

# Epi Update for Friday, August 23, 2024

## CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

### Iowa Department of Health and Human Services

Items for this week's Epi Update include

- Increased pertussis activity
- Increased international Oropouche virus activity, health care provider recommendations
- Iowa HHS announces first West Nile virus case for 2024
- Infographic: Symptoms of whooping cough

#### Increased pertussis activity

Nationally, pertussis cases were lower than usual over the past few years, during and following the COVID-19 pandemic. However, reported cases of pertussis have increased across the United States in 2024. CADE is currently monitoring a similar statewide increase of pertussis in Iowa.

Local public health partners follow up with each pertussis case to provide guidance on how to prevent further spread. They also identify close contacts to provide education and recommend post-exposure antibiotic prophylaxis, if necessary.

Some recent pertussis cases have reported prolonged coughs prior to getting tested. Individuals with pertussis are infectious for as long as 21 days after they start coughing or until they complete five days of recommended antibiotics. Early identification and treatment are critical to prevent further spread.

Health care providers should be aware of increased pertussis activity. Consider pertussis in patients that present with a cough that cannot be explained by another reason. The recommended test for pertussis is a nasopharyngeal (NP) swab tested by PCR. Patients should be recommended to stay home while pertussis laboratory tests are pending.

For more information about pertussis, visit

[hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/pertussis](https://hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/pertussis).

#### Increased international Oropouche virus activity, health care provider recommendations

An outbreak of Oropouche virus disease is occurring in endemic areas and new areas outside the Amazon basin. Countries reporting locally acquired cases include Brazil, Bolivia, Peru, Colombia, and Cuba. As of August 1, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities.

Although travel-associated cases have been identified in the United States, no evidence of local transmission currently exists within the United States or its territories. No cases have been reported in Iowa.

Oropouche virus was first detected in 1955 in Trinidad and Tobago and is endemic in the Amazon basin. The virus is spread primarily by the bite of infected biting midges. Some mosquitoes can also spread the virus. Most infected people will develop symptoms that can often reoccur. In addition, there is evidence that becoming infected during pregnancy poses a risk to the fetus and is associated with congenital abnormalities or fetal death.

The incubation period for Oropouche virus disease is 3 - 10 days. Typically, disease starts with abrupt onset of fever with headache (often severe), chills, myalgia, and arthralgia. Other symptoms include photophobia, dizziness, retroorbital (eye) pain, nausea, vomiting, or maculopapular rash that starts on the trunk and goes to the extremities. Less common symptoms can include conjunctival injection, diarrhea, severe abdominal pain, and hemorrhagic symptoms (e.g., epistaxis, gingival bleeding, melena, menorrhagia, and petechiae). Symptoms typically last less than a week. However, in up to 60% of patients, symptoms can reoccur a few days or even weeks later. Similar symptoms are reported on relapse.

### Recommendations for health care providers

- Consider Oropouche virus infection in a patient who has been in an area with documented or suspected Oropouche virus circulation within 2 weeks of *initial* symptom onset (as patients may experience recurrent symptoms) and have the following:
  - Abrupt onset of symptoms consistent with Oropouche virus infection
  - No respiratory symptoms (e.g., cough, rhinorrhea, shortness of breath); AND
  - Tested negative for other possible diseases, in particular dengue.
- If strong suspicion of Oropouche virus infection exists based on the patient's clinical features and history of travel to an area with virus circulation, contact CADE at 1-800-362-2736.
- There are no medicines to treat Oropouche virus disease. Acetaminophen as the preferred first-line treatment for fever and pain. Aspirin and other NSAIDS should not be used to reduce the risk of hemorrhage.
- Inform pregnant patients who are considering or preparing travel to areas with reported Oropouche virus transmission to reconsider non-essential travel. If the patient decides to travel, counsel them to strictly prevent insect bites.
- Direct all travelers going to areas with Oropouche virus transmission to use measures to prevent insect bites during travel and for three weeks after travel, or if infected during the first week of illness, to mitigate additional spread of the virus and potential importation into unaffected areas in the United States.

Health care providers should report all suspected Oropouche virus disease infections to CADE at 1-800-362-2736.

For more information, visit [www.cdc.gov/oropouche/about/index.html](http://www.cdc.gov/oropouche/about/index.html).

