

Epi Update for Friday, March 3, 2023

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

- **Large measles exposure in Kentucky. Suspect measles in a patient? Contact CADE.**
- **CDC: Increase in extensively drug-resistant shigellosis in the U.S.**
- **Infographic: Evaluating patients for possible measles**
- **Meeting announcements and training opportunities**

Large measles exposure in Kentucky. Suspect measles in a patient? Contact CADE.

CDC has released a HAN message announcing that Kentucky Department for Public Health identified a confirmed case of measles that attended a large religious gathering while infectious on February 17–18 at Asbury University in Wilmore, Kentucky. An estimated 20,000 people attended the gathering from Kentucky, other states, and other countries, and an undetermined number of these people may have been exposed. It is unknown if any Iowans were exposed at the gathering.

Health care providers who suspect a patient may have measles should immediately contact CADE while the patient is still at the health care facility. Public health can help coordinate specimen collection, transport, and testing at SHL with a faster turnaround time than reference laboratories. This aids in prompt diagnosis of the patient and allows for a timely public health response, if necessary.

Health care providers who suspect a patient may have measles should contact CADE at 515-242-5935 during business hours or 515-323-4360 after hours.

For more information about measles, visit hhs.iowa.gov/cade/disease-information/measles.

To view the full CDC health alert network message, visit emergency.cdc.gov/han/2023/han00488.asp.

CDC: Increase in extensively drug-resistant shigellosis in the U.S.

CDC has released a HAN alert regarding a national increase in extensively drug-resistant (XDR) *Shigella* infections (shigellosis). In 2022, about 5% of *Shigella* infections reported to CDC were caused by XDR strains, compared with 0% in 2015. Clinicians treating patients infected with XDR strains have limited antimicrobial treatment options. XDR *Shigella* is easily transmissible and can spread antimicrobial resistance genes to other enteric bacteria. Health care professionals should be vigilant about suspecting XDR *Shigella* infections, and cases can be reported to CADE at 515-242-5935.

Shigellosis is an acute enteric infection that usually causes inflammatory diarrhea that can be bloody and may also lead to fever, abdominal cramping, and tenesmus. Infections are generally self-limiting; however, antimicrobial treatment may be indicated to prevent complications or shorten the duration of illness.


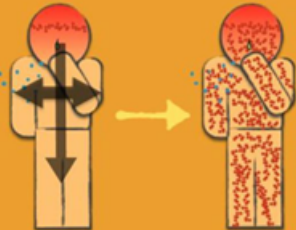

CDC defines XDR *Shigella* bacteria as strains that are resistant to all commonly recommended empiric and alternative antibiotics — azithromycin, ciprofloxacin, ceftriaxone, trimethoprim-sulfamethoxazole (TMP-SMX), and ampicillin. Currently, there are no data from clinical studies of treatment of XDR *Shigella* to inform recommendations for optimal antimicrobial treatment. As such, CDC does not have recommendations for optimal antimicrobial treatment of XDR *Shigella* infections.

To view the full HAN, visit emergency.cdc.gov/han/2023/han00486.asp.

Infographic: Evaluating patients for possible measles

EVALUATING PATIENTS FOR POSSIBLE MEASLES

The decision to test should be based upon clinical symptoms and risk factors represented below.

INITIAL SYMPTOMS	7-21 DAYS POST EXPOSURE	
<ul style="list-style-type: none"> HIGH FEVER (MAY SPIKE TO > 104° F) COUGH CONJUNCTIVITIS CORYZA KOPLIK SPOTS 		
<p>RASH 3-5 DAYS AFTER FEVER ONSET</p> <p>A RED, BLOTCHY RASH BEGINS ON THE FACE AT THE HAIRLINE AND PROGRESSES DOWNWARD AND OUTWARD TOWARDS THE HANDS AND FEET.</p>		
TRAVEL	21 DAYS BEFORE ONSET	MMR VACCINATION STATUS
<p>HAS THE PATIENT TRAVELED ANYWHERE IN THE LAST 21 DAYS WHERE MEASLES CASES HAVE BEEN REPORTED OR HAD CONTACT WITH A CONFIRMED CASE?</p>		<ul style="list-style-type: none"> 1 DOSE IS 93% - 95% EFFECTIVE 2 DOSES ARE 97% - 99% EFFECTIVE 5% - 15% OF PEOPLE WILL DEVELOP A FEVER AND/OR TRANSIENT RASH 7 - 12 DAYS AFTER VACCINATION (THESE PEOPLE ARE NOT CONSIDERED INFECTIOUS).
SUSPECT MEASLES IN YOUR OFFICE		IMMEDIATELY CALL IDPH
<p>PLEASE IMMEDIATELY CALL IDPH WHILE THE PATIENT IS IN THE OFFICE. BUSINESS HOURS: 1-800-362-2736 AFTER HOURS: 515-323-4360</p> <ul style="list-style-type: none"> IDPH will arrange specimen transport from your facility to the state public health lab. The patient should be instructed to remain at home until test results are complete (24-48 hours). Evaluate vaccination status of office staff, those with the patient, and household contacts and vaccinate as appropriate. Areas where the suspect measles case visited (such as waiting room and exam room) should be closed for 2 hours to prevent measles exposure to other patients, visitors, and staff. <div style="text-align: right;">  </div>		

To view in full size, visit

hhs.iowa.gov/sites/default/files/portals/1/userfiles/79/documents/measles%20for%20clinicians.pdf.

Meeting announcements and training opportunities

Has the best way to prevent infections in health care settings really been around since the 1800s? Yes! Hand hygiene became standard practice for surgeons in the 1800s, with WHO now recognizing it as the single most effective measure to reduce the spread of infections. Hand hygiene also is the simplest and least expensive means of reducing health care-associated infections and antimicrobial resistance. To improve hand hygiene compliance among healthcare workers, accurate observations and constructive feedback are crucial. Join Iowa HHS on March 8 at 12:00 noon for a free “*Hand Hygiene Basics*” webinar. You will learn how to describe the importance of hand hygiene in preventing healthcare-associated infections, define how and when to perform hand hygiene, discuss opportunities to provide feedback on compliance, explain how to overcome barriers to compliance, and identify opportunities to integrate hand hygiene into a culture of safety. One hour of continuing education credits are available. To register, visit ecri.zoom.us/webinar/register/WN_Wrwh9GWT12Ele0Q4GLmBg.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
800-362-2736

Bureau of HIV, STD, and Hepatitis
515-281-6801