

Epi Update for Friday, August 11, 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

- **Plan ahead – Reduce barriers to health care providers staying home while ill**
- **Cytomegalovirus soon to be a reportable disease in Iowa**
- **In the news: CDC warns of Listeria outbreak linked to “Soft Serve On The Go” ice cream cups**
- **Infographic: CMV fact sheet for pregnant women and parents**
- **Meeting announcements and training opportunities**

Plan ahead – Reduce barriers to health care providers staying home while ill

Have you ever worked while not feeling well? Surveys have shown that 50 - 90% of health care providers in the United States admitted to working while ill. Reasons include jobs with high demands and commitment, not wanting to be a burden on co-workers, staffing logistics, deadlines, or “degree” of illness. There can be significant consequences due to health care providers working while ill. Outbreaks related to influenza, COVID-19, norovirus, and pertussis have been documented in health care facilities. Working while ill can put patients at risk, decrease productivity, increase the risk of accidents, and may be related to burnout.

Health care facilities can plan ahead by asking the following questions:

- What areas in the facility already have small staffing numbers or staffing struggles?
- Are staff members cross trained to maintain operations when other employees are absent?
- Is employee sick leave punitive?
- What education is provided to staff regarding working while ill?

Cytomegalovirus soon to be a reportable disease in Iowa

Iowa HHS has temporarily designated laboratory results for cytomegalovirus (CMV) testing as reportable in Iowa. This designation will begin on September 1, 2023 and remain in place until December 31, 2024.


Cytomegalovirus (CMV) infection during pregnancy can cause fetal death, infant death, and a myriad of birth defects. In the United States, approximately 1 in 200 babies in the US is born with congenital CMV (cCMV) infection (30,000/year); 1 out of 5 of these babies will have long-term health conditions. Congenital cytomegalovirus is the most common infectious cause of developmental disabilities and non-genetic sensorineural hearing loss (SNHL) in US children. Nonetheless, awareness of CMV is low among the general public, expectant parents, and health care providers, and the burden of cCMV disease is not fully understood.

Iowa will utilize data from cCMV surveillance to adopt, inform, and assess prevention efforts such as educational and awareness campaigns. Furthermore, validated methods for ascertaining cases of cCMV disease will be increasingly important to determine baseline case burden and prevalence of cCMV disease prior to licensure and routine use of CMV vaccines and other treatments.

For more information, contact the Center for Congenital and Inherited Disorders (CCID) at 1-833-496-8040.

Infographic: CMV fact sheet for pregnant women and parents

CMV Fact Sheet for Pregnant Women and Parents



Most people have been infected with cytomegalovirus (CMV), but do not have symptoms. If a pregnant woman is infected with CMV, she can pass it to her developing baby. This is called congenital CMV, and it can cause birth defects and other health problems.

For pregnant women

You can pass CMV to your baby
If you are pregnant and have CMV, the virus in your blood can cross through your placenta and infect your developing baby. This is more likely to happen if you have a first-time CMV infection while pregnant but can also happen if you have a subsequent infection during pregnancy.

You are not likely to be tested for CMV
It is not recommended that doctors routinely test pregnant women for CMV infection. This is because laboratory tests cannot predict which developing babies will become infected with CMV or have long-term health problems.

You may be able to reduce your risk
You may be able to lessen your risk of getting CMV by reducing contact with saliva and urine from babies and young children. The saliva and urine of children with CMV have high amounts of the virus. You can avoid getting a child's saliva in your mouth by, for example, not sharing food, utensils, or cups with a child. Also, you should wash your hands after changing diapers. These cannot eliminate your risk of getting CMV, but may lessen the chances of getting it.

For parents

About 1 out of every 200 babies is born with congenital CMV. About 1 out of 5 of these babies will have birth defects or other long-term health problems.

Babies with congenital CMV may show signs at birth
Some signs that a baby might have congenital CMV infection when they are born are:

- Small head size
- Seizures
- Rash
- Liver, spleen, and lung problems

Tests on a baby's saliva, urine, or blood done within two to three weeks after birth can confirm if the baby has congenital CMV.

Early treatment may help
Babies who show signs of congenital CMV at birth may be treated with medicines called antivirals. Antivirals may decrease the severity of health problems and hearing loss but should be used with caution due to side effects.


Long-term health problems may occur
Babies with signs of congenital CMV at birth are more likely to have long-term health problems, such as:

- hearing loss
- intellectual disability
- vision loss
- seizures
- lack of coordination or weakness

Some babies with congenital CMV but without signs of disease at birth may still have or develop hearing loss. Hearing loss may be present at birth or may develop later in babies who passed their newborn hearing test. Sometimes, hearing loss worsens with age.


Hearing checks and therapies are recommended
Children with congenital CMV should have regular hearing checks. Children with hearing loss should receive services such as speech or occupational therapy. These services help ensure they develop language, social, and communication skills.

The earlier your child can get hearing checks and therapies, the more he or she can benefit from them.



For more information, visit:
www.cdc.gov/cmV
National Center for Immunization and Respiratory Diseases (NCIRD)

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To view in full size, visit www.cdc.gov/cmV/downloads/cmV-parents-fact-sheet-508.pdf.

Meeting announcements and training opportunities

The Association of Public Health Laboratories (APHL) and the Laboratory Response Network for Chemical Threats (LRN-C) have released a Hospital Training Video to increase hospital awareness of and participation in LRN-C programs and chemical emergency response. Viewers will learn about the cooperative relationship between hospitals and LRN-C laboratories, how your facility can facilitate a swift response to a chemical threat, and how your hospital can partner with your LRN-C laboratory to prepare before an emergency occurs in your jurisdiction. To view the video, visit www.vimeo.com/840538824.

Have a healthy and happy week!

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