



HEALTH ADVISORY #75

DIAGNOSING TICKBORNE RICKETTSIAL DISEASES AND ORDERING APPROPRIATE TESTING

TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

FROM: Marian L. Swinker, MD, MPH, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

West Virginia is reporting a confirmed case of Rocky Mountain spotted fever (RMSF) with onset in May, 2013.

RMSF classically presents with fever, headache and rash. Myalgias, malaise, thrombocytopenia, hepatitis and hyponatremia are common. However, atypical presentations can occur, and rash may develop late in the course of illness or not at all. A history of tick bite is helpful but may be present in only 50% of patients. Serology may be negative during the first 7 days of illness; however, RMSF can progress to organ dysfunction, mental status changes and even death in a matter of days. Treatment must be initiated on the basis of clinical suspicion.

Other tickborne rickettsial diseases (TBRDs) reported in West Virginia each year include anaplasmosis and ehrlichiosis. Because of their non-specific clinical presentations, TBRDs may be confused with other illnesses, making them difficult to diagnose. Laboratory confirmation of TBRDs is, therefore, critical for diagnosing TBRDs. The gold standard for diagnosis is paired serum samples for indirect immunofluorescent assay (IFA). The first specimen should be taken within a week of symptom onset and the second specimen should be drawn 2 to 4 weeks later. For in-depth information on TBRDs, see:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5504a1.htm>

Please work with your local health department to provide timely reporting of TBRD cases (required by 64CSR7) and patient information necessary for case confirmation. These efforts are important for public health surveillance, public education and other prevention activities. For further information, please call your local health department or the Division of Infectious Disease Epidemiology at (800)-423-1271, extension 1, or visit www.dide.wv.gov.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

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