### Iowa HHS announces first West Nile virus case for 2024

Iowa HHS has announced the first case of West Nile virus (WNV) infection reported in 2024 in an older adult (61-80 years) from Harrison County. The case was confirmed at Iowa's State Hygienic Laboratory.

Warm summer weather means Iowans are spending more time outside which increases the risk of mosquito bites. Bites from infected mosquitoes are the primary method in which humans are infected with the virus.

For the best protection against the virus, Iowans should use an insect repellent with DEET, Picaridin, oil of lemon eucalyptus, Para-menthane-diol, 2-undecanone or IR3535.

- Always read and follow label directions. Consult with a health care provider if you have questions when using these types of products on children.
- Oil of lemon eucalyptus and Para-menthane-diol should not be used on children younger than 3 years, and DEET should not be used on infants younger than 2 months.
- If you are also using sunscreen, apply sunscreen first and insect repellent second.

Additional steps lowans can take to protect themselves from mosquitos include:

- Wear long-sleeved shirts, pants, shoes, and socks outdoors when possible.
- Look for standing water in buckets, cans, pool covers, used tires, pet water dishes, and other areas water may collect.
- Clear standing water from around your home where mosquitos reproduce.

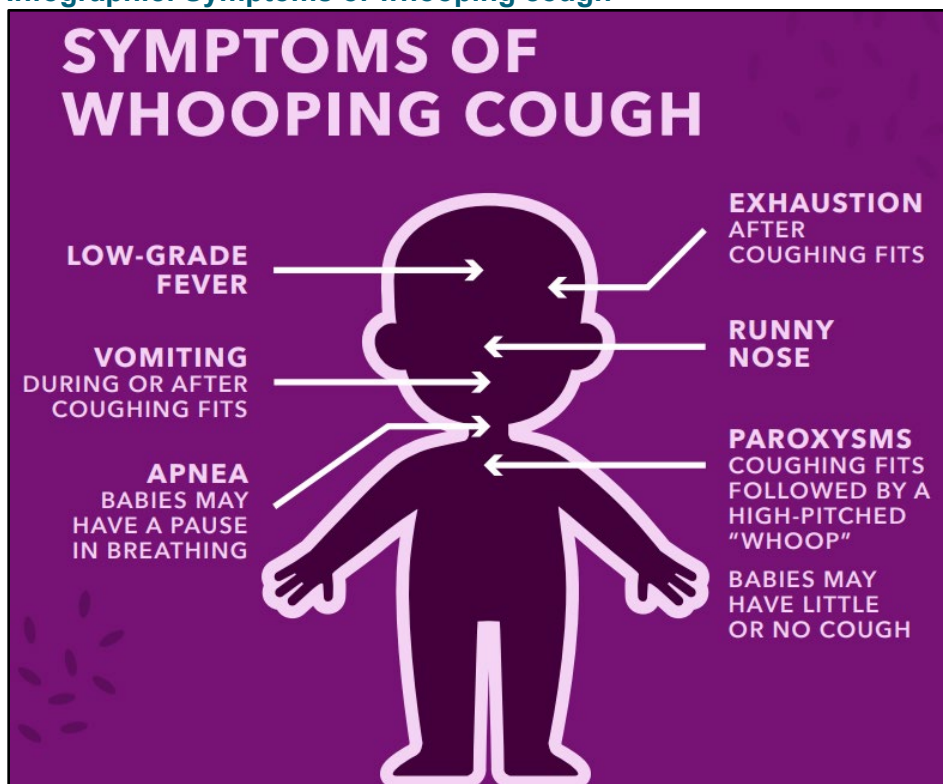
lowans infected with WNV may not experience any signs or symptoms of the virus. Some people experience minor symptoms like fever and mild headache. Others, however, can develop serious symptoms such as a high fever, headache, disorientation, and muscle weakness.

People who experience mild signs and symptoms of a WNV infection generally recover on their own. But illness that includes a severe headache, disorientation, or sudden weakness require immediate medical attention.

In 2023, 17 lowans were diagnosed with West Nile virus, with one death.

For more information on West Nile virus, visit [hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/west-nile-virus](https://hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/west-nile-virus).

### Infographic: Symptoms of whooping cough



To view in full size, visit [www.cdc.gov/vaccines/parents/diseases/child/vpd-infographics/whooping-cough-infographic.pdf](https://www.cdc.gov/vaccines/parents/diseases/child/vpd-infographics/whooping-cough-infographic.pdf).

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