Emerging Infections: The bugs are one step ahead and they are on the move

MARK H. SAWYER, MD

UCSD SCHOOL OF MEDICINE

RADY CHILDREN'S HOSPITAL SAN DIEGO

Our society is very mobile!



Tiger Woods played golf in San Diego on January 27 and in Dubai on January 29, 2008

The new kids on the block

Influenza H5N1(bird flu)	1997	MERS	2012
Metapneumovirus	2001	Enterovirus D68	2014
SARS-CoV	2003	Ebola	2014
Chickengunya	2004	Zika	2016
Human Bocavirus	2005	Influenza H7N9	2017
Influenza pH1N1	2009		

What will allow you to discover the next emerging disease?

Take a travel history!

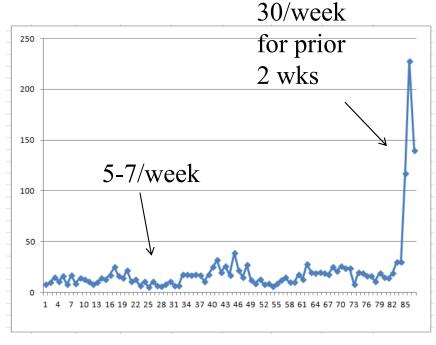


Enterovirus D68-Acute flaccid paralysis



The enterovirus D68 story

- Emergency medicine doctor in Kansas City noticed an unusual increase in severe asthma in the summer of 2014
- He/she called the local health department
- Health department noted an increase in laboratory detection of enterovirus/rhinovirus in their lab
- CDC notified 8/19/2014
- Virus identified via sequencing and MMWR published by 9/8/2014



Courtesy of M. Jackson

Enterovirus D-68

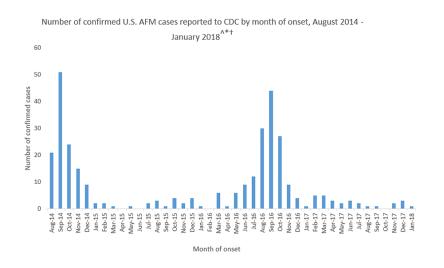
- 1395 cases in the United States in 2014; 138 cases in 2016
- Viral isolates from the 2014 outbreak were genetically similar to previous EV68 isolates
- Mild to severe respiratory illness
- Increase risk in young children and children with asthma
- No antiviral therapy available

Enterovirus-D68

- Shares biologic similarities with rhinoviruses
- Recognized in 1962: 4 California children with respiratory illness
- Reported rarely over next 36 years
- A few clusters between 2008-2010 with typically unusually severe respiratory illness in children (total 95 in world)
- Most illness appears in children
- Will there be more????

Acute flaccid paralysis

- 320 cases in the United States since 2014
- Median age=8 years
- Most had fever and respiratory symptoms
- Mild lymphocytic CSF pleocytosis; glucose and protein normal or near normal
- CSF negative for EV68, EV71, and polio by PCR
- Clinically these cases are indistinguishable from polio thus a travel history and coordination of testing with your local and state public health lab is very important



Yellow fever



Yellow Fever Outbreak-Brazil

- Started in 2017
- As of May 2018 there have been 364 deaths including international travelers
- WHO expanded areas in Brazil for which yellow fever vaccine recommended
- Vaccine recommended for travelers 9 months of age and older
 - Immunization should be provided >10 days before travel
 - Immunize only those at risk
 - Immunization only available at selected certified sites
- Expanded effort to immunize the general population in Brazil has led to a global shortage of vaccine





Yellow fever-presentation

- Incubation=3-6 days
- Symptoms
- Fever
 - Chills
 - Severe headache
 - Back pain
 - Fatigue
- Illness duration=5-7 days

- Subset of patients develop a biphasic illness with increase severity (30-60% mortality)
 - Jaundice
 - Bleeding
 - Shock
 - Organ failure



Zika



Zika-presentation

- Incubation period=3-12 days
- Often asymptomatic
- Symptoms
 - Fever
 - Maculopapular red rash
 - Headache
 - Joint pain
 - Conjunctivitis
 - Myalgia

Symptoms last several days up to 1 week

Zika in the newborn



Incidence of defects

- Overall=5%
- Perhaps higher in first trimester
- Not tightly associated with maternal sxs

Findings

- Microcephaly
- Hearing loss
- Retinopathy
- Joint contractures
- Hypertonia

Evaluation

- Comprehensive physical exam
- Ophthalmology referral
- Hearing screen
- Lab testing
- Referrals for confirmed infection
 - Neurology
 - Endocrinology
 - Clinical Genetics

