

Epi Update for Friday, October 13, 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 disease severity among older adults**
- **New tools to prevent RSV among infants**
- **Be mindful of farm equipment on Iowa roadways during fall harvest**
- **Infographic: Mumps**

RSV disease severity among older adults

In June 2023, CDC recommended the first respiratory syncytial virus (RSV) vaccines for adults aged ≥ 60 years based on shared clinical decision-making. An article in CDC's October 6, 2023 MMWR described the frequency and severity of illness among hospitalized adults aged ≥ 60 years with RSV at 25 U.S. hospitals last respiratory season. Hospitalizations for RSV were relatively infrequent but were associated with severe disease. This data may help to inform shared clinical decision making in regards to RSV vaccination.

To view the full study, visit www.cdc.gov/mmwr/volumes/72/wr/mm7240a2.htm?s_cid=mm7240a2_w.

For more information about RSV vaccine for adults aged ≥ 60 years, visit www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html.

New tools to prevent RSV among infants

Respiratory syncytial virus (RSV) is the leading cause of hospitalization among U.S. infants. Two new products have been recently approved and recommended for the prevention of RSV lower respiratory tract disease in infants and young children:

- In August 2023, ACIP recommended nirsevimab, a long-acting monoclonal antibody, for infants under 8 months old born during or entering their first RSV season and for infants and children aged 8–19 months who are at increased risk of severe RSV disease entering their second RSV season.
- In September 2023, ACIP recommended RSV vaccine for pregnant persons at 32–36 weeks' gestation using seasonal administration (i.e., September - January) to prevent RSV-associated lower respiratory tract infection in infants aged < 6 months.

For more information about nirsevimab, visit www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm.

For more information about RSV vaccine for pregnant persons, visit www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm.

Be mindful of farm equipment on Iowa roadways during fall harvest

Fall in Iowa marks an increase in farm equipment on Iowa roadways as farmers move from field to field to harvest their crops. While this represents an important part of our state's economy, it also increases the risk of traffic accidents. The two most likely types of collisions with farm equipment are left-turn and rear-end collisions.

Left-turn collisions happen when the farm vehicle (such as a combine) is about to make a left turn and the farmer must make a wide turn to successfully align with a gate or small entry road. The motor vehicle behind begins to pass without understanding the farm vehicle was preparing to make a left turn.

Rear-end collisions are common because farm equipment and motor vehicles travel at different speeds. For example, when a car traveling at 55 mph approaches a tractor traveling at 15 mph, the distance between the two vehicles is covered in about five seconds – leaving little time for the motor vehicle to stop.

For more information about sharing the roadway with farm vehicles, visit store.extension.iastate.edu/product/5134.

Infographic: Mumps

MUMPS

Mumps is a contagious disease that is caused by a paramyxovirus. It typically presents as swelling of the parotid (parotitis) or other salivary gland(s).

DISEASE COURSE

- The incubation period is typically 16–18 days after exposure to the virus (range 12–25 days). Patients are considered infectious 2 days before to 5 days after parotitis onset.
- Mumps can occur in fully vaccinated persons, but vaccinated persons are at much lower risk for mumps disease and complications.
- Congregate settings with intense and frequent close contact such as college campuses, close-knit communities, or correctional/detention facilities are at an increased risk for mumps outbreaks.

SYMPTOMS

Prodromal: Low-grade fever which may last 3–4 days, myalgia, anorexia, malaise, or headache may occur several days before parotitis onset.

Parotitis: Mumps usually involves pain, tenderness, and swelling in one or both parotid glands. Because of the swelling of the parotid, the angle of the jawbone is no longer visible and often the jawbone cannot be felt.

- Parotitis may be unilateral or bilateral. One parotid may swell before the other, and in 25% of patients only one side swells.
- Sublingual and submandibular glands under the floor of the mouth also may swell but this occurs less frequently than parotitis.
- On average, parotitis lasts 5 days, with most cases resolving after 10 days. Most people with mumps recover completely within two weeks.

Mumps infection may also present only with nonspecific or primarily respiratory symptoms, or may be asymptomatic.

COMPLICATIONS

Most common complications: Orchitis (primarily in post-pubertal males), oophoritis and mastitis (adolescent and adult females), meningitis, pancreatitis, and hearing loss.


Other severe complications can include: Encephalitis, nephritis, myocarditis and other sequelae, including paralysis, seizures, cranial nerve palsies, hydrocephalus, and death, although exceedingly rare.

Complications can occur in the absence of parotitis. Vaccinated persons are less likely to present with severe symptoms or complications.

WHAT TO DO IF YOU HAVE A SUSPECTED CASE

1. Instruct patients to self-isolate until 5 days after onset of parotitis or other salivary gland swelling. Patients without parotitis should self-isolate for 5 days after onset of their first symptom.
2. In a healthcare facility, isolate the patient and follow standard and droplet precautions for 5 days post-parotitis onset for inpatients.
3. Only healthcare personnel with presumptive evidence of immunity* should attend to suspected mumps patients.
4. Report this suspected case to your local and/or state health department.
5. Collect a buccal specimen for RT-PCR testing; if it has been >3 days since parotitis onset, also collect serum for IgM testing. Collect buccal and urine specimens for RT-PCR and a serum specimen for IgM for suspected patients with mumps complications. However, a negative laboratory test does not rule out mumps. See lab resources.
6. Negative laboratory results among vaccinated persons do not necessarily rule out the diagnosis of mumps, particularly if there is an outbreak of parotitis. For sporadic cases that have negative laboratory results for mumps, consider testing for other etiologies which can also cause parotitis.

Characteristic swelling in the jaw of a young adult and child with mumps



To view in full size, visit www.cdc.gov/mumps/downloads/mumps-clinical-diagnosis-fact-sheet-508.pdf.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
800-362-2736

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