

Infection Control and Public Health Weekly Meeting

Thursday, September 25 | 12:30 – 1:00 pm

Human West Nile Case in Hamilton County

- Sycamore Township, presented with headache, diplopia and gait instability with subsequent fevers, serum IgM positive, subsequent PCR testing of CSF through CDC
- Learned about the case August 29
- Three positive mosquito pools (Wyoming, Anderson, Green township)

West Nile NAT Testing of Blood Donors (Dr. Oh)

- Blood center screening began in July, 2003
- Minipool Nucleic Acid Testing (NAT) is standard with 6-16 donor samples pooled together. A positive pool triggers individual testing of donors in the pool.
- Individual NAT during active WNV season. Triggered after 1 to 2 donors are positive within a 7 to 14 day period. Individual testing increases sensitivity vs minipool testing (false positive results)
- Also NAT for viral transmissions (hepatitis A/B/C), previously Zika

Hoxworth Blood Center West Nile Testing

- Six positive so far this year, none with symptoms
- Donors with positive West Nile NAT are not able to donate for 120 days

Date Collected	S:C ratio
8/19/25	33.45
8/30/25	39.33
9/12/25	3.23
9/13/25	38.59
9/20/25	22.99
9/24/25	38.84

Mpox Cases (Kim Wright)

- Two new Mpox case reports in Cincinnati residents in the last week.
- CHD requested typing, but we do not have a reason to suspect the new cases are Clade I at this point, there was no travel to Central or Eastern Africa reported.
- CHD is offering free JYNNEOS vaccine to people who have been in contact with someone who has Mpox, as well as to people who are at greater risk of being in contact with someone who has Mpox. Given over 1200 doses since 2022.
- Call Communicable Disease Unit at 513-357-7462 for appointment.
- TPoxx is available at CHD for immunocompromised patients.
- HCPH also have JYNNEOS vaccine. Hamilton County also has JYNNEOS vaccine 513-946-7610.

Clade I Mpox

- There have been six reported cases of clade I mpox in the United States in people who had recently traveled to affected areas associated with the outbreak in Central and Eastern Africa. The cases are separate events and are not linked; no additional spread of mpox has been reported.
- CDC regularly assesses the risk to the overall population and specific populations within the United States posed by the clade I mpox outbreak; it remains low.
- Clade II mpox is still circulating at low levels.
- CDC is tracking a recent uptick of U.S. cases of clade II across several different states linked to an outbreak of clade II mpox in Sierra Leone, Liberia, and other West African countries. CDC is collaborating with U.S. laboratories and Sierra Leone contacts to better understand the situation.

- Children have historically gotten mpox in endemic areas in Western and Central Africa, and in this outbreak the high number of children with mpox reported in likely reflects spread within households.
- Based on what we know right now, we don't expect to see the same sort of risk in children if mpox were introduced in the United States for reasons including different household makeup and size, access to disinfecting products, and improved access to medical care.

Advisory Committee on Immunization Practices (ACIP) Meeting (Sept 18-19)

- Voted to NOT recommend the quadrivalent MMRV vaccine to children younger than 4 years old, citing a slightly higher risk of fever-related seizures in children ages 12 to 23 months who receive the MMRV. The committee also voted to remove Vaccines for Children coverage for MMRV vaccination.
- At present, 85% of U.S. children receive separate vaccines. ACIP had previously reviewed this evidence and adjusted its recommendations to allow for parental preference.
- For MMR and varicella vaccination, the CDC recommends infants receive their first dose between 12 to 15 months of age, and a second dose between ages 4 and 6.
- Tabled a vote on delaying the first dose of the hepatitis B vaccine among infants whose mothers test negative for the disease amid confusion and debate about the wording of the recommendation.
- Voted in favor of all pregnant women being tested for hepatitis B infection.

ODH: Human Rabies Investigations

- Delayed diagnosis or missed diagnosis (average of 45 post-exposure contacts requiring prophylaxis)
- Two investigations in 2024-2025
- Rabies knowledge survey (661 physicians) physicians required by Ohio law to report animal bite for possible rabies exposure, rabies PEP (rPEP) needed in a person who has been vaccinated
- Correct anatomic site for rPEP

Tick-Borne Diseases

- Lyme disease (60-80% with erythema migrans rash about a week after tick bite)
- Enzyme Immunoassay (EIA) followed by Western Blot if positive
- Rocky Mountain Spotted Fever – American Dog tick
- Ehrlichiosis – Lone Star tick
- Anaplasmosis – Blacklegged tick, Ixodes scapularis
- Babesiosis (parasite Babesia microti) can be transmitted through blood transfusion or pregnancy. Tick and thin blood smears stained with Giemsa OR IFA testing. Treated with atovaquone and azithromycin or clindamycin and quinidine.
- Treatment with doxycycline before definitive diagnosis in Lyme disease.
- Doxycycline prophylaxis with 72 hours of tick bite

Ohio Department of Health Respiratory Dashboard

- There were 313 COVID-19 hospitalizations in Ohio for the week ending September 13.
- There were 14 influenza hospitalizations and 3 RSV hospitalizations.
- Over the past year there were 2,302 COVID-19 hospitalizations in Southwest Ohio and 3,742 influenza hospitalizations with 843 RSV hospitalizations.

Next Meeting ... Thursday, October 2 (12:30 – 1:00 pm)

Respiratory Virus Percent of ED Visits

