

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 (HINI)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 lowa 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.

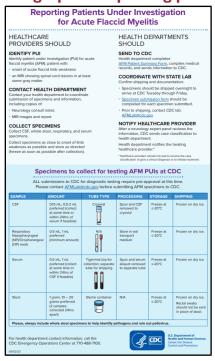
The identification of a paralytic polio case in an unvaccinated person in New York in 2022 reinforced the need to also consider polio in the differential diagnosis of patients with sudden onset of limb weakness. Clinicians should obtain whole stool samples from all patients with suspected AFM to rule 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



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