

Hawaii Epi Bulletin

HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Summer 2017

Don't Let the Bed Bugs Bite!

Just mentioning bed bugs, head lice, or scabies is enough to make most people start itching. Infestations of these parasites are not uncommon, and they can cause painful or uncomfortable symptoms in individuals and households affected by them. Luckily, however, they are treatable and preventable.



Bed bugs, or *Cimex lectularius*, are small (1mm–7mm), flat parasitic insects that primarily feed on the blood of sleeping humans and animals. They are not known to spread disease, however, their bites can cause itching and rashes and the resulting scratching can increase the risk of secondary skin infections. As their name suggests, bed bugs often are found in the seams of mattresses, box springs, bed frames and headboards. They can be found in many other places as well, such as in dressers, behind wallpaper, or in other clutter found around a bed.

Bed bug bites can be treated with antiseptic or hydrocortisone creams or lotions, and antihistamines can be taken to reduce reactions. To eliminate an infestation of bed bugs, pesticides can be used (ensure the pesticide used is one that specifically targets bed bugs) and laundry and bedding should be washed in hot water and dried with high heat to kill the parasites.



Head lice, *Pediculus humanus capitis*, are small, tan to gray/white parasites that live on the head, eyebrows, and eyelashes of people. The lice move around the scalp by crawling (they are not able to jump or fly) and feed on human blood several times per day. Female ticks lay eggs, also known as nits, at the base of hair shafts, near the scalp. After hatching, the immature louse develops into an adult after 9–12 days. The presence of lice can cause itching (the result of an allergic reaction to the bite), a tickling feeling or sensation of something moving in the hair, and irritability and difficulty sleeping due to head lice being most active at night. Although head lice are not known to spread disease, scratching can lead to secondary skin infections.

Head lice spread most commonly through head-to-head contact with someone that is already infested. Lice can also be spread by sharing clothing or belongs with someone that is infested, although transmission this way is much rarer. It is recommended that individuals that have been diagnosed with an active head lice infestation receive treatment, and household members and other close contacts be checked for infestations. Over-the-counter and prescription medications are available for treatment.



Scabies is a parasitic infection caused by the mite, *Sarcoptes scabiei*, which burrows under skin where it lives and lays its eggs. A scabies infestation causes intense itching and a pimple-like rash, most noticeable between fingers, around the wrists, elbows or knees, armpits, nipples, belt line, abdomen, genitals, and lower buttocks. In individuals that have never had scabies before, the symptoms can take 4–6 weeks from the time of infestation to begin. In individuals that have had scabies before, the symptoms start as early as 1–4 days after exposure.

Scabies can be transmitted through direct contact with infested skin, or during sexual contact. To spread, the contact must be prolonged; a quick handshake or hug is usually not enough to spread scabies. Sharing clothes, towels, or bedding with an infested individual can result in infection.

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Mild cases of scabies can be treated with a single application of a medicated skin cream or lotion prescribed by a healthcare provider, followed by a hot bath with soap. Itching may continue for days or weeks after appropriate treatment and does not indicate that the medication was not effective. Treatment for more severe cases of scabies may involve both oral and topical medication. In the case that someone is diagnosed with scabies, it is recommended that all members of their household and sexual partners should be treated at the same time to ensure it has not spread further. Potentially infested clothing, towels, and bedding can be washed in hot water and dried with high heat to kill mites and eggs.

Bed bugs, head lice, and scabies infestations can be unpleasant experiences for patients. Making sure they receive the right information, however, can ensure they are able to treat current infestations and prevent others in the future.

Infestations of these pests are not reportable conditions, and do not need to be reported to the Department of Health. For more information, go here: (Bed Bugs) (Head Lice) (Scabies)

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Vibrio on the Half Shell



Vibriosis is a rare but potentially serious infection caused by a group of bacteria known as *Vibrio*. These bacteria are found naturally in ocean water, particularly near the coast, and in brackish water such as estuaries. In Hawaii, an average of 31 cases of vibriosis were reported annually, ranging from 24 to 42 cases per year from 2007 to 2016. *Vibrio* bacteria thrive in warm water and are more numerous during summer months. Though *Vibrio* infections have been reported year round in Hawaii, more cases are reported from May to October.

