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Epi Update for Friday, September 30, 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**
- **Updated COVID-19 infection prevention and control guidance for health care settings**

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 29, 67,556 cases have been identified in 106 countries. A total of 25,613 cases have been identified in the U.S., including 25 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.

Web Resources:

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

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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 supected monkeypox infection:

Clinicians suspecting monkeypox infection should *immediately* contact CADE.

During business hours: **(800) 362-2736** After business: **(515) 323-4360**

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.

Updated COVID-19 infection prevention and control guidance for health care settings

On September 23, CDC updated *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. This is the first update since February 2022.

Summary of changes in updated guidance:

- Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations
- Updated circumstances when use of source control is recommended
- Updated circumstances when universal use of personal protective equipment should be considered
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms
- Clarified that screening testing of asymptomatic health care personnel, including those in nursing homes, is at the discretion of the health care facility
- Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection
- Archived the *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes* and special considerations for nursing homes not otherwise covered in Sections 1 and 2 were added to *Section 3: Setting-specific Considerations*
  - Updated screening testing recommendations for nursing home admissions
- Clarified the types of long-term care settings for whom the health care infection prevention and control recommendations apply

To view the updated guidance, visit www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.

Note that select IPC measures (e.g., use of source control, screening testing of nursing home admissions) in health care settings are still influenced by levels of COVID-19 transmission in the community and NOT COVID-19 Community Levels.

To view current county community transmission levels, visit covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=Risk.

Moving forward, regardless of the health care setting, only refer to *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* when revising policies and making infection prevention and control decisions in health care facilities. Setting-specific guidance from CDC is now archived and no longer updated. Any setting-specific recommendations are now included in the *Setting-specific Considerations* section at the end of the update guidance.

CMS has also updated two memos to align with updated CDC guidance:

- Nursing Home Visitation - COVID-19 (9/23/22)
- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (9/23/22)

Please refer any questions regarding CMS updates to your DIA contact.

Feel free to reach out to HAI-AR@idph.iowa.gov with any questions.

Have a healthy and happy week!

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