

# DPHHS HAN ADVISORY



## Cover Sheet

**DATE:** August 31, 2012

**SUBJECT:** Hantavirus Pulmonary Syndrome- California

### INSTRUCTIONS:

**REDISTRIBUTE AT YOUR DISCRETION.** Share this information with relevant SMEs or contacts (internal and external) as you see fit.

Remove this cover sheet before redistributing and replace it with your own.

**For LOCAL HEALTH DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP  
Epidemiology Section  
1-406-444-0273**

**DPHHS Health Alert Hotline:  
1-800-701-5769**

**DPHHS HAN Website:  
[www.han.mt.gov](http://www.han.mt.gov)**

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**Please ensure that DPHHS is included on your HAN distribution list.**

### Categories of Health Alert Messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

**Please call DPHHS to update contact information at 444-0919**

# Information Sheet

**Date:** August 31, 2012

**Subject:** Hantavirus Pulmonary Syndrome- Visitors to Yosemite National Park, California

**Information:** Please see the attached health advisory from the Centers for Disease Control and Prevention regarding recent cases of hantavirus pulmonary syndrome (HPS) among visitors to Yosemite National Park, California.

Since June 10, 2012, six confirmed cases have been associated with staying at the park. Recent visitors to the area who stayed in park facilities may be at risk and present for care.

Although no cases of HPS associated with Yosemite have been reported, 35 cases of HPS have been reported in Montana since 1993.

## Recommendations:

- Health care providers should consider HPS as a diagnosis in patients with fever, headache, myalgia, nausea/vomiting, and shortness of breath, especially if rodent exposure is reported.
- If a hantavirus infection is suspected, a CBC and blood chemistry should be repeated every 8 to 12 hours to monitor serum albumin, hematocrit, platelet count, atypical lymphocytes, and white blood cell count.
- A serum sample should be sent to the Montana Public Health Laboratory for IgG and IgM testing.
- Patients should receive appropriate, broad-spectrum antibiotic therapy while awaiting confirmation of a diagnosis of HPS.
- Care during the initial stages of the disease should include antipyretics and analgesia as needed.
- If there is a high degree of suspicion of HPS, patients should be transferred immediately to an emergency department or intensive care unit (ICU) for close monitoring and care.
- ICU management should include, monitoring and adjustment of volume status and cardiac function, including inotropic and vasopressor support if needed.
- Immediately report any suspected case of HPS to your local public health department.

**This is an official**  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
August 31, 2012, 11:51 EST  
CDCHAN-00326

**Notice to Health Care Providers: Hantavirus Pulmonary Syndrome  
Cases Associated with Staying in Yosemite National Park, California**

**Summary:** The Centers for Disease Control and Prevention (CDC) is working with the National Park Service and the California Department of Public Health on an investigation of hantavirus pulmonary syndrome (HPS) in people who stayed at Yosemite National Park during June through August 2012. The purpose of this HAN Advisory is to inform state health departments and health care providers to be alert to the possibility of HPS in patients who may have had recent exposure to rodents or a history of travel to Yosemite National Park during this period.

**Background:** HPS is an acute, zoonotic viral disease that is spread by contact with infected rodents, primarily deer mice. Most persons with HPS are infected by breathing in small viral particles from rodent urine or droppings that have been stirred up into the air. The fatality rate is approximately 36%.

Since June 10, 2012, six confirmed cases of HPS have been associated with staying at Yosemite National Park in California. Two of the ill persons died. Additional suspected cases are being investigated from multiple health jurisdictions. Four case-patients with HPS stayed in "Signature Tent Cabins" in the Boystown area of Curry Village, and the lodging locations of the remaining 2 case-patients are currently under investigation. The "Signature Tent Cabins" have solid walls on the interior of the cabin and are covered with canvas exterior sides and roof. An estimated 10,000 persons stayed in the "Signature Tent Cabins" from June 10 through August 24, 2012. On August 24, 2012, the tents were disinfected and visitors were relocated. People who stayed in the tents between June 10 and August 24 may be at risk of developing HPS in the next 6 weeks. Providers are reminded to consider the diagnosis of HPS in all persons presenting with clinically compatible illnesses and to ask about potential rodent exposure or if they had recently visited Yosemite National Park.

All guests who made reservations to stay in the "Signature Tent Cabins" from June 10 through August 24, 2012 (approximately 2,900 persons) were emailed or mailed a health advisory urging them to seek immediate medical attention if they or other persons in their party exhibit symptoms of HPS.

The incubation period for HPS is typically 2-4 weeks after exposure, with a range of a few days up to 6 weeks. Symptoms of HPS include an initial prodrome of fever, chills, myalgias, cough, headaches, and gastrointestinal symptoms. Laboratory abnormalities in HPS include thrombocytopenia, leukocytosis, hemoconcentration, hypoalbuminemia, and an increase in serum LDH. Chest radiographs may show bilateral interstitial infiltrates. The disease often progresses rapidly to respiratory distress requiring supplemental oxygen and/or intubation, non-cardiogenic pulmonary edema, and shock. There is no specific treatment available, but early recognition and administration of supportive care greatly increase the chance of survival.

**Recommendations:** Laboratory testing of patients with symptoms consistent with HPS is required to confirm the diagnosis. Because it is a reportable disease in the United States, clinicians suspecting HPS should notify and consult with their state health department about confirmatory testing. HPS-specific testing can be done with serum or whole blood, or with tissue samples in fatal cases.

**For more information:** For additional information about HPS symptoms and diagnosis, please go to the CDC's Hantavirus webpage at: <http://www.cdc.gov/hantavirus/technical/hps/index.html>  
The clinical case definition for HPS can be found on pages 39-40 in the CDC document, 2012 Nationally Notifiable Diseases and Conditions and Current Case Definitions at:  
[http://wwwn.cdc.gov/nndss/document/2012\\_Case%20Definitions.pdf](http://wwwn.cdc.gov/nndss/document/2012_Case%20Definitions.pdf)  
The CDC's Viral Special Pathogens Branch maintains a toll-free Hantavirus Hotline at: 877-232-3322, or 404-639-1510 (non-emergencies).

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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**Categories of Health Alert Network messages:**

**Health Alert** Requires immediate action or attention; highest level of importance  
**Health Advisory** May not require immediate action; provides important information for a specific incident or situation  
**Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation  
**HAN Info Service** Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, public information officers, epidemiologists, HAN coordinators, and clinician organizations##