

Epi Update for Friday, January 12, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
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Items for this week's Epi Update include

- **Updated RSV treatment guidance regarding increased supply of nirsevimab**
- **Update: Lead and chromium poisoning outbreak linked to cinnamon applesauce pouches**
- **Infographic: New immunizations to protect against severe RSV**
- **Meeting announcements and training opportunities**

Updated RSV treatment guidance regarding increased supply of nirsevimab

Nirsevimab is a long-acting monoclonal antibody immunization product recommended for preventing RSV-associated lower respiratory tract disease in young children.

In October 2023, CDC issued temporary guidance to prioritize use of nirsevimab based on limited supply. However, CDC recently announced that health care providers should return to prior guidance and not save doses for later in the season, as more nirsevimab supply is expected in early 2024.

RSV activity remains elevated nationwide and is continuing to increase in many parts of the country, including Iowa.

Current RSV recommendations include:

- In the setting of increasing supply, health care providers should administer a single dose of nirsevimab to all infants aged less than 8 months, as well as children aged 8 through 19 months at increased risk.
 - Health care providers should continue to work with their state immunization program and the manufacturer to order available nirsevimab doses. CDC is working closely with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
 - Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children. Health care providers should take care to use the correct product for the correct population.
 - Although supply of nirsevimab is expected to increase, available supply may continue to vary locally and by health care facility. For health care providers who continue to have limited supply, nirsevimab should be prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by high-risk conditions and then by age, prioritizing the youngest infants first.
- Pregnant women 32 through 36 weeks gestation should receive RSV vaccination through January.
 - Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnant women. GSK Arexvy is not recommended for use in pregnant women.
- Administration of both nirsevimab and RSV vaccination for pregnant women is not needed to protect most infants.

For more information, visit emergency.cdc.gov/newsletters/coca/2024/010524a.html.

Update: Lead and chromium poisoning outbreak linked to cinnamon applesauce pouches

As of January 8, FDA has received a total of 87 confirmed complaints/reports of adverse events potentially linked to recalled cinnamon-containing applesauce products that have high levels of lead and chromium. WanaBana, Schnucks, and Weis have initiated voluntary recalls of certain lots of the following products:

- WanaBana brand apple cinnamon fruit purée pouches
- Schnucks brand cinnamon applesauce pouches
- Weis brand cinnamon applesauce pouches

CDC is conducting case finding efforts in collaboration with state and local health departments. The case definition includes a blood lead level of 3.5 µg/dL or higher measured within three months after consuming a recalled WanaBana, Schnucks, or Weis brand fruit puree product after November 2022. As of January 5, CDC has received reports of 86 confirmed, 209 probable, and 26 suspected cases for a total of 321 cases from 38 states. One probable case has been identified in Iowa.

Health care providers should counsel patients or their caregivers and guardians not to eat specific cinnamon-containing apple purée or applesauce products named in the FDA recall announcements. Children who have consumed a recalled applesauce pouch product should be assessed and a blood lead level should be obtained.

While the potential health effects of exposure to lead are well known the effects of eating food contaminated with chromium are less clear. Medical treatment for chromium exposure focuses on treating symptoms. There is no specific antidote to treat chromium exposure and there is no evidence to support the use of chelation therapy. Health care providers can consider obtaining a urinalysis and comprehensive metabolic panel (CMP) including electrolytes, liver enzymes, and BUN/creatinine to assess for hepatic and renal injury. A complete blood count (CBC) can be used to assess for anemia and iron deficiency.




For full clinical recommendations, visit emergency.cdc.gov/newsletters/coca/2024/010524.html.

For more information about FDA's investigation, including current updates, visit www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-chromium-levels-cinnamon-applesauce-pouches-november-2023.


For more information about CDC's case finding efforts, including current updates, visit www.cdc.gov/nceh/lead/news/lead-poisoning-outbreak-linked-to-cinnamon-applesauce-pouches.html.

For questions or additional information about lead poisoning, contact the Iowa HHS Childhood Lead Poisoning Prevention Program at 800-972-2026.

Infographic: New immunizations to protect against severe RSV

New Immunizations to Protect Against Severe RSV		
Who Does It Protect?	Type of Product	Is It for Everyone in Group?
 Adults 60 and over	RSV vaccine	Talk to your doctor first
 Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
OR		
 Babies	RSV vaccine given during pregnancy	Can get if you are 32-36 weeks pregnant during September-January

www.cdc.gov/rsv



To view in full size, visit www.cdc.gov/rsv/downloads/RSV-new-immunizations-chart.pdf.

Meeting announcements and training opportunities

The Iowa HHS Health care Associated Infections (HAI) Program is hosting a webinar, *Optimizing Antibiotic Therapy: Managing Adverse Events, Drug Interactions, and Renal Adjustments*, on Tuesday, January 23 at 12 noon. Up to 70% of nursing home residents receive one or more courses of antibiotics over the course of a year, but studies have shown that 40% - 75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from overuse include risk of *C. difficile*, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms. Webinar attendees will learn how to identify common antibiotic-related adverse effects, recognize significant antibiotic drug interactions and their potential consequences, and explain the importance of antibiotic renal dose adjustments. To register, visit www.zoomgov.com/webinar/register/WN_WGWTWLhnTwOLSxIxZeYQvg.

Have a healthy and happy week!

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