

Hawaii Epi Bulletin

HAWAII STATE DEPARTMENT OF HEALTH
DISEASE OUTBREAK CONTROL DIVISION

JULY 2016

Hepatitis A Outbreak on Oahu



Image credit CDC

The Hawaii Department of Health is investigating an outbreak of hepatitis A virus (HAV) infections on Oahu. As of July 26, 2016, 93 confirmed cases have been identified with onsets ranging from June 12 through July 19, 2016. All of the cases have been adults and report being on Oahu during their exposure period; 29 cases have required hospitalization. The investigation is currently ongoing, and the source of the infections has not yet been identified.

The onset of symptoms in cases of HAV infection is generally abrupt and commonly includes fever, malaise, anorexia, nausea, dark urine, abdominal discomfort, and jaundice. In some cases, diarrhea may also occur. The symptoms usually last for several weeks and resolve within 2 months. The incubation period for HAV is 15–50 days, and persons infected with HAV are contagious from 1–2 weeks before their onset of symptoms until a week after their onset. It is usually transmitted person-to-person via a fecal-oral route, or through a contaminated vehicle, such as food. The treatment for HAV infections is supportive, and in most cases, patients recover without complications.

A vaccine for HAV is available and is recommended for all children over 1 year old, people that are at increased risk of infection, people that are at risk for complications from infection, and anyone else who wishes to obtain immunity. In addition to vaccination, frequent handwashing with warm water and soap after using the bathroom, changing a diaper, and before preparing food can also help prevent the spread of HAV infection. If an unvaccinated person is exposed to HAV, they should receive a single dose of single-antigen HAV vaccine or immune globulin (IG; 0.02 mL/kg) as soon as possible, within 2 weeks after exposure, as the efficacy of IG of vaccine administered later than 2 weeks after exposure has not been established. The vaccine is readily available at local pharmacies in Hawaii [[click here for a list of participating pharmacies](#)]. However, patients should call ahead to make sure that the pharmacy has vaccine on hand and that there are not any restrictions or requirements for receiving the vaccine.

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Unvaccinated contacts of HAV-infected individuals should consult with their healthcare provider about the possibility of receiving hepatitis A vaccine or immune globulin. A contact is considered: a household member, sexual contact, anyone sharing illicit drugs with a case, anyone sharing food or eating or drinking utensils with a case, or anyone consuming ready-to-eat foods prepared by an infectious food handler with diarrhea or poor hygiene.

Individuals who are exhibiting symptoms of HAV infection, especially food service employees, should remain home and contact their healthcare providers. Cases of HAV infection are **URGENTLY NOTIFIABLE**, and clinicians should report potential cases to HDOH as soon as illness is suspected, without waiting for laboratory confirmation. Clinicians are asked to have the case's AST (SGOT) and ALT (SGPT) values available when calling to report.

For updates on the hepatitis A outbreak and more information, go [here](#).

First Female-to-Male Sexual Transmission of Zika



The first case of female-to-male sexual transmission of Zika virus infection has been reported from New York City (NYC). A woman in her 20s began to develop headache and abdominal cramping the day of her return to NYC from an area with ongoing Zika transmission. The following day she developed fever, fatigue, maculopapular rash, and myalgias/artralgias. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) and serologic testing confirmed Zika virus infection. The woman reported having unprotected sexual intercourse with her male partner on the day she returned to NYC. Seven days after sexual intercourse, the male

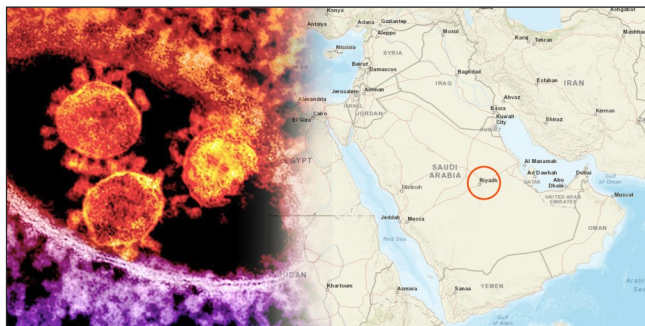
partner developed fever, maculopapular rash, joint pain, and conjunctivitis; rRT-PCR testing confirmed Zika virus infection. The male partner had no travel history outside of the U.S. and no other recent sexual partners.

This case represents the first documented female-to-male sexual transmission of Zika virus infection. All previous reports of sexual transmission had been male-to-female or male-to-male.

Healthcare providers are reminded Zika is **URGENTLY NOTIFIABLE**. If a clinician suspects Zika virus infection in a patient, they should contact HDOH by phone as soon as a working diagnosis is made, followed by a [communicable disease report \(CDR\)](#) submitted by mail or fax within 3 days.

