



Public Health Messages

Missouri Department of Health and Senior Services
August 7, 2015

Public Health Messages are a new 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. They will be sent out through the Missouri Health Notification System (MOHNS), and will go to the same individuals and facilities that receive DHSS Health Alerts and Health Advisories. **Public Health Messages** do not replace Health Alerts and Health Advisories, but rather provide an additional way for DHSS to communicate, in the form of brief messages, with providers and hospitals.

Rocky Mountain Spotted Fever, Ehrlichioses, and Anaplasmosis: Importance of Including a Complete Blood Cell Count and a Comprehensive Metabolic Panel in the Evaluation of Suspected Cases

Medical providers need to remain alert to the possibility of patients presenting with tickborne rickettsial diseases such as Rocky Mountain spotted fever (RMSF), ehrlichioses, and anaplasmosis. See <http://www.cdc.gov/lyme/resources/tickbornediseases.pdf>. Additional clinical guidance is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5504a1.htm>.

As part of the evaluation of patients suspected of having one of these diseases, it is essential to include a complete blood cell count and a comprehensive metabolic panel. Thrombocytopenia, mild elevations in hepatic transaminases, and hyponatremia might be observed with the spotted fevers. Leukopenia, thrombocytopenia, and modest liver transaminase elevations are suggestive of ehrlichiosis and anaplasmosis.

Questions on RMSF, anaplasmosis, ehrlichiosis, and other tickborne diseases should be directed to DHSS's Office of Veterinary Public Health at 573/526-4780.

Rocky Mountain Spotted Fever, Ehrlichioses, and Anaplasmosis: Use of Doxycycline as Treatment for Suspected Cases in Patients of All Ages

RMSF, anaplasmosis, and ehrlichiosis are treated in the same manner with doxycycline. Clinical suspicion of any of these diseases is sufficient to begin treatment. Delay in treatment may result in severe illness and even death. The Centers for Disease Control and Prevention (CDC) recommends doxycycline as first-line treatment for suspected cases of these diseases in patients of all ages. See <http://www.cdc.gov/lyme/resources/tickbornediseases.pdf>.

Note that the use of doxycycline to treat suspected anaplasmosis, ehrlichiosis, and RMSF in children is recommended by both CDC and the American Academy of Pediatrics Committee on Infectious Diseases. Information on a new study which found that short courses of doxycycline can be used in children without causing tooth staining or weakening of tooth enamel is available at <http://www.cdc.gov/rmsf/doxycycline/index.html>.

Gonorrhea Treatment - New Recommendations

CDC released revised STD Treatment Guidelines on June 4, 2015. One significant change is that doxycycline has been discontinued as an option in the recommended treatment of gonorrhea (GC). The Guidelines include new alternate treatment regimens for GC that eliminate the alternate monotherapy regimen of 2gm Azithromycin because of concerns over the ease with which *N. gonorrhoeae* can develop resistance. The new alternate regimens include gentamicin, delivered as a single intramuscular

(injectable) dose of 240 milligrams. Further details can be found at <http://www.cdc.gov/std/tg2015/> or by calling the Bureau of HIV, STD and Hepatitis at 573/751-6439.

Middle East Respiratory Syndrome (MERS): Continued Awareness Advised

Healthcare providers and public health officials should continue to consider the possibility of MERS-CoV infection in ill persons who have recently traveled from countries in or near the Arabian Peninsula, or from the Republic of Korea which has experienced a significant MERS outbreak. Updated CDC guidance for evaluation of suspect cases is found at <http://health.mo.gov/emergencies/ert/alertsadvisories/pdf/cdcHAD61115.pdf>. Any suspect case should immediately be reported to the local public health agency (LPHA), or to DHSS at 800/392-0272 (24/7). Healthcare providers and facilities should carefully adhere to recommended infection control measures (including standard, contact, and airborne precautions) while managing suspected or confirmed MERS patients. More information and guidance on MERS is found at <http://www.cdc.gov/coronavirus/mers/index.html>; questions should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 800/392-0272 (24/7).

Health Alerts, Advisories, and Updates Sent Out by DHSS During July 2015

- Health Advisory: Mumps Cases in Central Missouri (July 24, 2015)
- Health Advisory: Reporting of Heat-Related Illnesses and Deaths (July 10, 2015)

These, along with previous Health Alerts, Advisories, and Updates, can be accessed by going to <http://health.mo.gov/emergencies/ert/alertsadvisories/index.php>.