

# Epi Update for Friday, August 25, 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

- **Syphilis symptomatology and staging**
- **Rabies: Bat exposure guidelines, testing options**
- **Locally acquired malaria case in Maryland**
- **Register now! Hepatitis C elimination planning kick-off**
- **Infographic: Rabies exposure management for bat-related incidents**

## Syphilis symptomatology and staging

Syphilis begins in the primary stage characterized by a (chancre) at the site of infection. On average, it appears three weeks after exposure, with a range of 3-90 days. The chancre is often painless and may go unnoticed, especially if it occurs internally (e.g., vaginal, rectal sites). If not treated, individuals progress to secondary syphilis.

There are a variety of signs and symptoms associated with secondary syphilis. The classic presentation is a palmar-plantar rash that occurs four to eight weeks after the chancre. However, the rash may occur on any part of the body and be of any size. Other possible signs include: lymphadenopathy, mucus patches on the tongue, condyloma lata in the anogenital region, or alopecia. Syphilis is a "great imitator" and may be confused with other conditions.

The next stage, "early non-primary, non-secondary" syphilis (also known as early latent) occurs after the signs and symptoms of primary and secondary syphilis have resolved. Those signs and symptoms will resolve even without treatment. Persons in this stage have evidence of having acquired syphilis within the last 12 months. Individuals who test positive for syphilis but for whom there is insufficient evidence to indicate they acquired the infection within the last year are in the "unknown duration or late" stage of syphilis (also known as late latent).

As syphilis incidence continues to increase and affect a wider variety of populations, clinicians are encouraged to increase testing. The most widely available testing for syphilis is serological. Many laboratories now utilize the "reverse algorithm", in which the first test is a treponemal test (i.e., detects antibodies against the causative agent of syphilis, *Treponema pallidum*). Providers are highly encouraged to order syphilis testing algorithms that automatically reflex, such that when an individual tests positive with the first treponemal test, a follow up non-treponemal test (RPR or VDRL with titer) is automatically conducted. And if the RPR or VDRL are non-reactive, a second treponemal test will be conducted.

The first line of treatment for syphilis is an intramuscular injection of 2.4 million units of benzathine penicillin G (also known as Bicillin L-A). If there is insufficient evidence to stage a patient with primary, secondary, or early, non-primary, non-secondary syphilis, the treatment should be repeated weekly for a total of three weeks.

Please consult with the Iowa HHS Bureau of HIV, STI, and Hepatitis at 515-281-6801 with questions you may have regarding syphilis testing and treatment.

More information on syphilis can be found at [www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm](http://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm).

## **Rabies: Bat exposure guidelines, testing options**

The guidelines surrounding human/bat encounters can be complex, but Iowa HHS has several resources available to help determine if a potential exposure occurred. As a rule of thumb:

- 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.

When a human is exposed to a bat or other animal, the bat or the brain from the animal can be sent to SHL for rabies testing, free of charge. If there is not a human exposure, SHL charges a \$25 fee. Iowa State University Veterinary Diagnostic Laboratory (VDL) in Ames also provides testing for a fee.

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

For full guidance regarding human exposures to bats, visit [idph.iowa.gov/rabies](http://idph.iowa.gov/rabies).

For more information about SHL rabies testing for animals that exposed humans, visit [www.shl.uiowa.edu/kitsquotesforms/rabiescollectioninstructions.pdf](http://www.shl.uiowa.edu/kitsquotesforms/rabiescollectioninstructions.pdf).

For more information about testing animals for rabies at VDL, visit [vetmed.iastate.edu/vdl/submissions/guidelines/rabies](http://vetmed.iastate.edu/vdl/submissions/guidelines/rabies).

## **Locally acquired malaria case in Maryland**

The Maryland Department of Health recently announced a case of locally acquired malaria. Maryland becomes the third state, along with Florida and Texas, to have recently reported locally acquired malaria cases. No cases of locally acquired malaria have been identified in Iowa.

