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1. Bite of the Week - Monkey Bite

In previous Bug Bytes issues we've discussed mosquito bites, tick bites, love bug bites (STDs), and bat bites - and now, a monkey bite. On October 27 a young adult female returned from the island of Zanzibar, which is part of Tanzania, and presented to an emergency room with a history of a monkey bite. She had been bitten on the right hand on October 16. The monkey was on a leash in a bar and was known not to be native to Zanzibar. The patient has been previously vaccinated for rabies in 1996. She reported the presence of vesicular blisters at the site of the bite, fatigue, low grade headache, and nausea. She had been diagnosed with and treated for amebic dysentery while in Africa.

Cercopithecine herpesvirus 1 (B-virus or *Herpesvirus simiae*; named after Dr. W.B. who had been bitten on the hand by a rhesus monkey, died from the resulting infection, and from whom the virus was recovered post-mortem by Sabin and Wright in 1932) is enzootic among Old World monkeys of the *Macaca* genus (macaques, rhesus monkeys, cynomolgus monkeys). Macaques are native to northern Africa and Asia but also kept as research animals and pets throughout the world. Humans can be exposed to the virus from a bite or scratch or other ways from an infected animal. B-virus causes vesicular eruptions at the bite site, fever, malaise, followed by ascending encephalomyelitis. The case fatality rate is 70% in untreated humans. Other disease issues to consider with monkey bites are simian immunodeficiency virus and simian foamy virus.

B-virus consensus guidelines recommend treatment of a symptomatic patient with oral or intravenous acyclovir. Asymptomatic exposed persons should be treated as soon as possible with oral acyclovir or valacyclovir for two weeks. Kudos to the infectious disease doctor! He had prescribed acyclovir at the time of her emergency room visit and prior to his consulting us on October 30. We sought expert consultation from CDC and the Emory University Yerkes Primate Center; the patient's acyclovir dosage was increased as a result from advice received.

The patient brought us a photo of the offending monkey. We sent the photo electronically to several primate experts. Their best guess is that it was a green monkey and not a macaque, and therefore less likely to harbor B-virus. The patient continued on acyclovir for a total of 14 days and remains well at this point.

2. Rabid Puppy

Breaking news: as this issue of Bug Bytes is going out, we are investigating exposures to a rabid puppy. On October 21 a family from Chippewa County adopted a mixed breed Black Labrador/German Shepherd puppy from a person at a flea market in Litchfield. The puppy showed neurologic signs on November 5, was brought to a veterinarian on November 7, euthanized on November 9, and tested positive for rabies on November 13. Family members are receiving rabies post-exposure prophylaxis (rabies immune globulin and rabies vaccine). It is possible that this puppy was infectious on October 21 so we need to alert persons who might have been exposed to it, via bites and scratches, at the flea market. In addition, there were 8 or 9 litter mates, 2 of which are still unaccounted. All of these puppies may also be rabid and exposing others. A press release has been issued to alert the public <http://www.health.state.mn.us/news/pressrel/fleamkt.htm> .

3. Perinatal Issues

MDH has a new newsletter for prenatal care providers called "Perinatal Issues." The first issue has articles on perinatal HIV, Group B streptococcal disease, smoking cessation during pregnancy and hepatitis B. The newsletter will be available soon on the MDH Website and will include subscribing information. For more information, e-mail maria.rubin@health.state.mn.us .

4. EMS & Long-Term Care Updates

A summary of the "Emergency Medical Services Personnel Exposure Law" which was enacted into law in April can now be accessed via the MDH website: <http://www.health.state.mn.us/divs/dpc/ades/ades.htm#IFC> . This law relates to the protocol for follow-up of blood and body fluid exposures by EMS personnel.

In addition, the recently published "Guideline for the Management of Antimicrobial Resistant Microorganisms in Minnesota Long-Term Care Facilities can also be accessed via the same web address. There was a printing delay, but the guideline should be mailed to all acute and long-term care facilities in MN soon.

Bug Bytes is a combined effort of the Acute Disease Epidemiology Section and the Public Health Laboratory Division of MDH. We provide Bug Bytes as a way to say THANK YOU to the infection control practitioners, laboratorians, local public health professionals, and health care providers who assist us.

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