

Epi Update for Friday, October 25, 2024 CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE) Iowa Department of Health and Human Services

Items for this week's Epi Update include

- Influenza activity is low, but don't wait to get vaccinated
- Syphilis incidence continues increasing in Iowa
- Arthropod disease prevention resources survey
- In the news: E. coli outbreak tied to McDonald's Quarter Pounder kills 1, sickens dozens in US

Influenza activity is low, but don't wait to get vaccinated

The timing and severity of the influenza season varies year to year. Current activity remains low, but influenza activity historically begins increasing in November. To reduce the risk of influenza and potentially serious complications, Iowa HHS and CDC recommend that everyone 6 months and older get an influenza vaccine every season with rare exceptions. It is recommended to get vaccinated by the end of October, but vaccination can be given as long as influenza viruses are still circulating. Talk to your healthcare provider about any questions regarding influenza vaccination.

Other important actions to prevent influenza and many other diseases include frequent hand hygiene, staying home when ill, covering coughs and sneezes, and avoiding contact with others who are sick.

For more information about influenza prevention and vaccination visit www.cdc.gov/flu/prevention/index.html.

Syphilis incidence continues increasing in Iowa

Over the last two decades, infectious syphilis rates in the U.S. increased 800% from 2 to 18 cases per 100,000 people. Over the past five years, Iowa has experienced a 268% increase in infectious syphilis, a 796% increase among females, and a 333% increase in congenital syphilis. While most new infections are among white males, all populations and geographic regions are being affected, and longstanding disparities among black and Hispanic Iowans persist. New and sustained disparities among American Indians / Alaska Natives have been identified nationally and in Iowa.

A very low threshold for screening all sexually active adults is recommended. Additionally, sex partners of someone with primary, secondary, or early latent syphilis should also be screened, evaluated, and offered postexposure prophylaxis.

The American College of Obstetrics and Gynecology recommends screening pregnant women three times: at the first prenatal visit, the beginning of the third trimester, and at delivery. Women presenting late for prenatal care or in labor should be screened immediately. Infants should not be discharged unless the mother has been tested for syphilis. All infants born to women with reactive syphilis testing require diagnostic and clinical evaluation for congenital syphilis.

Accurate staging and treatment appropriate to stage are critical to avoid permanent syphilis sequelae. Positive screening results in an asymptomatic patient defines a latent infection. Latent syphilis acquired within the preceding year is early latent syphilis (also called early, non-primary, non-secondary syphilis); all other cases of latent syphilis are classified as late latent or latent syphilis of unknown duration.



Primary syphilis classically presents as a single painless ulcer or chancre at the site of infection but can also present with multiple, atypical, or painful lesions. Secondary syphilis manifestations can include skin rash, mucocutaneous lesions, and lymphadenopathy. Tertiary syphilis can present with cardiac involvement, gummatous lesions, tabes dorsalis, or general paresis. At any stage, *Treponema pallidum* can invade the nervous system (neurosyphilis: headaches, weakness, numbness, altered mental status), visual system (ocular syphilis: changes in vision, blindness), and auditory/vestibular system (otosyphilis: tinnitus, vertigo, hearing loss). Clinicians in Iowa are identifying syphilis patients with these atypical presentations.

Treatment for syphilis includes intramuscular benzathine penicillin G (Bicillin L-A) with dose and frequency determined by stage. National supplies of benzathine penicillin G have been restored. A patient's history of penicillin allergy should not unnecessarily delay treatment. More information regarding managing and treating patients with a penicillin allergy can be found on CDC's website.

Evidence suggests that in specific populations 200mg doxycycline taken within 72 hours after condomless sex significantly reduces combined incidence of chlamydia, gonorrhea, and syphilis (DoxyPEP). Doxycycline can be taken daily depending on sexual activity, but no more than 200 mg should be taken within 24 hours.

For more information on syphilis testing and treatment, visit <u>www.cdc.gov/std/treatment-guidelines/syphilis.htm</u>.

The STD Clinical Consultation Network at the St. Louis Prevention and Treatment Center offers additional clinical consultation for complex syphilis cases at <u>stdccn.org/render/Public</u>.

For more information about DoxyPEP, visit www.cdc.gov/sti/hcp/doxy-pep/index.html.

The Bureau of HIV, STI, and Hepatitis at Iowa HHS can also aid in interpreting laboratory results, discussing treatment guidelines, facilitating contact tracing, and in other syphilis-related concerns at 515-240-1143.

Arthropod disease prevention resources survey

The Center for Food Security and Public Health (CFSPH) at Iowa State University is asking for participation on a five minute survey to help them create new educational resources to aid in the prevention of diseases spread by arthropods (e.g., ticks, mosquitoes, flies, and mites).

To take the survey, visit iastate.qualtrics.com/jfe/form/SV 9vq6pJOj8qUIRz0.

In the news: *E. coli* outbreak tied to McDonald's Quarter Pounder kills 1, sickens dozens in US www.reuters.com/business/retail-consumer/ten-people-hospitalized-e-coli-infections-linked-mcdonalds-quarter-pounder-says-2024-10-22/

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