



Health Alert: Lassa fever confirmed in traveler returning to Minnesota from West Africa

Minnesota Department of Health Thu Apr 04 11:52 CDT 2014

Action Steps:

Hospitals and clinics: Please distribute to healthcare professionals who might treat patients concerned about Lassa fever, especially in general practice, urgent care, and emergency departments.

Healthcare providers: Obtain travel history when assessing patients and contact MDH whenever there is suspicion of a travel-associated illness.

Situation:

- A man returning to Minnesota from West Africa was admitted to a hospital in Minnesota and diagnosed with Lassa fever.
- Lassa fever is an acute viral disease common in West Africa but rarely seen in the U.S.
- Lassa virus is transmitted by direct contact with blood, tissue, secretions or excretions of an infected individual. It is not spread through the air.
- Persons who were in contact with the patient are being contacted. The public is not at risk.

Background:

On March 31, 2014, a man returning to Minnesota from West Africa was admitted to a hospital in Minnesota with fever and confusion. Promptly after his arrival, the patient was seen by a physician who, given the patient's travel history and condition, suspected a possible hemorrhagic fever and immediately reported to MDH. Blood samples submitted to the Centers for Disease Control and Prevention (CDC) tested positive for Lassa fever.

The Lassa virus is a single-stranded RNA virus and is carried by *Mastomys* rodents in West Africa. It is transmitted to humans through contact with urine or droppings of infected rodents. Though rare, it can also be transmitted from person to person through blood or bodily fluids that penetrate the skin, through mucous membrane or through sexual contact. The virus is not transmitted through casual contact or through the air. The incubation period for Lassa fever is one to three weeks.

In West Africa, there are about 100,000 to 300,000 cases of Lassa fever and about 5,000 deaths annually. Eighty percent of human infections are asymptomatic. Overall, death is rare in patients who contract Lassa fever, with only 1 percent of all cases resulting in death in areas of West Africa where infection is common. The last case of Lassa fever in the United States was in 2010 and was travel-related.

The Minnesota Department of Health (MDH) is working in close cooperation with the MN hospital, CDC and other local, state, and federal agencies. CDC is leading efforts to follow up with travel contacts of the patient. MDH is working with the hospital to follow up with healthcare workers and family members who had contact with the patient. The public is not at risk.

This situation serves as a great reminder of the importance of obtaining travel history when accessing patients. We encourage clinicians to contact MDH whenever there is suspicion of a travel-associated illness.

Questions can be directed to MDH at 651-201-5414 or 1-877-676-5414. More information about Lassa fever is available on the CDC website at <http://www.cdc.gov/vhf/lassa/>.