

Epi Update for Friday, February 21, 2025 CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE) Iowa Department of Health and Human Services (Iowa HHS)

Items for this week's Epi Update include

- Influenza activity very high in Iowa It's not too late to get vaccinated
- Measles cases continue to be reported in the U.S. and Canada
- Meeting announcements and training opportunities

Influenza activity very high in Iowa - It's not too late to get vaccinated

Influenza activity in Iowa has been classified as very high for the third week in a row. Several tracked measures hit their highest values for the 2024-25 influenza season for the week ending Feb 8. Since then, some influenza activity indicators have decreased, but it is too early to tell if activity has peaked.

The percentage of positive molecular influenza tests reported on the Iowa Laboratory Survey for the week ending February 8 (37%) was higher than any week going back to the 2015-16 respiratory season. Over 90% of the positives were influenza A. The percentage dropped slightly to 32% for the week ending February 15.

There have been 73 influenza-related deaths reported in Iowa this respiratory season, including almost 50 deaths reported from January 19 - February 15 alone. The first pediatric influenza-related death in Iowa this season was also recently reported.

While there are several factors leading to increased influenza this year, vaccination rates for influenza have decreased over the last six years in Iowa. According to the Iowa HHS Immunization program, 40.6% of Iowans were vaccinated in the 2019-20 season, while 33.8% were vaccinated in the 2023-24 season. The percentage of Iowans vaccinated for influenza is on track to be Iower this season.

Everyone six months and older is recommended to get an influenza vaccine every season with rare exceptions. Vaccination is particularly important for people at higher risk of serious influenza complications. It is not too late to get vaccinated!

lowans with influenza-like illness (fever, cough, sore throat, muscle aches, headache) should:

- Ask your doctor about prescription antiviral drugs like oseltamivir (Tamiflu), which can reduce symptoms and prevent severe outcomes like hospitalization or death when started as early as possible. Oseltamivir can safely treat symptoms in infants as young as two weeks old and can be used in pregnancy.
- Stay home when you are sick. Keep children home from daycare or school who have influenza-like illness until they are fever-free for 24 hours without medications that reduce fever.
- Cover coughs and sneezes.
- Wash your hands often with soap and water.

To view the Iowa Respiratory Virus Report, visit <u>hhs.iowa.gov/center-acute-disease-epidemiology/iowa-influenza-surveillance</u>.

For more information about influenza vaccination, including full guidelines, visit <u>hhs.iowa.gov/immunization/flu</u>.



Measles cases continue to be reported in the U.S. and Canada

As of February 18, 58 measles cases have been reported within the last three weeks in the South Plains region of Texas. Thirteen patients have been hospitalized. Four cases were vaccinated - the rest were unvaccinated or their vaccination status was unknown. Neighboring Lea County in New Mexico has also identified three cases of measles. More cases are expected in this region.

Measles cases have also been identified in Alaska, Georgia, New York, and Rhode Island. All cases have occurred in unvaccinated individuals. Multiple outbreaks of measles have also been reported in Canada. No cases of measles have been identified in Iowa since 2019.

Measles is characterized by a prodrome of fever, cough, coryza, and conjunctivitis (the three "C"s), followed by a maculopapular rash that spreads from the head to the trunk to the lower extremities. Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness.

Health care providers who suspect measles should immediately notify CADE while the patient is still at the health care facility by calling 515-242-5935 during business hours or 515-323-4360 after hours.

Health care providers should also routinely evaluate patient vaccination status and promote measles containing vaccines (MMR or MMRV) for patients who do not have presumptive evidence of immunity.

For more information about measles, visit <u>hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/measles</u>.

For the latest updates from CDC about measles cases identified in the U.S., visit <u>www.cdc.gov/measles/data-research/index.html</u>.

Meeting announcements and training opportunities

A free virtual training for infection prevention and control (IPC) for acute care employees, *Epi Intensive*, will be held April 8 - 10. The course introduces the various roles and responsibilities of the infection preventionist and uses a risk assessment framework for understanding IPC. Scenarios, case studies, digital flashcards, group activities, and open discussion will help you learn how to practice and apply fundamental IPC knowledge to enhance your competency as an IP. The course includes access to five online modules to reinforce learning. Continuing education credits are available. For more information and to register, visit portal.apic.org/s/community-event?id=a1mUd000000Ci5J.

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