

Epi Update for Friday, April 5, 2024 CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE) Iowa Department of Health and Human Services

Items for this week's Epi Update include

- Cattle and human avian influenza A(H5N1) infections reported in U.S, risk to public remains low
- CMS adds enhanced barrier precautions to infection control guidance
- CDC MMWR highlights importance of PCR testing for varicella
- Infographic: Raw milk Know the raw facts

Cattle and human avian influenza A(H5N1) infections reported in U.S, risk to public remains low

CDC has announced that a person in Texas has tested positive for avian influenza A(H5N1). The individual had direct exposure to dairy cattle presumed to be infected with influenza A(H5N1). A small number of sporadic human cases of influenza A(H5N1) have been identified worldwide since 2022. Although human infections with this influenza strain are rare, unprotected exposure to any infected animal or to an environment in which infected animals have been present can pose a risk of infection.

This recent human infection does not change the human health risk assessment for the general public, which CDC and Iowa HHS consider to be Iow. The designation of some avian viruses as "highly pathogenic" refers to the potential severity and mortality in birds and does not indicate the severity of illness among humans or other animals.

lowa HHS continues to work with local, state, and federal partners to monitor people exposed to influenza A(H5N1)-infected animals and help facilitate testing if they become ill, as well as monitoring for changes to the virus that may impact the risk to human health. Iowa HHS will continue to share new information as it becomes available.

The recent influenza A(H5N1) infections in cattle do not present a concern for the commercial milk supply. Dairies are required to destroy or divert milk from sick cows, and pasteurization has repeatedly been shown to destroy bacteria and viruses.

People should avoid unprotected exposures to sick or dead animals, as well as animal carcasses, raw milk, feces, litter, or materials contaminated by birds or other animals with confirmed or suspected influenza A(H5N1) infection. People should not prepare or eat uncooked or undercooked food such as unpasteurized (raw) milk or products made from raw milk from animals with confirmed or suspected influenza A(H5N1) infection.

To view the full CDC announcement, visit <u>www.cdc.gov/media/releases/2024/p0401-avian-flu.html</u>.

For more information about avian influenza A(H5N1) prevention, visit www.cdc.gov/flu/avianflu/prevention.htm#Protective-actions-wild-birds.



CMS adds enhanced barrier precautions to infection control guidance

On March 20, the Centers for Medicare and Medicaid Services (CMS) issued new guidance for State Survey Agencies and long-term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards that went into effect on April 1, 2024.

Enhanced barrier precautions expand the use of personal protective equipment and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrugresistant organisms to staff hands and clothing.

Learn more about enhanced barrier precautions by viewing the Iowa HHS *Enhanced Barrier Precautions 101* video or visiting CDC's Enhanced Barrier Precautions webpage. Many questions about the implementation of enhanced barrier precautions are also answered on CDC's *FAQs about Enhanced Barrier Precautions in Nursing Homes*. Other questions can be directed to HAI-AR@idph.iowa.gov.

To view the full CMS memorandum, *Enhanced Barrier Precautions in Nursing Homes*, visit www.cms.gov/files/document/qso-24-08-nh.pdf.

To view the Iowa HHS *Enhanced Barrier Precautions 101* video, visit www.youtube.com/watch?v=4NQdIx1dnl8.

To access CDC's Enhanced Barrier Precautions webpage, visit www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.

To view CDC's FAQs about Enhanced Barrier Precautions in Nursing Homes, visit www.cdc.gov/hai/containment/faqs.html.

CDC MMWR highlights importance of PCR testing for varicella

The U.S. varicella (chickenpox) vaccination program, implemented in 1995, led to a >97% decline in varicella incidence. Clinical diagnosis continues to be the primary means for diagnosing varicella, although the modified signs and symptoms of disease (fewer skin lesions, mostly maculopapular) occurring in persons who have received varicella vaccine pose diagnostic challenges.

Clinical diagnosis of varicella can be unreliable, especially in vaccinated patients. Laboratory confirmation is important to guide clinical and public health management, understanding varicella epidemiology, and evaluating vaccine effectiveness. PCR testing of appropriately collected skin lesion specimens has demonstrated high reliability in detection of varicella-zoster virus (VZV) in vaccinated and unvaccinated persons.

Not performing testing can result in not recommending clinical management of suspected varicella cases and exposed contacts, as well as incorrect recommendations regarding the need for exclusion from school or work.

Individual cases of varicella are not reportable in Iowa, but outbreaks of all diseases, including varicella, are reportable to Iowa HHS.

To view the full CDC MMWR, visit <u>www.cdc.gov/mmwr/volumes/73/wr/mm7311a3.htm?s_cid=mm7311a3_w</u>.

For more information about varicella from CDC, including testing recommendations, visit <u>www.cdc.gov/chickenpox/index.html</u>.



Infographic: Raw milk – Know the raw facts



To view in full size, visit www.cdc.gov/foodsafety/pdfs/raw-milk-infographic2-508c.pdf.

Have a healthy and happy week! Center for Acute Disease Epidemiology 800-362-2736