

Epi Update for Friday, January 26, 2024

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 vaccine administration errors in young children and pregnant women**
- **Consider collecting lower respiratory specimen in patients with suspected legionellosis**
- **SHL can now test for influenza in wastewater**
- **Meeting announcements and training opportunities**

RSV vaccine administration errors in young children and pregnant women

Since approval of RSV vaccines and the monoclonal antibody nirsevimab, CDC and FDA have received reports of Pfizer (Abrysvo) or GSK (Arexvy) RSV vaccines being administered in error to young children. CDC and FDA have also received reports of GSK RSV vaccine (Arexvy) being administered in error to pregnant women. As of January 17, reports received by VAERS suggests that these types of errors are uncommon in young children less than 2 years of age (25 reports) and pregnant women (128 reports) relative to an estimated one million infants protected from RSV either through infant receipt of nirsevimab or through vaccination of pregnant women.

In August and September 2023, CDC and the Advisory Committee on Immunization Practices recommended two products to prevent RSV-associated lower respiratory tract disease in infants. Nirsevimab is only recommended for infants and some young children at increased risk for severe RSV disease. RSV vaccines (Pfizer Abrysvo, GSK Arexvy) are NOT approved for use in infants or young children. Pfizer (Abrysvo) is the only RSV vaccine recommended for pregnant women. GSK RSV vaccine (Arexvy) is NOT approved for use during pregnancy.

Most reports of administration errors in young children occurred in infants younger than 8 months. Administration errors for both young children and pregnant women occurred in outpatient settings, including doctor's offices; administration errors of the GSK RSV vaccine (Arexvy) in pregnant women also occurred in pharmacies. Most of these administration error reports described no adverse event. When an adverse event was concurrently reported to VAERS, most reports were classified as nonserious. CDC, FDA, and other federal agencies continue to monitor the safety of RSV vaccines and reports of vaccine administration errors and will share information with the public as it becomes available.

For more information, including recommendations for health care providers who have administered incorrect RSV vaccine products to their patients, visit emergency.cdc.gov/newsletters/coca/2024/012224.html.

Consider collecting lower respiratory specimen in patients with suspected legionellosis

Health care providers should consider legionellosis in patients presenting with cough, fever, and pneumonia, especially in those with a history of overnight travel or health care visits within the two weeks before symptom onset. For these situations, where legionellosis could be part of a cluster of cases or acquired from a health care exposure, it is especially important to gather risk factor information to help identify and reduce the risk from potential sources of *Legionella*.

Diagnostic testing can also impact the investigation and control of legionellosis. Although the urine antigen test produces a quick result, it only detects *Legionella pneumophila* serogroup I. For this reason, CDC recommends testing patients with suspected legionellosis associated with lower respiratory illness using BOTH a lower respiratory culture and a urine antigen test. The lower respiratory culture requires selective media. Diagnostic testing by culture can detect multiple species and serogroups, allows for comparison of clinical and environmental isolates to identify possible sources of infection, and provides valuable epidemiological information to aid potential outbreak investigations.

SHL can perform *Legionella* culture and PCR testing from clinical specimens and environmental sources. Ideally, respiratory specimens should be collected before antibiotic administration, but antibiotic treatment should not be delayed and testing may still be valuable after starting antibiotics. All positive *Legionella* laboratory results are reportable to Iowa HHS.

Contact SHL at 319-335-4500 if you are interested in submitting a specimen for *Legionella* culture and/or PCR, or visit the following SHL links for collection and submission instructions:

- Culture: www.shl.uiowa.edu/testmenu/menupages/legionella.xml
- PCR: www.shl.uiowa.edu/testmenu/menupages/legionellapcr.xml

SHL can now test for influenza in wastewater

Wastewater surveillance (WWS) has been used throughout the world to detect SARS-CoV-2 circulation since early in the COVID-19 pandemic. WWS is an important addition to other measures of COVID-19 activity such as laboratory test positivity and hospitalizations. Nationally, WWS has been increasingly used for other pathogens including respiratory, gastrointestinal, and other types of illnesses. SHL has been working with Iowa HHS, local public health partners, and wastewater utility organizations to detect COVID-19 in wastewater for over a year.

Recently, SHL has developed the capability to identify influenza in wastewater and is progressing towards detecting Respiratory Syncytial Virus (RSV). Collaboratively, Iowa's Department of Health and Human Services and SHL are strategizing on integrating Wastewater Surveillance (WWS) with the current surveillance systems for COVID-19 and influenza. This integration aims to enhance the prediction of shifts in disease activity.

For more information about wastewater surveillance, visit www.cdc.gov/nwss/index.html.

Meeting announcements and training opportunities

Join the Iowa HHS Health care Associated Infections (HAI) Program on Wednesday, February 14, at 12 noon for a webinar, *Infection Prevention and Control Practices: Wound Care*. Wound care requires maintaining infection prevention principles that identify, treat, and manage factors affecting wound healing. Wound infections can cause a delay in healing that could eventually lead to deeper tissue pus, bone inflammation, or life-threatening medical emergencies. Proper wound care includes the use of hand hygiene, clean technique, and dressings and treatments that encourage healing and reduce the risk of complications and infections. The presence of infection is a major causative factor for delayed or nonhealing wounds and reduced quality of life. Attendees will learn the risk factors for developing wound contamination, colonization, and infection, the steps to perform clean wound care, and to discuss techniques to manage supplies. Continuing education credits are available. Register at ecri.zoom.us/webinar/register/WN_jMADwn_zOBW_DKA-ICAZDQ#/registration.

Have a healthy and happy week!

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