



Epi Update for Friday, September 24, 2021

**Office of the Public Health Medical Director
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:

- **Guidance for caring for individuals recently evacuated from Afghanistan**
- **Changes to legionellosis investigations, reminder of preferred diagnostic tests**
- **Fungus among us?**
- **In the news: CDC statement on ACIP booster recommendations**
- **Infographic: How to recognize MIS-C**

Guidance for caring for individuals recently evacuated from Afghanistan

CDC has issued a Health Advisory recommending that clinicians be on alert for cases of measles, as well as other infectious diseases, including mumps, leishmaniasis, and malaria, among evacuees from Afghanistan. Clinicians should also recommend MMR vaccine for unvaccinated patients. As of September 20, CDC has been notified of 16 confirmed cases of measles among Afghan nationals and U.S. citizens recently arriving from Afghanistan. In addition to MMR vaccination, CDC recommends that evacuees are also up to date on vaccinations for varicella, polio, COVID-19, and seasonal influenza.

If you suspect a patient may have measles, contact CADE immediately at 515-242-5935 during business hours or 515-323-4360 outside of business hours.

To view the full Health Advisory, visit emergency.cdc.gov/han/2021/han00452.asp.

Changes to legionellosis investigations, reminder of preferred diagnostic tests

IDPH and local public health partners work with laboratories and health care providers to identify potential sources of infection associated with multiple cases of legionellosis and provide guidance for reducing the risk from implicated sources. Potential sources include health care facilities, overnight stays in hotels, and hot tubs or other sources of water aeration.

To better capture risk factor data, IDPH has made changes to legionellosis disease investigation and reporting. Investigators now ask about respiratory equipment, such as a CPAP machine, as these can be a risk for *Legionella* and other waterborne pathogens if not using sterile water or cleaning them properly. Information gathered about health care and water exposures also now more clearly describe potential risks. Full public health investigation guidance can be found in the IDPH epi manual at wiki.idph.iowa.gov/epimanual/Home/CategoryID/91.

Health care providers should consider legionellosis in patients presenting with cough, fever, and pneumonia, especially those with a history of overnight travel, immune suppression, or health care visits within the two weeks before symptom onset. For more clinical information about *Legionella*, visit www.cdc.gov/legionella/downloads/fs-legionella-clinicians.pdf.

The recommended tests for diagnosing legionellosis are BOTH a culture of a lower respiratory specimen on selective media AND the *Legionella* urine antigen test. The urine antigen test produces a quick result, but it only detects *Legionella pneumophila* serogroup 1. Therefore, a patient with a negative urinary antigen test may still have Legionnaires' disease caused by other *Legionella* species or serogroup. Cultures can detect multiple species and serogroups, and allows for comparison of clinical and environmental isolates to identify possible sources of infection. Specimens sent to SHL for *Legionella* culture can also be tested by PCR, which has a quicker turnaround time than culture. SHL also performs *Legionella* cultures from clinical specimens and environmental sources.

Contact SHL at 319-335-4500 if you are interested in submitting a specimen for culture and/or PCR, or visit the SHL links below for collection and submission instructions.

Culture: www.shl.uiowa.edu/testmenu/menupages/legionella.xml

PCR: www.shl.uiowa.edu/testmenu/menupages/legionellapcr.xml

Fungus among us?

Today marks the end of Fungal Disease Awareness week, when CDC and partners highlight the importance of recognizing serious fungal diseases early enough in the course of a patient's illness to provide life-saving treatment.

Some fungal diseases go undiagnosed, leading to serious illness and death. Increased awareness about fungal diseases is one of the most important ways to improve early recognition and reduce delays in diagnosis and treatment. A key clue to when a sick person may have a fungal disease is when they are being treated with medicine for another type of infection but do not get better. This has proven especially true during the COVID-19 pandemic where large clusters of pan-resistant and echinocandin-resistant *Candida auris* were seen in healthcare facilities in both Texas and the District of Columbia.

CDC has a collection of resources including web features, fact sheets, and posters for healthcare facilities available at www.cdc.gov/fungal/awareness-week.html.

CDC has also created a short patient education video to raise awareness of fungal diseases, available at youtu.be/BSpqTb7aM-c.

Candida auris infection or colonization is a reportable condition in Iowa. Questions regarding the laboratory isolation of *Candida auris* and other fungal pathogens can be directed to the SHL's Microbiology Department at 319-335-4335.

In the news: CDC statement on ACIP booster recommendations


www.cdc.gov/media/releases/2021/p0924-booster-recommendations-.html







Infographic: How to recognize MIS-C

How to Recognize

Multisystem Inflammatory Syndrome in Children (MIS-C)
A Delayed Immune Response Related to COVID-19


Children, adolescents, or young adults who develop certain symptoms after having COVID-19 might have MIS-C. They should see a doctor if they had COVID-19, or have been in close contact with someone who had COVID-19, within the past 6 weeks and now have the following:

Ongoing Fever  **PLUS more than one of the following:**


 Stomach Pain	 Diarrhea	 Vomiting
 Skin Rash	 Blood Shot Eyes	 Dizziness or Lightheadedness

Go to the nearest hospital Emergency Room if your child is showing any severe MIS-C warning signs such as:

Trouble breathing | Pain or pressure in the chest that does not go away
Confusion or unusual behavior | Severe abdominal pain | Inability to wake or stay awake
Pale, gray, or blue-colored skin, lips, or nail beds; depending on skin tone

 Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

For More Information
www.cdc.gov/mis/mis-c.html


SCAN ME

To view in full size, visit www.cdc.gov/mis/mis-c/hcp/provider-resources/index.html.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
800-362-2736

Bureau of HIV, STD, and Hepatitis
515-281-6801