

Durham County Communicable Disease Update For Healthcare Providers

Durham County Health Department | 414 East Main Street | Durham, NC 27701

DCHD

Durham County
Health Department

Prevent. Promote. Protect.

Announcements

- Adult Health Clinic hours (includes STD and Refugee Health) are from 8:30am - 4pm M, W, Th ; 8:30am—6:00pm Tu; and 8:30am – 12pm F.
- For information regarding NC communicable disease reporting requirements and forms, please go to our website:

http://www.durhamcountync.gov/departments/phth/CDC_New_Information_1.html

Important Numbers

Main Number	(919) 560-7600
Communicable Disease Control	(919) 560-7600
Immunization Clinic	(919) 560-7608
Tuberculosis Clinic	(919) 560-7633

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Tickborne Infections

- Rocky Mountain Spotted Fever and infections with other *Rickettsia*, *Ehrlichia* and *Anaplasma* species, are the most common tickborne diseases reported in North Carolina.
- Lyme's disease is less common; only 57 cases of confirmed Lyme's has been reported in N.C. from 2009-2011.
- RMSF symptoms usually have sudden onset 2-14 days after an infected tick bite, compared to symptoms of *Ehrlichia* which develop 1-2 weeks after a bite.
- Typical symptoms of RMSF or ehrlichiosis include fever, headache, abdominal pain, vomiting, and myalgias.
- Most persons with RMSF (90%) develop a macular rash 2-5 days after onset of fever. Skin rash is not a common feature of ehrlichiosis, and should not be used to rule in or rule out an infection.
- Paired acute and convalescent sera for IgG immunofluorescence assay are needed to confirm the diagnosis of RMSF or ehrlichiosis for reporting purposes.



- However, the diagnosis of RMSF or ehrlichiosis should be made based on clinical signs and symptoms.
- Doxycycline treatment should be initiated immediately for suspected RMSF or ehrlichiosis and not be withheld on the basis of an initial negative laboratory result.
- All suspected cases of Lyme's disease should be accompanied by two-tier serologic testing with an IgM/IgG EIA followed by Western Blot for confirmation and reporting requirements.

Arboviral Infections



- While most arboviral infections are asymptomatic, many can cause neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis.
- Timely laboratory testing for LAC and other arboviral infections (including West Nile virus, Eastern and Western equine encephalitis and St. Louis encephalitis) is

available at the State Laboratory of Public Health free of charge.

- For persons with suspected arboviral infections, acute and convalescent paired serum should be submitted for enzyme immunoassay or immunofluorescence testing.