Vibrio can cause gastrointestinal, wound, and bloodstream infections. Gastrointestinal symptoms include vomiting, diarrhea, abdominal cramps, and/ or fever. Wound infections result in severe pain, swelling, and redness in the affected area, and amputations are sometimes necessary. Gastrointestinal and wound infections can progress to bloodstream infections and sepsis. People with compromised immune systems, with a recent stomach surgery, or who regularly take antacid medications are at higher risk of infection and potentially developing complications or dying due to vibriosis.

People become infected with Vibrio bacteria by eating raw or undercooked

The Coordinator's Corner Foodborne Diseases

seafood or fish that contains the bacteria. Shellfish such as oysters, mussels, and clams are frequently implicated as the source of illness in gastrointestinal Vibrio infections; however, fish can also harbor the bacteria and cause infection if not properly cooked. Wound infections can occur if you expose an existing cut or abrasion to ocean water or receive a wound that breaks the skin while swimming or wading in the ocean. People have also become infected when cuts or abrasions are exposed to fish or seafood drippings while fishing or cleaning seafood.

To prevent gastrointestinal Vibrio infections, it is important to cook fish and seafood to the proper temperatures. Because Vibrio are found naturally in the environment, even seafood purchased from reputable sources can contain the bacteria. The Food and Drug Administration publishes safe cooking temperature guidelines, and recommends that fish and seafood is cooked to an internal temperature of 145°F in order to kill the bacteria. The flesh of the seafood or fish should be firm and opaque, and the shells of clams, mussels, and oysters should open during cooking-throw out the ones that don't open. Bacteria can grow when food is held at warm temperatures, so be sure to properly refrigerate or freeze food before and after cooking. If you have a wound or cut, avoid swimming in the ocean or other activities that would expose the wound to ocean or brackish water. If you receive a wound while swimming, be sure to immediately wash the wound with soap and water. People at higher risk of infection should take precautions to prevent cuts and abrasions while doing activities in or near the ocean, such as wearing water shoes while swimming or wading, and using protective gloves when cleaning fish or seafood.

For more information, go here: (Vibriosis)

Don't forget about Mumps!



The Hawaii Department of Health continues to investigate an increasing number of cases of mumps infection statewide. As of August 24, 2017, a total of 284 confirmed cases of mumps have been identified.

Mumps infection usually presents with pain, tenderness, and swelling in one or both of the patient's parotid salivary glands, with the swelling peaking after 1 to 3 days then subsiding within the following week. Fever, headache, myalgia, anorexia, and malaise may precede the parotitis. Clinicians should consider mumps in patients that present with compatible symptoms, especially if they have a history of travel to an area where there is active mumps transmission occurring. Patients that are suspected to have, or are diagnosed with, mumps should self-isolate and avoid going out and exposing others for 9 days after onset of parotitis. People who have been exposed to mumps and are not vaccinated should not attend school, work, or travel from day 12 through day 25 after exposure.

Healthcare providers should report any suspected cases of mumps to HDOH immediately by calling the disease reporting line at (808) 586-4586.

For updates, go here: (<u>Mumps Updates</u>) More information on mumps can be found here: (<u>Mumps</u>)

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Updates from the Pacific

Dengue

- Dengue (DENV-2) outbreaks are ongoing in several regions:
 - American Samoa: 182 confirmed cases as of August 17, 2017
 - Fiji: 2,395 cases as of August 4, 2017 (Outbreak is declining)
 - Palau: 440 cases as of August 21, 2017 (Outbreak is declining)
 - Samoa: Cases of dengue-like illness have been reported

Lymphatic filariasis

• **Tonga** has become the eighth Western Pacific country to eliminate lymphatic filariais as a public health problem.

Influenza

• An influenza B outbreak was reported in **French Polynesia**. There were 193 influenza-like cases and nine confirmed cases of influenza B identified.

Meningococcal Disease

• In **Fiji**, an outbreak of meningococcal disease was reported at a boarding school. A total of eight cases were identified, including 4 confirmed cases and one death.

HDOH Hawaii Health Care Provider Disease Reporting Categories

Confide ntial

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-schoolaged 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

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