Clinical manifestations of malaria are non-specific and include fever, chills, headache, myalgias, and fatigue. Nausea, vomiting, and diarrhea may also occur. Symptoms usually begin 10 days to four weeks after infection, although a person may become ill as early as seven days or as late as one year after infection. If not treated promptly, malaria may progress to severe disease in which mental status changes, seizures, renal failure, acute respiratory distress syndrome, and coma may occur. Malaria in pregnant people is associated with high risks of both maternal and perinatal morbidity and mortality.

Clinicians should consider malaria in any person with a fever of unknown origin who has travelled to areas with recent locally acquired malaria, whether the destination is international or within the U.S.

For more information about malaria, visit [www.cdc.gov/parasites/malaria](http://www.cdc.gov/parasites/malaria).

## Register now! Hepatitis C elimination planning kick-off

The time is now to end hepatitis C in Iowa. With effective prevention tools and the increased availability and accessibility of effective hepatitis C curative treatments, we now have all of the tools we need to end this six-decade-long epidemic. Still, challenges remain. To stop hepatitis C, health disparities, inequities, and other barriers must be addressed for all Iowans. We can make Iowa a place where new hepatitis C diagnoses are rare, everyone knows their status, and all people diagnosed with hepatitis C have access to curative treatment.

To this end, we're asking for your help in creating a strategic plan to reduce new hepatitis C infections, increase the proportion of people who have cleared hepatitis C, and reduce the rate of hepatitis C-related deaths by 2030.

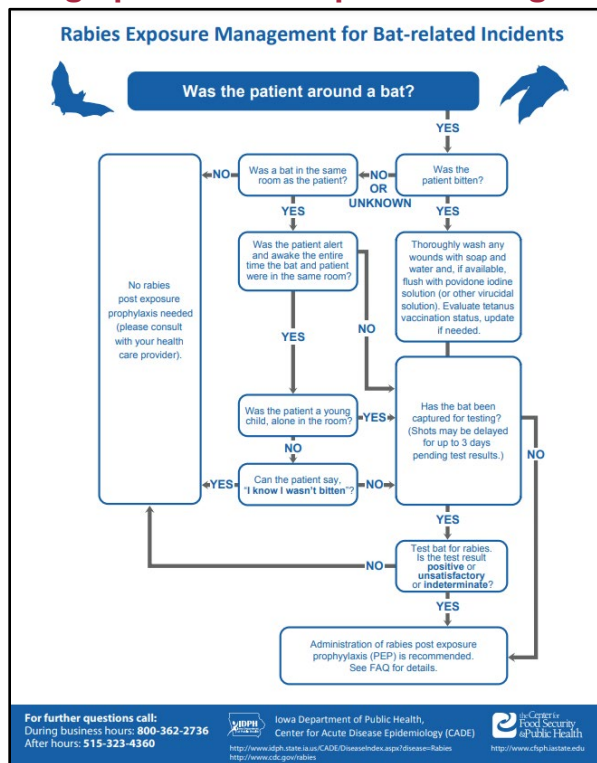
To start the strategic planning process, join us virtually for the *Stop Hepatitis Iowa Hepatitis C Elimination Planning Kick-off* event on Wednesday, September 6, from 9 - 11:30 AM.

At the kick-off event, you will:

- learn about national efforts to eliminate hepatitis C.
- hear from public health experts about the current landscape of hepatitis C in Iowa and the challenges and opportunities we are facing.
- review community engagement and outreach efforts used to identify strategies to eliminate hepatitis C.

To register, visit [us02web.zoom.us/webinar/register/WN\\_38ekJPhTQ6ql8pZU2-krRQ#/registration](https://us02web.zoom.us/webinar/register/WN_38ekJPhTQ6ql8pZU2-krRQ#/registration).

## Infographic: Rabies exposure management for bat-related incidents



To view in full size, visit

[hhs.iowa.gov/sites/default/files/portals/1/files/rabies/bat\\_rabies\\_chart\\_130618.pdf](https://hhs.iowa.gov/sites/default/files/portals/1/files/rabies/bat_rabies_chart_130618.pdf).

**Have a healthy and happy week!**

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515-281-6801