

## HEALTH ALERT NETWORK HEALTH DISTRICT 4

### ADVISORY FOR AREA PHYSICIANS, CLINICIANS, LABORATORIANS AND INFECTION CONTROL PRACTITIONERS

Please circulate to all appropriate professional staff.

#### Seasonal Infectious Diseases Health Advisory

April 2, 2010

#### Seasonal risks of Zoonotic, Vector and Waterborne Illnesses

As spring turns to summer, outdoor activities increase and so does the risk of exposure to zoonotic illnesses like rabies and hanta virus pulmonary syndrome, vectorborne illnesses like West Nile virus infection and diarrheal illnesses caused by waterborne pathogens like giardia and cryptosporidium.

#### Rabies—New Post Exposure Prophylaxis (PEP) Guidelines Issued<sup>1</sup>

Bats are the primary carriers of rabies in Idaho. The first confirmed rabies case of 2010 was a bat found in northern Idaho in March. Anyone who is bitten by a bat or discovers a bat in their home and is unsure if a bat exposure occurred should be evaluated by a physician and receive PEP for rabies. If the bat's brain is intact and available for rabies testing, PEP may be postponed until the bat is tested for rabies at the Idaho Bureau of Laboratories (IBL). Anyone needing to submit a specimen for rabies testing must contact IBL before delivering the specimen (208) 334-2235. Other bites by mammals (e.g. dog, fox, etc.) should be evaluated on a case by case basis. Rabies is invariably fatal if not treated prior to symptom onset.

Previously, the recommended protocol for rabies PEP included the administration of human rabies immune globulin (HRIG) and 5 doses of rabies vaccine. In March 2010 the Advisory Committee on Immunization Practices (ACIP) issued new recommendations reducing the number of PEP doses of rabies vaccine to 4 doses.<sup>1</sup> The new recommendations include a dose of HRIG, the first dose of rabies vaccine on Day 0 and additional doses of vaccine administered on days 3, 7 and 14. **Central District Health Department does not provide rabies PEP. Patients in need of rabies PEP should be referred to a hospital emergency room for initial treatment.** Patients receiving rabies PEP should be reported to CDHD at 327-8625. Comprehensive guidelines for human rabies prevention and PEP are available at "Human Rabies Prevention—United States, 2008" Recommendations of the Advisory Committee on Immunization Practices, MMWR, May 7, 2008 [www.cdc.gov.mmwr](http://www.cdc.gov.mmwr).

<sup>1</sup>"Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies" MMWR Recommendations and Reports, March 19, 2010/ Vol. 59/No. RR-2

### **Hantavirus Pulmonary Syndrome (HPS)**

The virus that causes HPS is endemic in parts of Idaho and in particular, southern Idaho. The virus may be inhaled during exposure to infected rodent (i.e., deer mouse) feces, urine or contaminated nesting materials. Although only 1 to 2 cases are reported each year in Idaho, HPS infection can cause serious illness and death if symptoms are not identified early and supportive treatment initiated immediately. Early symptoms include fatigue, fever and muscle aches (especially in the large muscle groups). HPS infection can progress to serious pulmonary disease in a very short time. Physicians should ask about a patient's exposure history (within the past few days to 6 weeks), sleeping on the ground near rodent nests, or cleaning cabins or buildings contaminated with rodent droppings or urine. For complete information on the prevention and treatment of HPS infection visit

[www.cdc.gov/ncidod/diseases/hanta/hps/noframes/phys/technicalinfoindex.htm](http://www.cdc.gov/ncidod/diseases/hanta/hps/noframes/phys/technicalinfoindex.htm)

Suspected and confirmed cases of HPS infection should be reported to CDHD at 327-8625.

### **West Nile Virus**

A mosquito-borne illness, 80% of West Nile virus (WNV) infections are mild or even go unrecognized. Twenty percent of cases develop fever, headache, body aches, fatigue and/or eye-pain. Less than 1% develops WNV neuroinvasive disease and may experience severe headache, neck pain, disorientation, confusion and/or muscle weakness, and may require hospitalization. Deaths due to meningitis, encephalitis or both do occur in persons primarily over age 50. Physicians should ask patients about their travel history and exposure to mosquitoes 2-15 days prior to the onset of their symptoms. WNV cases should be reported to CDHD at 327-8625.

### **Cryptosporidiosis and Giardiasis**

Cryptosporidium caused a major outbreak of diarrheal illness in District 4 in 2007. The vast majority of cases were associated with recreational exposure at water features like zero-depth water parks and swimming pools. Secondary household transmission was common. The incidence of giardiasis also increases each summer as people are exposed during recreational water activities like swimming, water skiing and rafting. Providers should consider including a test for cryptosporidium when ordering ova and parasite stool tests. Treatment is available for infected children and adults and should be considered for symptomatic household contacts. All cases of cryptosporidiosis and giardiasis should be reported to CDHD at 327-8625.

### **Telephone Directory**

#### **Communicable Disease Reporting Central District Health Department**

M-F—8:00 am to 5:00 pm

Office of Communicable Disease Control & Public Health Preparedness

**Telephone Reports (208) 327-8625 or Fax (208) 327-7100 or (208) 327-8554**

#### **Immediate Reports/Emergency Notification— After Normal Hours & Weekends**

Idaho State Communications—1 (800) 632-8000

**Idaho Bureau of Laboratories—(208) 334-2235**

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