

# Epi Update for Friday, October 4, 2024

## CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

### Iowa Department of Health and Human Services

Items for this week's Epi Update include

- \*Error correction
- Marburg in Republic of Rwanda, U.S monitoring returning health care providers
- Iowa HHS *Respiratory Virus Surveillance Webinar*
- Bat exposures and rabies
- Meeting announcements and training opportunities

#### \*Error correction

In the Friday, September 27, 2024 edition of the Epi Update, the article *Influenza vaccination recommendations, 2024 - 2025 season* incorrectly stated:

- Vaccination recommendations have been updated to include HD-IIV3 and allV3 as acceptable options for solid organ transplant recipients aged **1 - 64 years** who are receiving immunosuppressive medication regimens (without a preference over the age appropriate IIV3s or RIV3).

This bullet point should have stated:

- Vaccination recommendations have been updated to include HD-IIV3 and allV3 as acceptable options for solid organ transplant recipients aged **18 - 64 years** who are receiving immunosuppressive medication regimens (without a preference over the age appropriate IIV3s or RIV3).

#### Marburg in Republic of Rwanda, U.S monitoring returning health care providers

CDC has issued a HAN Advisory regarding Republic of Rwanda's first confirmed outbreak of Marburg virus disease (MVD) with 36 laboratory confirmed cases and 11 deaths reported as of October 2, including at least 19 cases in health care workers. No confirmed cases of MVD related to this outbreak have been reported outside of the Republic of Rwanda to date. Currently, the risk of MVD in the United States is low; however, clinicians should be aware of the potential for imported cases.

Symptoms may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. MVD is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick, or who recently died from their infection. These include blood, urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen. People can also contract MVD if they have contact with infected animals, or with needles, or with other objects or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission.

There is currently no FDA-approved vaccine or treatment for MVD. In the absence of early diagnosis and appropriate supportive care, MVD has a high mortality rate of 23% - 90%, depending on the virus strain and the level of case management. With early intensive supportive care and fluid replacement, mortality rates might be lower.

Health care providers should include MVD in the differential diagnosis for an ill person who has been to an area with an active MVD outbreak in the past 21 days and has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding). Health care providers who suspect a patient may have MVD should place the patient in a private room with a private bathroom and contact CADE immediately at 515-242-5935 during business hours or 515-323-4360 after hours.

Health care personnel returning to Iowa who were present in a health care facility in Rwanda will be monitored for symptoms by public health for 21 days since their last exposure. Sponsoring organizations who have health care personnel returning to Iowa from Rwanda should notify CADE at 515-242-5935 during business hours or 515-323-4360 after hours before the person travels to the United States.

To view the full CDC HAN, including detailed information on MVD symptoms, infection control, and public health monitoring, visit [emergency.cdc.gov/han/2024/han00517.asp](https://emergency.cdc.gov/han/2024/han00517.asp).

### **Iowa HHS Respiratory Virus Surveillance Webinar**

Iowa HHS will be hosting the annual *Respiratory Virus Surveillance Webinar* for the 2024 - 2025 influenza season on October 11 from 10 - 11:30 AM. The webinar is targeted for local public health, health care providers, infection prevention staff, laboratorians, school nurses, long-term care facilities and others involved in respiratory virus surveillance.

Iowa HHS and SHL staff will review the 2023 - 2024 respiratory virus season, describe the Iowa respiratory virus surveillance system for 2024 - 2025, explain updated immunization recommendations, outline the Iowa strategy for respiratory virus surveillance testing, and discuss guidance for long-term care outbreak response and antiviral use.

To register, visit [www.zoomgov.com/webinar/register/WN\\_u-Rz2AZrSemNdl28hYk8Xg](https://www.zoomgov.com/webinar/register/WN_u-Rz2AZrSemNdl28hYk8Xg).

Those who register will receive the slides and a link to the recording when they are finalized.

### **Bat exposures and rabies**

The Minnesota Department of Health recently reported a human rabies death in a person who had exposure to a bat. The case was Minnesota's fourth case of human rabies since 2000. The last human rabies death in Iowa was in 2001.

In the U.S., bats are the most commonly reported animal to have rabies. An encounter with a bat can be considered a potential rabies exposure that requires post-exposure prophylaxis (PEP) even without a bite. A person is considered potentially exposed to a bat if they have direct contact with the bat or if they were in the same room as the bat and cannot be sure they weren't bitten (e.g., young children or people who are sleeping).

There are two laboratories in Iowa that are able to perform rabies testing on bats and other animals: the Iowa State University Veterinary Diagnostic Laboratory and Iowa's State Hygienic Laboratory (SHL). If a bat tests negative, those potentially exposed to the bat would not need to complete rabies post-exposure prophylaxis (PEP).

For full bat exposure guidelines and testing information, visit [hhs.iowa.gov/center-acute-disease-epidemiology/rabies-information-public-providers-and-veterinarians](https://hhs.iowa.gov/center-acute-disease-epidemiology/rabies-information-public-providers-and-veterinarians).

## Meeting announcements and training opportunities

The Iowa HHS HAI Program is offering the following free training opportunities:

- October 29 - October 31: *APIC Long-Term Care Infection Preventionist Essentials*
  - This training provides the foundation required for the role of infection preventionist (IP) and the practice(s) of being an effective IP in a long-term care setting. It includes creating and managing successful IPC programs and mitigating risk at your facility. This course also covers CMS required topics.
  - Registration: [portal.apic.org/s/community-event?id=a1mUd000000Ch7d](https://portal.apic.org/s/community-event?id=a1mUd000000Ch7d)
- November 5 - November 8: *APIC EPI® Intensive*
  - This course covers essential training and competency-building in infection prevention and control (IPC) for health care professionals in acute care. You will learn evidence-based best practices to develop an effective IPC program to protect patients, reduce risk, and comply with accrediting and regulatory requirements. The course uses a risk assessment framework for understanding IPC.
  - Registration: [portal.apic.org/s/community-event?id=a1mUd000000Chlx](https://portal.apic.org/s/community-event?id=a1mUd000000Chlx)
- Fall 2024 and Spring 2025: Infectious Disease Tabletop Exercises
  - Join us for a new series of four-hour interactive, discussion-based exercises designed to help facilities identify and respond to multidrug-resistant organism (MDRO) threats. This session will fulfill CMS emergency preparedness exercise requirements, with a specific focus on carbapenemase-producing organisms (CPO).
  - Dates/Locations and registration: [iphpp.org/services/training/hai-training/](https://iphpp.org/services/training/hai-training/)

**Have a healthy and happy week!**  
Center for Acute Disease Epidemiology  
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