



Epi Update for Friday, November 5, 2021

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Center for Acute Disease Epidemiology (CADE)
Bureau of HIV, STD, and Hepatitis

Iowa Department of Public Health (IDPH)

Items for this week's Epi Update include:

- Iowa's first influenza death of the 2021-22 season and novel influenza cases
- National shortage of medication used to treat gonorrhea affecting Iowa
- CDC's 2020 HAI Progress Report shows increase in some HAIs compared to 2019

Iowa's first influenza death of the 2021-22 season and novel influenza cases

Iowa's first influenza-related death of the 2021-22 influenza season has been reported in an elderly woman (81 years and over) from central Iowa with underlying conditions.

While influenza activity in Iowa has been low so far this season, this unfortunate death underscores the importance of Iowans being vaccinated against influenza. CDC recommends that essentially everyone over 6 months of age receive the influenza vaccine. It takes up to two weeks after vaccination for the body to achieve full benefit against the influenza virus.

In addition, two human infections with novel influenza A viruses that occurred during the 2020-21 influenza season were reported. Both patients are adults who were not hospitalized and have recovered from their illness. Both either attended an agricultural event where swine were present and/or visited a farm where swine were present. No ongoing human-to-human transmission has been identified.

During the 2020-21 influenza season, 14 human infections with a novel influenza A virus were reported in the U.S., including two H3N2v (IA, WI), four H1N2v (IA, IN, OH (2)), and eight H1N1v (IA (3), NC, ND, WI (3)). During the 2021-22 influenza season, one human infection with novel influenza A virus has been reported in the U.S., H3N2v (OH).

For more information about influenza in swine, variant influenza virus infection in humans, and strategies to interact safely with swine, visit www.cdc.gov/flu/swineflu/index.htm and www.cdc.gov/flu/swineflu/prevention.html.

For more information about human infections with novel influenza A viruses, visit http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html.

National shortage of medication used to treat gonorrhea affecting Iowa

There is a national shortage of gentamicin, an injectable antimicrobial used in combination with azithromycin to treat people with gonorrhea who have severe cephalosporin allergies. This shortage has been sporadic throughout the last half of 2021. Some sites in Iowa are now reporting difficulties obtaining this medication from distributors. Please monitor your supplies of gentamicin closely.

The preferred treatment for gonorrhea is 500mg ceftriaxone (intramuscular injection). Clinicians are encouraged to only order gentamicin for treatment when it is absolutely necessary, such as when the patient has a severe allergy to cephalosporin medications. For situations in which an intramuscular injection is not possible, 800mg of cefixime (oral) may be used. Ceftriaxone and cefixime are both cephalosporin antibiotics.

For more information about the gentamicin shortage, visit www.cdc.gov/std/treatment/drugnotices/gentamicin.htm.

For complete STI Treatment Guidelines, visit www.cdc.gov/std/treatment-guidelines/default.htm.

CDC's 2020 HAI Progress Report shows increase in some HAIs compared to 2019

CDC has released the *2020 National and State Healthcare-Associated Infections (HAI) Progress Report* showing significant increases between 2019 and 2020 in some HAIs for some facility types, including: a 35% increase in the standardized infection ratio (SIR) for ventilator-associated events (VAEs), a 24% increase in central line-associated bloodstream infections (CLABSI), and a 15% increase in hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) for acute care hospitals. While some infections increased between 2019 and 2020, all 2020 national SIRs except VAEs remain below the 2015 baseline SIR of 1, a reference point for measuring progress, in acute care hospitals. Other HAIs were unchanged between 2019 and 2020 or showed a significant decrease. This progress in infection prevention is a testament to the dedication of health care providers across the country to protect patients from harm despite unprecedented challenges in 2020.

The report includes data reported to the National Healthcare Safety Network (NHSN) across four healthcare settings: acute care hospitals, critical access hospitals, inpatient rehabilitation facilities (IRFs), and long-term acute care hospitals (LTACHs).

In 2020, many hospitals faced extraordinary circumstances that may have reduced the implementation of standard infection prevention and control practices. In acute care hospitals, the increases seen in some HAIs in 2020 contrast with the success in reducing these infections prior to the pandemic. Despite these challenges, acute care hospitals in more than half of states are performing better than the 2015 national baseline in preventing CLABSI, CAUTI, SSIs following surgeries, MRSA bacteremia, and *C. difficile* infections.

The *2020 HAI Progress Report* also shows progress in reducing some HAIs in other health care settings. In LTACHs, significant reductions were seen in CLABSI, CAUTI, and LTACH-onset CDI, while no significant changes were observed in VAE. In IRFs, significant reductions were seen in hospital-onset CDI, CLABSI, and CAUTI, while no significant changes were observed in IRF-onset MRSA bacteremia.

The *2020 HAI Progress Report* highlights the need for health care to continue to reinforce standard infection prevention and control practices in their facilities and regularly review HAI surveillance data to identify areas for improvement and address gaps in prevention practices.

To view the full *2020 HAI Progress Report*, visit www.cdc.gov/hai/data/portal/progress-report.html.

Have a healthy and happy week!

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