

Epi Update for Friday, September 16, 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**
- **Acute flaccid myelitis and national increase in enteroviruses, including EV-D68**
- **Winter is coming: Remember these steps to reduce respiratory illness**
- **Infographic: Look out for AFM signs and symptoms**

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 15, 60,799 cases have been identified in 103 countries. A total of 23,116 cases have been identified in the U.S., including 22 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 people reporting travel or contact to a monkeypox case. The features of monkeypox 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 presence of an STI does not rule out monkeypox.

Monkeypox, STIs, and the Importance of Concurrent Testing


Background
Cases of monkeypox (MPV) have been reported in countries that do not normally report monkeypox—including the United States. In the U.S., monkeypox cases have been reported in every state, including Iowa.
Anyone who has been in close contact with someone who has monkeypox is at risk of acquiring the virus. Early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases in the current outbreak.

What should prompt clinical suspicion for monkeypox infection?
Clinicians should be alert to patients presenting with a **new characteristic rash or pustules**. This is especially true if the patient is part of a population experiencing higher rates of monkeypox.
The rash associated with monkeypox can be confused with other rashes encountered in clinical practice including herpes, syphilis, and varicella. Patients co-infected with Monkeypox virus and other infectious agents (e.g., varicella zoster, herpes, syphilis) are also not uncommon.
The CDC is encouraging clinicians to therefore have monkeypox on their differential diagnosis when presented with an STI-associated or STI-like rash, even if it is localized and not (yet) diffuse. When collecting specimens, consider taking multiple samples for **concurrent laboratory testing**.

Consider:  Monkeypox  Herpes  Varicella  Syphilis

For cases of suspected monkeypox infection:
Clinicians suspecting monkeypox infection should **immediately** contact CADE.
During business hours: (800) 362-2736 After business: (515) 323-4360

Web Resources:
Iowa Division of Public Health monkeypox landing page: idph.iowa.gov/ehi/monkeypox

 **Public Health**
IOWA HHS

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.

Acute flaccid myelitis and national increase in enteroviruses, including EV-D68

As of the end of August 2022, sentinel surveillance sites for respiratory pathogens were reporting increases in enterovirus D-68 (EV-D68) respiratory disease. EV-D68 is the main enterovirus responsible for cases of acute flaccid myelitis (AFM) during years when we see increased AFM cases. AFM is a rare outcome of EV-D68 infection and is a serious neurologic condition that affects mostly children. It typically presents with sudden limb weakness that can lead to permanent paralysis. Clinicians should strongly consider the diagnosis of AFM in patients with acute onset of flaccid weakness.

From January 1, 2022, through September 6, 2022, CDC received 35 reports of suspected AFM. No cases of AFM have been reported in Iowa in 2022.

The following specimens should be collected from patients with possible AFM: CSF; serum; two stool samples collected at least 24 hours apart; and a nasopharyngeal (NP) or oropharyngeal (OP) swab. CADE will coordinate with SHL to send specimens to CDC for testing. Additional instructions regarding specimen collection and shipping can be found at www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.html.

Clinicians should report possible cases of AFM to CADE by calling 515-242-5935 during business hours or 515-323-4360 outside of business hours.

For more information visit: www.cdc.gov/acute-flaccid-myelitis/index.html

Winter is coming: Remember these steps to reduce respiratory illness

Per the Iowa respiratory virus survey, the positivity rate for rhinovirus and enterovirus tests has increased steadily since July. These and other respiratory illnesses such as influenza, RSV, and seasonal coronavirus (not COVID-19) normally increase during fall and winter.

You can reduce the spread of becoming ill or spreading respiratory illness by doing the following:

- Stay home when sick and practice [personal hygiene](#) to reduce transmission.
 - Wash your hands often with soap and water for 20 seconds.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick, and when you are sick.
 - Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands.
 - Clean and disinfect frequently touched surfaces, such as toys and doorknobs.
- Consider wearing a mask around other people if you have respiratory symptoms.
- Contact a health care provider immediately if you or your child has trouble breathing or has a sudden onset of limb weakness.
- Ensure you or your child are following an up-to-date [asthma action plan](#) if you or your child have asthma.
- Stay up-to-date with all recommended vaccines.

Infographic: Look out for AFM signs and symptoms

Look out for AFM signs and symptoms

Limb weakness and paralysis

The most common symptom of AFM



Some people may experience



Recent or current respiratory illness



Fever



Pain or numbness in the limb(s)



Gait difficulty



Headache



Back or neck pain



Difficulty talking or swallowing



Neck or facial weakness

To view in full size, visit: www.cdc.gov/vitalsigns/afm2020/.

Have a healthy and happy week!

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800-362-2736

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515-281-6801