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*"To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes."*

## Health District 4 - Health Alert Network Special "Summer Topics" Issue July 6, 2009

### **Summary: Novel Influenza A H1N1 Outbreak in Ada County**

Thirty-two confirmed cases of novel influenza A H1N1 were identified in Ada County between May 1 and June 30, 2009. One additional case was reported from Valley County. Ada County cases ranged from 3 months to 44 years of age. Fourteen cases were male and 18 cases were female. Two of the cases were hospitalized. The epidemiological evidence suggests that there is sustained person-to-person community spread within the county.

### **Continuing Influenza Surveillance throughout the Summer of '09**

The Idaho Office of Epidemiology and Food Protection is asking that primary care physicians, pediatricians, emergency rooms and immediate care clinics maintain suspicion of influenza in patients presenting with a history of high fever (>100.4 F), body aches, runny nose, cough or sore throat. **A rapid test that is positive for influenza A should be forwarded to the Idaho Bureau of Laboratories (IBL) for confirmatory testing.** IBL can perform the confirmatory test for novel H1N1 without having to send the specimens on to the CDC.

Any positive influenza A rapid test results should be reported to the Office of Communicable Disease Control at Central District Health Department (CDHD) in Boise at 327-8625. Please include the patient's name, sex, and date of birth, specimen collection date and home contact information.

### **Summer and the risk of Zoonotic, Vector and Waterborne Illnesses**

Summer outdoor activities increase the risk of exposure to zoonotic illnesses like rabies and hanta virus pulmonary syndrome, vector borne illnesses like West Nile virus infection and diarrheal illnesses caused by waterborne pathogens like giardia and cryptosporidium.

#### **Rabies**

Bats are the primary carriers of rabies in Idaho. Anyone who is bitten by a bat; discovers a bat in their home and is unaware if a bat exposure occurred should be evaluated by a physician and receive post-exposure prophylaxis (PEP) for rabies. Although rare, any infected mammal is capable of transmitting rabies. If the animal's brain is available for rabies testing, PEP may be postponed until it is tested for rabies at IBL. Alternatively, quarantine for 10 days is permitted for dogs, cats, and ferrets. Rabies is invariably fatal if not treated prior to symptom onset. Rabies prophylaxis includes the administration of human rabies immune globulin (HRIG) and 5 doses of rabies vaccine. **Patients in need of rabies PEP should be referred to a hospital emergency room for initial PEP.** Patients receiving rabies PEP should be reported to CDHD at 327-8625. *Complete information on rabies PEP is 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).*

## Hantavirus Pulmonary Syndrome

Hantavirus pulmonary syndrome (HPS) is endemic in Idaho. The virus may be inhaled during exposure to infected rodent (deer mouse) feces, urine or contaminated nesting materials. Although only one to two 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, 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% develop 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 travel history and exposure to mosquitoes prior to the onset of their symptoms. Cases and suspect cases should be reported to CDHD at 327-8625.

## Laboratory Testing for WNV Infection

Samples from patients suspected of having West Nile fever (***non-neuroinvasive disease***) should be submitted to a commercial laboratory that offers WNV testing. The Idaho Bureau of Laboratories ***will only test samples for cases manifesting severe neurological symptoms (e.g. encephalitis, meningitis, paralysis, etc.)*** CDHD does not provide WNV testing.

Complete information on specimen collection and submission of samples for the Idaho Bureau of Laboratories is available online at [www.cdhd.idaho.gov](http://www.cdhd.idaho.gov).

## Cryptosporidiosis

Cryptosporidium caused a major outbreak of diarrheal illness in Health District 4 (Ada, Boise, Elmore, and Valley County) 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. 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 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 Fax (208) 327-7100

#### Immediate Reports/Emergency Notification-

#### After Normal Hours & Weekends

Idaho State Communications-1 (800) 632-8000

Idaho Bureau of Laboratories-(208) 334-2235