

# Public Health Messages

## Missouri Department of Health and Senior Services

June 20, 2016



**Public Health Messages** is a way for the Missouri Department of Health and Senior Services (DHSS) to provide information and guidance to medical providers and hospitals on current issues relating to medical care and public health. It is sent out through the Missouri Health Notification System (MOHNS), and goes to the same individuals and facilities that receive DHSS Health Alerts and Health Advisories. **Public Health Messages** does not replace Health Alerts and Health Advisories, but rather provides an additional way for DHSS to communicate, in the form of brief messages, with providers and hospitals.

### New Zika Virus Websites

The Missouri Department of Health and Senior Services (DHSS) has recently made available two new Zika websites, one for medical providers and public health officials, and the second for the general public.

The Zika page for medical and public health professionals includes links to current clinical information and guidance, as well as to epidemiological information on the virus and the occurrence of disease. It also contains specific information for Missouri providers regarding Zika testing of patients. The page is available at: <http://health.mo.gov/emergencies/ert/med/zika.php>

The Zika page for the general public contains basic information about Zika virus infection, and includes links to more information on Zika and pregnancy, as well as to Zika-related information for travelers, and to steps everyone can take to control mosquitoes. The page is available at: <http://health.mo.gov/living/healthcondiseases/communicable/zika/index.php>

For questions regarding Zika testing of patients, contact DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113, or 800-392-0272 (24/7). All other questions on Zika can be directed to DHSS' Office of Veterinary Public Health at 573-526-4780, or 800-392-0272 (24/7).

### Hyperthermia

Heat-related deaths and illnesses are preventable yet every year many people succumb to extreme heat. According to the National Weather Service, extreme heat kills more people than hurricanes, floods, tornadoes, and lightning combined. In Missouri, from 1980 through 2015, there have been over 1,200 deaths caused by the state's hot weather and high humidity.

In an effort to prevent heat-related deaths and illnesses, a large number of cooling centers have been set up throughout Missouri for people who do not have air conditioning in their homes. To view cooling center locations, go to <https://ogi.ia.mo.gov/DHSS/coolingCenter/index.html>.

Missouri conducts on-going statewide surveillance for hot weather-related illnesses and deaths. Health care providers are required to report cases of hyperthermia (defined as a physician-diagnosed case of heat exhaustion or heat stroke) to the local public health agency, or to DHSS.

More information on heat-related illnesses and deaths in Missouri, and their prevention, is available at <http://health.mo.gov/living/healthcondiseases/hyperthermia/index.php>. Cases of hyperthermia can be reported to DHSS' Bureau of Environmental Epidemiology at 573-751-6102. Questions on heat-related illnesses and deaths can also be directed to this number.

### Haff Disease

Two Missouri residents have recently been diagnosed with Haff disease following ingestion of buffalo fish caught in an eastern Missouri tributary of the Mississippi River. Haff disease is a syndrome of unexplained rhabdomyolysis following consumption of certain types of fish, including buffalo fish. The exact cause of the disease is unknown, but is thought to be an unidentified heat-stable toxin. Haff disease is extremely rare (about one reported case per year in the United States).

Median time to disease onset is 8 hours (range: 6-21 hours) after the meal consumption. The disease typically presents as a paroxysm of rhabdomyolysis, with accompanying muscle tenderness, rigidity, and dark

brown urine. Laboratory features include a markedly elevated creatine kinase (CK) level with a muscle/brain (MB) fraction of less than 5%. Levels of other muscle enzymes (e.g., lactate dehydrogenase, glutamate oxalate transaminase, and glutamate pyruvate transaminase) also are elevated. Myoglobinuria is often mistaken for gross hematuria. Diagnosis is based on a compatible clinical history. Treatment is supportive and consists of administering large volumes of fluid early in the course of illness to prevent myoglobin toxicity to the renal tubules. Possible complications include electrolyte disturbances, renal failure, and disseminated intravascular coagulation. Symptoms usually resolve within 2-3 days. Historically, the case-fatality rate has been approximately 1%. (*MMWR* 1998; 47:1091-3.)

In the U.S., this disease has been primarily associated with consumption of buffalo fish, a bottom-feeding freshwater fish in the sucker family; however, world-wide it has been linked to a variety of seafood products. At this time, there does not appear to be an association between catch location and illnesses.

In order to confirm the sources of these illnesses, characterize the responsible toxins, and better develop testing methodologies, the U.S. Food and Drug Administration (FDA) is seeking assistance in the acquisition of meal remnants or leftovers and all associated clinical and epidemiological information from these events. Please report any suspected Haff Disease cases to the Missouri Department of Health and Senior Services (DHSS) at 573-751-6102 so that potential samples and investigations can be conducted on this rare condition.

Please contact DHSS' Section for Environmental Public Health at 573-751-6141 with any questions. For additional information, see:

Herman LL, Bies C. Haff disease: rhabdomyolysis after eating buffalo fish. *West J Emerg Med* 2014; 15: 664–6.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4162725/>