

Epi Update for Tuesday, September 19, 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

- **Composition of 2023-2024 United States influenza vaccines**
- **Stay vigilant for acute flaccid myelitis (AFM)**
- **Infographic: Reporting patients under investigation for acute flaccid myelitis**

Composition of 2023-2024 United States influenza vaccines

Respiratory virus season is approaching, and influenza vaccines are now available for the 2023-24 season. Routine annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.

Each year, influenza vaccine composition is reviewed and updated, if necessary, to attempt to match the strains of influenza predicted to be circulating in the United States during the upcoming respiratory season. The composition of influenza vaccines in the United States has been updated for the 2023-24 season and will contain the following:

Cell or recombinant-based vaccines

- A/Wisconsin/67/2022 (H1N1)pdm09-like virus; (Updated component)
- A/Darwin/6/2021 (H3N2)-like virus
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

Egg-based vaccines

- A/Victoria/4897/2022 (H1N1)pdm09-like virus; (Updated component)
- A/Darwin/9/2021 (H3N2)-like virus
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

People with egg allergy may get any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Previously, it was recommended that people with severe allergy to egg (those who have had any symptom other than hives with egg exposure) be vaccinated in an inpatient or outpatient medical setting. Beginning with the 2023-2024 season, additional safety measures are no longer recommended for influenza vaccination of people with an egg allergy beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg. All vaccines should be given in settings where allergic reactions can be recognized and treated quickly.

For full influenza vaccine recommendations, visit www.cdc.gov/flu/season/faq-flu-season-2023-2024.htm.

Stay vigilant for acute flaccid myelitis (AFM)

As fall approaches, seasonal increases in the circulation of respiratory pathogens, including enteroviruses, is to be expected. Enterovirus D-68 (EV-D68) is believed to be the main enterovirus responsible for the national increases in acute flaccid myelitis (AFM) cases observed during 2014, 2016, and 2018.

This year the number of reported cases of AFM has remained relatively low. As of September 5, CDC received 27 reports of suspected AFM, with 8 confirmed cases in 8 states. No cases have been identified in Iowa for 2023. In past years, increases in EV-D68 respiratory disease have preceded cases of AFM by about 2 weeks. Vigilance for possible increases in EV-D68 respiratory disease and AFM is important as we move into the fall season.

The identification of a paralytic polio case in an unvaccinated person in New York in 2022 reinforced the need to also consider polio in the differential diagnosis of patients with sudden onset of limb weakness. Clinicians should obtain whole stool samples from all patients with suspected AFM to rule out poliovirus infection, especially if the patient is under-vaccinated and has had recent international travel to places where poliovirus is circulating.

Clinicians should report suspected cases of AFM (sudden onset flaccid limb weakness) to CADE at 515-242-5935.

For more information about AFM, visit www.cdc.gov/acute-flaccid-myelitis/index.html.

For more information about polio, visit www.cdc.gov/polio/us/index.html.

Infographic: Reporting patients under investigation for acute flaccid myelitis

**Reporting Patients Under Investigation
for Acute Flaccid Myelitis**

HEALTHCARE PROVIDERS SHOULD

IDENTIFY PUI
Identify patient under investigation (PUI) for acute flaccid myelitis (AFM): patient with

- onset of acute flaccid limb weakness
- an MRI showing spinal cord lesions in at least some gray matter

CONTACT HEALTH DEPARTMENT
Contact your health department to coordinate submission of specimens and information, including copies of:

- Neurology consult notes
- MRI images and report

COLLECT SPECIMENS
Collect CSF, whole stool, respiratory, and serum specimens.
Collect specimens as close to onset of limb weakness as possible and store as directed (freeze as soon as possible after collection).

HEALTH DEPARTMENTS SHOULD

SEND TO CDC
Health department completes *AFM Patient Summary Form*, completes medical records, and sends information to CDC.

COORDINATE WITH STATE LAB
Confirm shipping and documentation:

- Specimens should be shipped overnight to arrive at CDC Tuesday through Friday.
- Specimen submission form* should be completed for each specimen submitted.
- Prior to shipping, contact CDC lab: *afm@cdc.gov*

NOTIFY HEALTHCARE PROVIDER
After a neurology expert panel reviews the information, CDC sends case classification to health department.
Health department notifies the treating healthcare provider.*

*Healthcare providers should not wait to receive the case classification to give a clinical diagnosis or to initiate treatment.

Specimens to collect for testing AFM PUIs at CDC

ALL submissions to CDC for diagnostic testing require pre-approval at this time.
Please contact afm@cdc.gov before submitting AFM specimens to CDC.

SAMPLE	AMOUNT	TUBE TYPE	PROCESSING	STORAGE	SHIPPING
CSF	0.5 mL, 0.2 mL preferred (collect at same time or within 24hrs of serum if feasible)	Cryovial	Spin and CSF removed to cryovial	Freeze at -20°C	Frozen on dry ice
Respiratory Neisseria meningitidis (NPM)/Diphtheriae (DP) swab	0.5 mL, 1 mL preferred (minimum amount)	N/A	Store in vial transport medium	Freeze at -20°C	Frozen on dry ice
Serum	0.5 mL, 1 mL preferred (collect at same time or within 24hrs of CSF if feasible)	Tightened top for collection; separate tube for shipping	Spin and serum aliquot removed to separate tube	Freeze at -20°C	Frozen on dry ice
Stool	1 gram, 10 – 20 grams preferred (2 samples collected 24hrs apart)	Sterile container	N/A	Freeze at -20°C	Frozen on dry ice. Rectal swabs should not be used in place of stool.

*Please, always include whole stool specimens to help identify pathogens and rule out poliovirus.

For health department contact information, call the CDC Emergency Operations Center at 770-488-7100.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

To view in full size, visit www.cdc.gov/acute-flaccid-myelitis/downloads/job-aid-for-clinicians-508.pdf.

Have a healthy and happy week!

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800-362-2736

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