

EPI Update for Friday, August 16, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

Iowa Department of Health and Human Services

Items for this week's EPI Update include

- Updated RSV vaccine recommendations for adults ages 60 years and older
- CDC: Increased human parvovirus B19 activity in the United States
- Infographic: Steps health care providers can take to increase vaccination
- Meeting announcements and training opportunities

Updated RSV vaccine recommendations for adults ages 60 years and older

Per CDC, ACIP has updated respiratory syncytial virus (RSV) vaccine recommendations for adults ages 60 and older.

- CDC now recommends an RSV vaccine for everyone ages 75 and older and adults ages 60 - 74 at increased risk of severe RSV.
- Adults 60 - 74 who are at increased risk include those with chronic heart or lung disease, certain other chronic medical conditions, and residents of nursing homes or other long-term care facilities.
- RSV vaccination is currently recommended as a single lifetime dose only. Persons who have already received RSV vaccination are not recommended to receive another dose.
- The best time to get vaccinated is late summer and early fall - before RSV activity increases.

These recommendations replace the previous recommendation that adults 60 years of age and older may receive RSV vaccination using shared clinical decision-making.

For full RSV vaccination guidelines for older adults, visit www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html.

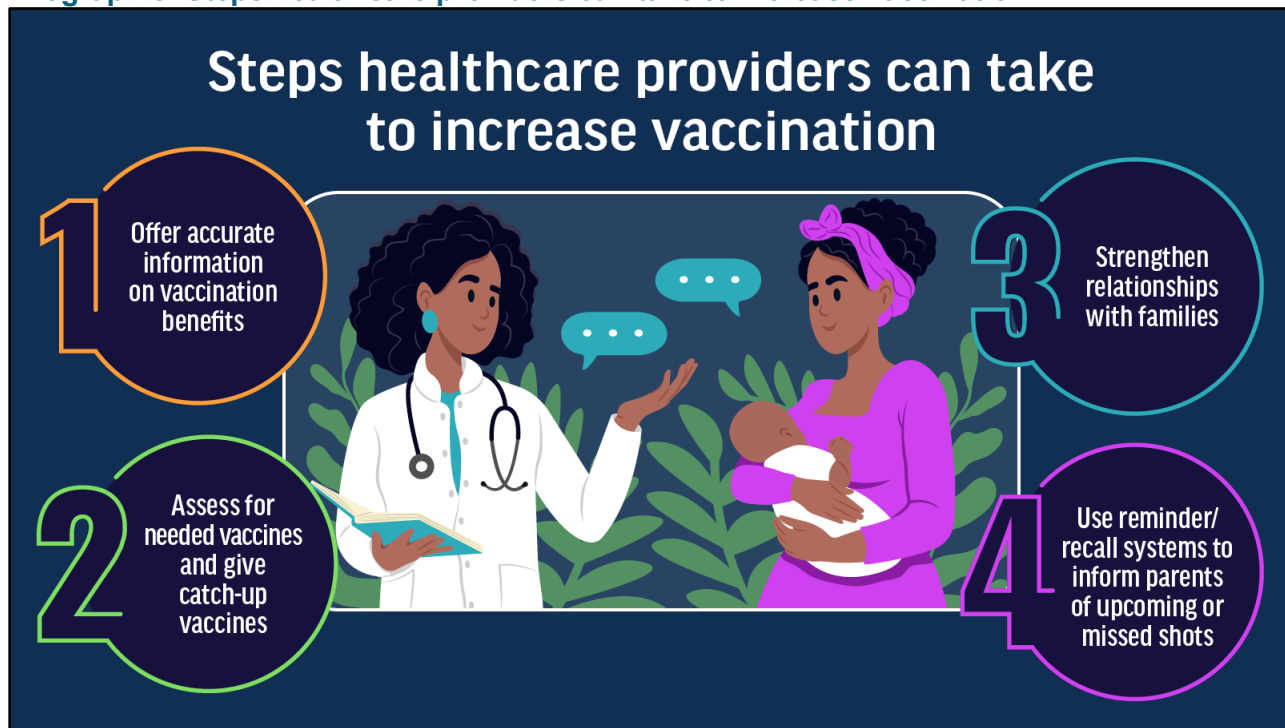
CDC: Increased human parvovirus B19 activity in the United States

Parvovirus B19 is a seasonal respiratory virus that is transmitted through respiratory droplets. Many infections are asymptomatic, and most people who develop symptoms require only supportive care and recover completely. No vaccine or specific treatment is recommended for parvovirus B19. In the U.S., there is no routine surveillance for parvovirus B19, and it is not a notifiable condition.

CDC recently released a Health Advisory regarding increased parvovirus B19 activity in the U.S. Data include increased test positivity in clinical specimens and pooled plasma from a commercial laboratory, and reports of clusters of parvovirus B19-associated complications among pregnant women and people with sickle cell disease.

Parvovirus B19 can lead to adverse health outcomes among people without pre-existing immunity who are pregnant, immunocompromised, or have chronic hemolytic disorders. During pregnancy, most cases resolve spontaneously. However, the risk of an adverse fetal outcome is 5 - 10% and is highest when infection occurs between gestational weeks 9 - 20. Treatment during pregnancy is supportive, and management includes monitoring for and treating severe fetal anemia. Parvovirus B19 can also cause chronic or transient aplastic anemia among people with severely immunocompromising conditions or chronic hemolytic disorders. Red blood cell transfusions and intravenous immunoglobulin are the mainstays of treatment for aplastic anemia.

To view the full CDC Health Advisory, visit emergency.cdc.gov/han/2024/han00514.asp.

Infographic: Steps health care providers can take to increase vaccination

To view in full size, visit www.cdc.gov/vitalsigns/vaccines-for-children/.

Meeting announcements and training opportunities

The Ohio State University is hosting a free webinar, *Zoonotic Tuberculosis*, as part of their Global One Health Summer Institute. The webinar will take place on Monday, August 20 from 6 AM - 9 AM. Among other topics included in the agenda, Dr. James Sunstrum will be sharing information about the global implications for zoonotic TB challenges he is addressing in Michigan. For more information and to register, visit tbcontrollers.org/docs/announcements/08_20_2024_OSU_Zoonotic_TB_Webinar.pdf.

Have a healthy and happy week!
Center for Acute Disease Epidemiology
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