

Epi Update for Monday, August 7, 2023

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
BUREAU OF HIV, STI, AND HEPATITIS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Items for this week's Epi Update include

- **RSV vaccine available for older adults**
- **Iowa tops nation in HIV viral suppression**
- **Alpha-gal syndrome – Tick bite-associated food allergy**
- **Infographic: Back-to-school vaccination checklist**

RSV vaccine available for older adults

CDC recommends adults >60 years may receive a single dose of Respiratory Syncytial Virus (RSV) vaccine using shared clinical decision making. The decision to vaccinate should be based on a discussion between the health care provider and the patient, which might be guided by the patient's risk for disease and their characteristics, values, and preferences; the provider's clinical discretion; and the vaccine characteristics.

Two RSV vaccines are currently approved for use, with no preferential recommendation.

For full CDC guidance, visit www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm.

Iowa tops nation in HIV viral suppression

An important state-level measure in HIV prevention and care is the proportion of people diagnosed and living with HIV who achieve viral suppression each year. The measure incorporates the elements of linkage to care, retention in care, availability of medications and social supports, and adherence to treatment regimens. People who are virally suppressed cannot transmit the virus to their partners, a concept known as Undetectable = Untransmittable (U=U). In addition, people who achieve viral suppression also have their best health outcomes.

At the end of May, CDC released a Supplemental HIV Surveillance Report, *Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data - United States and 6 Dependent Areas, 2021*. Figure 11 shows viral suppression by state in 2021. Nationally, 65.9% of people with diagnosed HIV infection achieved viral suppression. Iowa led the nation at 81.7%, and was one of only two states to break the 80% mark.

This is a great achievement for the state, and reflects a number of factors, including:

- a good distribution of Ryan White Programs (clinics and support services agencies) throughout the state and in Omaha, NE
- great state and local DIS (Disease Intervention Specialists) who link and engage people in care
- Bureau of HIV, STI, and Hepatitis programs and staff who have worked with community partners to build a strong network of prevention and care service providers
- consistent leadership over many years at the state and local levels.

Iowa was also a top state for the proportion of people who received HIV medical care (88.1%), and was among the top ten states for usage of PrEP (HIV pre-exposure prophylaxis) among people indicated for use of PrEP (41.0%). Plans to build on this momentum can be found in the recently released *Stop HIV Iowa* plan.

For more information about Undetectable = Untransmittable, visit www.niaid.nih.gov/diseases-conditions/treatment-prevention.

To view the full Supplemental HIV Surveillance Report, visit www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-4/index.html.

To view the *Stop HIV Iowa* plan, visit www.stophiowaplan.org/read-the-plan.

Alpha-gal syndrome – Tick bite-associated food allergy

Alpha-gal syndrome (AGS) is a tick bite-associated allergy to galactose- α -1,3-galactose found in mammalian meat and products derived from mammals. New CDC reports show that AGS is an emerging clinical and public health concern, and many clinicians are unaware of the condition, how to diagnose it, and how to manage it. Between 2017 and 2022, there were more than 90,000 suspected cases of AGS documented in the United States. However, because the diagnosis of AGS requires a diagnostic test and clinical exam, and some people may not get tested, it is estimated that as many as 450,000 people may have been affected by AGS since 2010.

A nationwide survey found nearly half of clinicians had never heard of AGS, and among those who had, fewer than one third knew how to diagnose it. More research on AGS, expanded tick surveillance, and increased education are needed to improve public health outreach and prevention and support clinician understanding of AGS.

Clinicians should talk to their patients about protecting themselves from tick bites and encourage them to use EPA-registered insect repellents and check their bodies, clothing, and gear for ticks after spending time outdoors.

For more information, visit www.cdc.gov/mmwr/volumes/72/wr/mm7230a1.htm?s_cid=mm7230a1_w.

Infographic: Back-to-school vaccination checklist

Back-to-School Vaccination Checklist

Did you know Iowa requires that children are vaccinated before going to school?

Required Vaccines

AGES 4-6

- Cholera
- Diphtheria, tetanus and pertussis (DTaP vaccine)
- Masles and rubella (MMR vaccine)
- Polio
- Hepatitis B

AGES 11-12

- Meningococcal (ACWY serogroup)
- Tetanus, diphtheria and pertussis (Tdap vaccine)

AGES 13-18

- Meningococcal (ACWY serogroup)

Recommended Vaccines

Although not required, it's highly recommended your child gets vaccinated for certain diseases at the ages below.

ALL AGES

- Flu (influenza vaccine)

AGES 11-12

- Human papillomavirus (HPV vaccine)

AGES 16-18

- Meningococcal - Serogroup B

Source: Centers for Disease Control and Prevention

Talk to your child's healthcare provider about updating your child's vaccinations.

Public Health IOWA HHS hhs.iowa.gov/imm/immunization

To view in full size, visit [content.govdelivery.com/attachments/IACIO/2023/07/26/file_attachments/2565241/Back%20to%20School-July Poster 8.5x11.pdf](http://content.govdelivery.com/attachments/IACIO/2023/07/26/file_attachments/2565241/Back%20to%20School-July%20Poster%208.5x11.pdf).

Have a healthy and happy week!

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