/mm7124e1.htm.

For more information about pediatric hepatitis of unknown etiology, visit www.cdc.gov/ncird/investigation/hepatitis-unknown-cause/index.html.

Have a healthy and happy week!

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