

Epi Update for Friday, January 17, 2025

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

Iowa Department of Health and Human Services

Items for this week's Epi Update include

- Avian influenza A(H5N1) screening recommendations, accelerated influenza A subtyping
- Brucella no longer classified as select agent
- In the news: Possible Marburg in Tanzania
- Infographic: CDC flu fact

Avian influenza A(H5N1) screening recommendations, accelerated influenza A subtyping

To further enhance ongoing surveillance for avian influenza A(H5N1), Iowa HHS is recommending enhanced patient screening and subtyping of influenza A specimens.

Health care providers

Clinicians should consider avian influenza A(H5N1) in patients presenting with influenza-like illness or conjunctivitis who report a history of interacting with sick or dying birds, sick dairy cattle, or working at animal facilities where avian influenza A(H5N1) has been identified. If suspicion for avian influenza A(H5N1) exists, isolate the patient in an airborne infection isolation room (AIIR) or private room with the door shut. Adhere to infection prevention and control procedures; PPE should include at minimum a gown, gloves, eye protection, and an N95. Handwashing should be strictly enforced.

Iowa HHS recommends health care facilities screen for the following risk factors, and should consider incorporating these screening questions into electronic health record (EHR) workflows:

For patients presenting with influenza-like illness or conjunctivitis, in the past 10 days, has the patient:

- Had close contact with sick poultry (e.g., chickens, turkeys), sick wild waterfowl (e.g., geese, ducks), or sick dairy cattle?
- Had direct exposure to unpasteurized milk or dairy products?
- Visited an event where live birds are sold or traded?

If the answer to any of these questions is "Yes," the clinician should contact Iowa HHS at 800-362-2736 for testing and further guidance.

Laboratories

Clinical laboratories in Iowa should submit two influenza A positive specimens to SHL weekly, prioritizing specimens from hospitalized patients, and should immediately submit all unsubtypable influenza A positive specimens from testing platforms designed to provide an influenza subtyping result (e.g., Biofire respiratory panel with positive influenza A, negative H1, and negative H3).

- Hospitals in counties where the Iowa Department of Agriculture and Land Stewardship (IDALS) identifies poultry or dairy cattle infected with influenza A(H5N1) should submit all influenza A positive specimens to SHL. HHS will be in contact with your facility to ask for these specimens.
- Any long-term care facility in Iowa that detects influenza A in an employee or resident should submit at least one specimen as requested by Iowa HHS to SHL.

SHL will test these specimens for influenza. If influenza A positive, SHL will determine the subtype. For specimens that are influenza A positive but not subtyped as seasonal influenza, SHL will test for influenza A(H5). If positive for influenza A virus and not subtypable by SHL, the sample will be sent to CDC.

Brucella no longer classified as select agent

On January 16, *Brucella* species (*abortus*, *melitensis*, and *suis*) will be removed from the Federal *Select Agents and Toxins List*. *Brucella canis* was not previously listed as a select agent.

Agents and toxins are added or removed from the *Select Agents and Toxins List* based on four main criteria:

- effect on human health
- degree of contagiousness
- availability and effectiveness of pharmacotherapies
- other criteria, including decontamination and restoration, matrix stability, and ease of production

The removal of *Brucella* species from the *Select Agents and Toxins List* is due to the low-mortality rate associated with infection, rare human-to-human transmission, and availability of therapeutics.

Working with *Brucella* species on the benchtop continues to be a major risk of laboratory-acquired infections. Removal of *Brucella* species from the *Select Agents and Toxins List* does not reverse previously established biosafety measures.

Clinical labs should continue to:

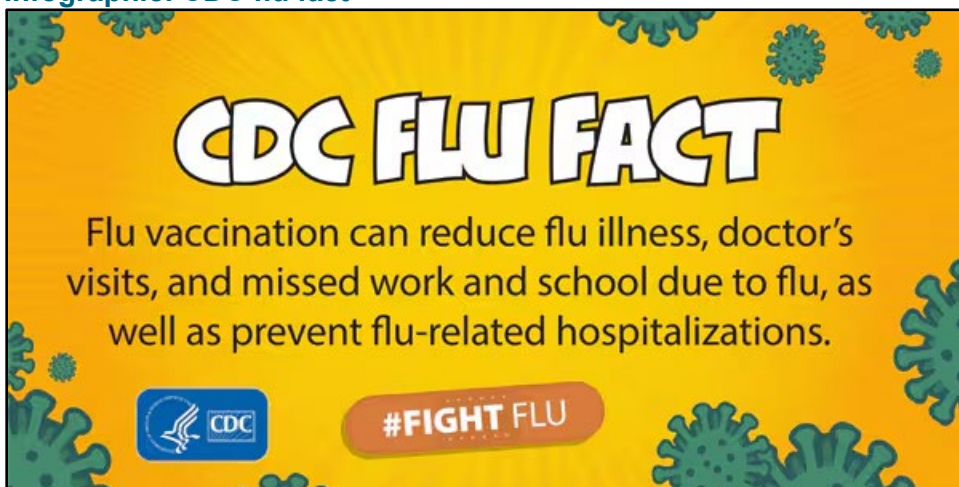
- report all suspected and confirmed cases of Brucellosis to Iowa HHS.
- send suspect, unconfirmed *Brucella* species isolates to SHL for confirmation and speciation
- work with all suspect *Brucella* species isolates in a Biosafety Cabinet (BSC) with appropriate PPE which includes, gloves, gown, and eye protection.

For more information about laboratory risks for brucellosis, visit www.cdc.gov/brucellosis/hcp/laboratory-risks/.

In the news: Possible Marburg in Tanzania

wwwnc.cdc.gov/travel/notices/level1/marburg-tanzania

Infographic: CDC flu fact



To view in full size, visit www.cdc.gov/flu-resources/media/files/2024/07/flu-fun-fact.png.

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