For more information on Zika, including testing recommendations for [men](#) and [women](#), go [here](#).

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Update

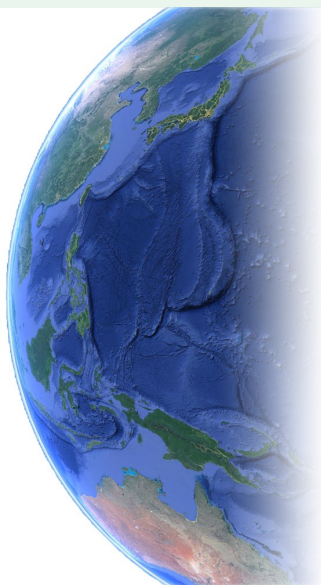


After several months with low numbers of new MERS-CoV cases, the Kingdom of Saudi Arabia reported an outbreak of MERS-CoV at the King Khalid University Hospital in Riyadh. The primary case was a woman who had been admitted to the hospital for unrelated symptoms, and was not identified as a case until after being admitted to the vascular surgery ward. Twenty-seven additional cases were identified after investigation of her hospital and household contacts. Only 6 of the additional cases were symptomatic. Twelve other cases were identified in other cities over the same time period, but they are not believed to be related to the outbreak.

From 2012 through June 28, 2016, the Kingdom of Saudi Arabia has reported a total of 1,425 cases of MERS-CoV, including 597 deaths. This recent increase in cases does not change the overall risk assessment that additional cases are expected to be reported from the Middle East and that cases will continue to be imported into other countries. The risk of MERS-CoV infection to the general public in the United States is low. However, given the speed and frequency of global travel, there is still the possibility of imported cases occurring, even in Hawaii. Clinicians should consider MERS-CoV in patients with a travel history to areas with ongoing MERS-CoV transmission and compatible symptoms (fever, chills/rigors, headache, non-productive cough, dyspnea, and myalgia). MERS-CoV is an **URGENTLY REPORTABLE CONDITION**; if a clinician suspects MERS-CoV in a patient, they should immediately report it to the Hawaii Department of Health.

For more information on MERS-CoV, go [here](#).

Updates from the Pacific



- **Zika in American Samoa:** As of July 7, 2016, there has been 730 suspected and 43 laboratory confirmed cases of Zika in American Samoa since January 1, 2016. Of the confirmed cases, 16 were pregnant women. There have been 7 live births from Zika positive mothers, with none of the infants showing signs of microcephaly. Of the suspect cases, 54% are female, and the age group most affected was those 10 years old or younger.
- **Zika in Kosrae:** As of July 11, 2016, the Kosrae State of the Federated States of Micronesia has identified 98 cases of Zika virus infection. Twelve of the cases were confirmed by PCR, 11 are probable cases, and 75 are suspected cases.
- **Zika in Tonga:** The Zika virus outbreak has been declared over in Tonga as of June 24, 2016.

HDOH Hawaii Health Care Provider Disease Reporting Categories

Confidential

Infections/diseases which may carry a social stigma are to be reported with extra precautions to assure patient confidentiality. Reports are to be submitted within three working days of diagnosis.

Urgent

Diseases or conditions that are suspicious or presenting with novel symptoms that may or may not be part of a known disease or disease complex, labeled “urgent” shall be **reported by telephone as soon as a provisional diagnosis is established.**

The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division, Disease Investigation Branch on Oahu or to the District Health Office on the neighbor islands.

Routine

Diseases labeled “routine” shall be reported by mail, by telephone, or fax to the Disease Outbreak Control division, Disease Investigation Branch on Oahu or to the District Health Office on the neighbor islands.

Routine/Enteric (enteric prevention priority)

Diseases labeled “routine—enteric prevention priority” shall be reported by telephone as soon as a working diagnosis is established if the individual case is a food handler, direct care provider, or pre-school-aged child. Otherwise, routine reports may be submitted.

Outbreak Reports

Any disease shall be reported by telephone when observed to occur clearly in excess of normal expectancy as determined by the healthcare provider or the Director of Health. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division, on Oahu or to the District Health Office on the neighbor islands.

HDOH Telephone Numbers

Oahu (Disease Investigation Branch)
(808) 586-4586

Maui District Health Office
(808) 984-8213

Kauai District Health Office
(808) 241-3563

Big Island DHO (Hilo)
(808) 933-0912

Big Island DHO (Kona)
(808) 322-4877

After hours (Oahu)
(808) 566-5049

After hours (Neighbor islands)
(808) 360-2575