



Health Alert

August 31, 2012

Hantavirus

The California Department of Public Health (CDPH) has reported six confirmed cases of Hantavirus Pulmonary Syndrome (HPS) in visitors who stayed in Yosemite National Park from early June to mid-July 2012. Two of the cases have died. Four of the cases stayed in the "Signature Tent Cabins" in the Boystown area of Curry Village, one stayed in another part of Curry Village, and one is still under investigation. The park has closed all tent cabins in the Boystown area indefinitely, per recommendations from CDPH. The National Park Service is contacting visitors who stayed in the Boystown area of Curry Village from June 10 through August 24 to advise them of possible exposure to hantavirus and to seek immediate medical attention if they develop symptoms of HPS.

We request your assistance with the following:

1. **EDUCATE** patients that HPS is a rare disease that is best prevented by avoiding contact with rodents and their excreta, and that testing of well persons is not recommended. Direct patients with questions regarding the hantavirus situation in Yosemite National Park to their phone line, (209) 372-0822 or for general questions about HPS and hantavirus, to our website: <http://cchealth.org/hantavirus/>. There is also information for providers on our website.
2. **TEST** for HPS in patients with fever, myalgias, nausea and vomiting followed by abrupt onset of respiratory distress, as well as history of contact with rodents in rural areas. Testing can be done by commercial labs (including Focus and ARUP) which will then send it to the State for confirmation. Testing is a two-step process: a hantavirus screen, followed by a Sin Nombre virus (SNV) confirmatory test for specimens that are positive on the screen. Only a positive result on the confirmatory SNV is indicative of HPS. False-positive results on the hantavirus screening assay are common.
3. **REPORT suspected cases immediately to Contra Costa Public Health Communicable Disease at (925) 313-6740 or fax to (925) 313-6465.**

BACKGROUND: HPS patients present with a 3-5 day prodrome of fever, chills, and myalgia from 1 to 6 weeks after exposure. Headache, nausea, vomiting, abdominal pain, diarrhea, cough and malaise are common. The prodromal phase of HPS is clinically indistinguishable from other viral illnesses. Cough, tachypnea, and shortness of breath begin 2-7 days after the prodrome, progressing rapidly to hypotension, pulmonary edema, pleural effusions and hypoxia. CXR findings rapidly evolve from pulmonary edema to extensive bibasilar or perihilar airspace disease. Leukocytosis with a left shift and circulating myelocytes is typical. 80% of patients develop significant thrombocytopenia. There is no specific therapy; treatment is supportive. The case fatality rate is 30-40%. The diagnosis is made by serologic assays for antibodies to Sin Nombre Virus (SNV), the specific hantavirus that causes HPS in the western US. The presence of IgM antibodies or a 4-fold rise in IgG antibodies to SNV in a patient with compatible signs is diagnostic. Serologic assays generally become positive when a patient develops cardiopulmonary disease. Testing asymptomatic patients is not recommended.