

Epi Update for Friday, December 16, 2022

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
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Items for this week's Epi Update include

- **Guidance for prioritizing influenza antiviral use when oseltamivir availability is limited**
- **Seasonal disease activity remains high statewide**
- **Bats and rabies**
- **Infographic: Feeling sick?**

Guidance for prioritizing influenza antiviral use when oseltamivir availability is limited

Seasonal influenza activity is high across the U.S., and health care facilities, including some in Iowa, have reported reduced ability to obtain generic oseltamivir. As a response to these reports and continued influenza activity, CDC recently released *Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir*.

General recommendations for clinicians and public health practitioners include the following:

- If available, oseltamivir (Tamiflu) can be used to treat outpatients and hospitalized patients with influenza.
- If oseltamivir is unavailable, baloxavir, zanamivir or peramivir can be used for early treatment of outpatients at increased risk for complications who present with uncomplicated influenza, depending upon age and contraindications.
- When there is limited availability of oseltamivir or other antivirals, antiviral treatment should target patients with influenza who are at the highest risk of severe disease and those who are hospitalized.
- Antiviral treatment of outpatients should be prioritized for persons who test positive for influenza within 2 days of illness onset.

Recommendations for long-term care influenza outbreaks:

- Consider using limited duration treatment dosage (twice daily for five days) for post-exposure oseltamivir instead of extended use chemoprophylaxis (once daily for two weeks or more) during a long-term care influenza outbreak.
- If oseltamivir is not available, baloxavir, zanamivir, or peramivir may be used for treatment of influenza.

To view the full guidance, visit

emergency.cdc.gov/han/2022/han00482.asp or www.fda.gov/media/120654/download.

Seasonal disease activity remains high statewide

Activity remains high for many of the diseases tracked on the Iowa HHS *Iowa Respiratory Virus Surveillance Report*. Four pathogens had at least 10% of molecular test results reported as positive for the week ending December 10. Influenza positivity has increased from 0.1% in mid-October to 28.1%. Rhinovirus / Enterovirus and RSV have both decreased for at least the last four weeks and are at 13.4% and 11.5% positive respectively. COVID-19 positivity has hovered around 10% since the start of influenza season and is currently at 10.5%.

The best methods to prevent the spread of diseases include staying home while ill, washing hands often with soap and water, using hand sanitizer when soap and water is not available, and staying up to date on all recommended vaccinations, including influenza and COVID-19.

To view the *Iowa Respiratory Virus Surveillance Report*, visit idph.iowa.gov/influenza/reports.

Bats and rabies

Per a recent CDC MMWR report, a child in Texas died in 2021 due to rabies following a bat bite. Health care was not sought following the bite because no bite marks were visible.

This unfortunate occurrence highlights the importance of education about rabies risks following a potential bat exposure. Examples of rabies recommendations regarding bat exposures include:

- Direct contact with a bat is considered an exposure, even if there is no known bite or lesions. This is because the teeth of a bat are very small – bites may go unnoticed and may not leave a visible mark.
- Individuals known to be in the same room as a bat but unable to say they had no contact with the bat are generally considered exposed. Common examples include small children, people who are sleeping, and those who are intoxicated.

Individuals who believe they may have been exposed to a bat should contact their health care provider to discuss rabies post-exposure prophylaxis, which is almost 100% effective if received timely and appropriately. Unfortunately, once symptoms of rabies develop it is nearly always fatal.

As always, CADE is available for consult regarding rabies exposures, treatment, etc. at 515-242-5935 during business hours or 515-323-4360 outside of business hours.

To view the full CDC MMWR report, visit www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7149a2-H.pdf.

For full guidance regarding human exposures to bats, visit idph.iowa.gov/rabies.

Infographic: Feeling sick?

STOP

Feeling sick?

Stop the spread of flu in the workplace.
Stay home when you are sick.

Common Flu Signs & Symptoms Include:

- Fever* or feeling feverish/chills
*It is important to note that not everyone with flu will have a fever.
- Sore throat
- Runny or stuffy nose
- Cough
- Muscle or body aches
- Headaches
- Fatigue (tiredness)

Flu is different from a common cold.
Flu usually comes on suddenly, and its general symptoms are more intense.

If you think you may have flu tell your supervisor and stay home from work.

All employees should stay home if they are sick. CDC recommends that you stay home for at least 24 hours after your fever (100 degrees Fahrenheit or 37.8 degrees Celsius) is gone. Your fever should be gone without the need to use a fever-reducing medicine.

For more information visit www.cdc.gov/flu

To view in full size, visit www.cdc.gov/flu/pdf/freeresources/updated/stay-home-from-work-poster.pdf.

Have a healthy and happy week!

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