Epi Update for Friday, January 7, 2022

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:
- Omicron variant update
- CDC clarifies recent isolation, quarantine guidelines, testing options
- Iowa influenza activity continues to increase
- Pertussis testing: PCR is best
- Clarifying COVID-19 CDC FDA PCR test approval, available options

Omicron variant update
A total of 105 Omicron variants have been identified in Iowa. Overall, 11.4% of specimens with a December collection date sequenced at SHL were Omicron variants.

For additional information about Omicron visit:

CDC clarifies recent isolation, quarantine guidelines, testing options
CDC made modifications this week to their recently updated isolation and quarantine guidelines for the public. They added verbiage regarding testing and the impact results have on the duration an individual should stay home. They also clarified what settings these guidelines apply to, specifically highlighting that these guidelines apply to K-12 settings.

To view the full updated guidelines, visit

Iowa influenza activity continues to increase
In general, influenza activity has continued to increase in Iowa since mid-November 2021. According to Iowa’s weekly respiratory virus survey, the percentage of molecular influenza tests that are positive has been above 5% for the last three weeks, from below 1% in mid-November 2021. Over 99% of positive molecular tests reported have been due to influenza A. All of the specimens subtyped so far during the 2021-22 influenza season at SHL have been AH3N2 viruses. Influenza AH3N2 has been associated with more severe seasons, particularly among older adults and young children.
Hospitalizations, deaths, and outbreaks related to influenza have also increased. Influenza-associated hospitalizations reported by sentinel providers more than doubled from 8 to 17 despite the total number of hospitalizations for any reason dropping significantly. IDPH has investigated three long-term care influenza outbreaks in the last two weeks. All of the outbreaks were attributed to influenza A and subtyped specimens were AH3N2. Four influenza-associated deaths among Iowa residents have been reported for the 2012-22 season, with 3 of 4 reported in the last four weeks.

To view the IDPH influenza report, visit https://idph.iowa.gov/influenza/reports.

**Pertussis testing: PCR is best**

The recommended test for pertussis is PCR, available at SHL and other laboratories. Most individuals have been vaccinated for pertussis, therefore, serologic testing for pertussis is not recommended. The diagnostic values of IgG to pertussis toxin have not been established, and current IgA and IgM pertussis assays lack adequate sensitivity and specificity. Before performing or referring this test, laboratories should consult with the ordering physician when serology for pertussis is ordered and advise that for diagnosis of pertussis a nasopharyngeal swab for PCR testing is the correct sample.

For more information about pertussis, visit www.cdc.gov/pertussis/clinical/index.html.

**Clarifying COVID-19 CDC FDA PCR test approval, available options**

In July 2021, CDC announced that they are no longer providing the COVID-19 PCR test reagents and removing the EUA through the FDA. This is because there are many PCR test manufacturers who provide the test reagents. When CDC first made the COVID-19 PCR test reagents available, there were no other tests on the market.

The PCR test is considered to be the most accurate of the COVID-19 tests. The discontinuation of the CDC COVID-19 PCR test does not impact testing at SHL. SHL has been using the ThermoFisher TaqPath PCR assay.


Have a healthy and happy week!

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