Zika-differential diagnosis

Measles Dengue

Rubella Chickengunya

Parvovirus Malaria

Enterovirus Yellow fever

Adenovirus Leptospirosis





Nucleic acid testing (NAT)

- Serum or Urine
- Decline over 6 weeks

Triopolex rRT-PCR detects (FDA EUA)

- Zika
- Dengue
- Chickengunya

IgM serology

- Cross reactions common
- Usually positive by day 4 of illness
- Remain positive for up to 12 weeks

Patients with exposure and compatible symptoms

- NAT alone is first line
- IgM serology if NAT negative

Pregnant women with symptoms should get both NAT and IgM

Screening asymptomatic pregnant women not routinely recommended

Screening of asymptomatic non-pregnant patients not recommended including preconception screening

Chickengunya and Dengue





Chickungunya

- Made it to the Caribbean in 2013
- Rapidly spread in the Americas
- Transmitted by Aedes aegypti and Aedes albopictus (bite during the day)
- Incubation=2-12 days
- Presentation
 - Fever
 - Joint pain and swelling
 - Headache and myalgias
 - Rash
- Illness duration= 1 week



Chickungunya

- Differential Diagnosis: Dengue, Malaria, Leptospirosis, Rickettsia
- Diagnosis
 - Labs: Lymphopenia, thrombocytopenia, elevated creatinine, elevated transaminases
 - Serology: IgM
 - PCR



Dengue

- Clinically similar to and transmitted by the same mosquitoes as Chickungunya
- 4 distinct serotypes that do not provide cross protection
- Incubation period=5-7 days
- Often asymptomatic especially in children
- Symptoms: fever, headache (retro-orbital pain), myalgias, arthralgias, rash
- Illness duration 2-7 days
- Sequential infections increase risk of hemorrhagic fever
- Almost all United States cases have been in travelers/immigrants particularly from Puerto Rico

Ebola



Ebola

- 25,855 cases/10,702 deaths as of April 15, 2015
- Young children at lower risk compared to those 15 years of age and above
- New outbreak in the Democratic Republic of the Congo in 2018
- Symptoms include fever, headache, myalgia, abdominal pain and weakness followed by vomiting and diarrhea
- Don't forget malaria and typhoid
- Vaccine trial promising

Ebola-presentation

- Incubation period=2-21 days
- Symptoms
 - Fever
 - Severe headache
 - Myalgia
 - Weakness
 - Fatigue
 - Diarrhea
 - Vomiting
 - Abdominal pain
 - Bleeding
- Illness duration 6-10 days



Middle Eastern Respiratory Syndrome (MERS)





MERS-CoV (Coronavirus)

- First identified in September 2012
- 1900 cases and 412 deaths
- Presents with fever and respiratory symptoms. Occasional diarrhea. Incubation period 14 days
- Labs: leukopenia, thrombocytopenia, elevated LDH
- Majority of cases have a travel history to Saudi Arabia, UAE, Qatar, or Jordan
- Other countries Oman, Kuwait, Yemen, Lebanon, Iran
- No specific treatment available
- Prevention: hand washing, avoid contact with people who have respiratory disease

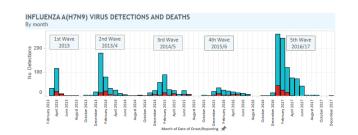




The Birds

- Highly Pathogenic Avian Influenza (HPAI)
- H5N2, H5N8, H5N1 all identified in the United States December 2014-January 2015
- H7N9 among the latest concerning strains
- Some HPAI detected in the United States in birds
- Outbreaks in 5 domestic flocks, backyard flocks, wild aquatic birds
- Antiviral prophylaxis recommended for contacts
- Stay tuned and be wary of patients with influenza like illness who have bird contact





H7N9 Influenza

- First reported in China in 2013
- Annual epidemics in China since then mostly in individuals with poultry exposure
- 5th epidemic in 2016-2017 included 766 human cases
- 39% mortality rate
- So far limited person to person transmission
- Based on the CDC Influenza Risk Assessment Tool H7N9 rated as having the greatest potential to cause a pandemic
- · Potential vaccine candidate strains already stockpiled by CDC
- Suspect H7N9 if your patient has returned from China in the last 10 days, has respiratory tract illness, and had poultry exposure in China

Avoiding H7N9 Influenza

- Don't go to China
- Don't touch birds
- Avoid live poultry markets
- Eat fully cooked chicken and chicken eggs
- Don't eat from street vendors
- Hand hygiene

Your role in identifying and preventing the spread of emerging infections

- Be curious about things that seem out of the ordinary
- Take a travel history
- Report unusual cases to your local Health Department
- Immunize

Resources

- CDC.gov
- WHO
- AAP Red Book online