



HEALTH & HUMAN SERVICES

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Epi Flash Report

Fort Bend County

Public Health Emergency Preparedness Program

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Typhus: On the Rise in Texas

Cases of murine typhus are on the rise in Texas. The Texas Department of State Health Services (DSHS) reports that over 500 cases of typhus were diagnosed in 2017, more than three times the number in 2010. In Fort Bend County, from 2010 to 2017, no cases have been reported, however, since January 2018, three confirmed cases have been reported. The surrounding counties have also seen a rise of cases. Galveston County has reported 18 cases in the first half of 2018. Harris County recorded 71 cases in 2017 and 32 cases in 2016.

Murine typhus is a flea-borne illness caused by the bacterium *Rickettsia typhi*. Rats are considered the primary animal reservoir of murine typhus and rat fleas help disseminate the bacterium in the ecosystem. People become infected with *Rickettsia typhi* when they come into contact with the feces of infected fleas through a wound, or scratched or abraded skin. Exposure can also occur when mucous membranes are exposed to infected flea feces or when a patient inhales those feces. Human infections often occur in areas of increased or regular interactions of humans and rats, including areas of low sanitation where rats are abundant. Most cases are reported from Spring to early Fall.



The Oriental rat flea. (CDC)

Symptoms usually begin 7–14 days following exposure. Patients typically present with fever and headache or fever and rash and may also experience myalgia, anorexia, nausea, vomiting, abdominal pain, cough, and altered mental status. Most people will recover without treatment but some cases may be severe. When left untreated, severe illness can cause damage to one or more organs including the liver, kidneys, heart, lungs, and brain.

The rash typically occurs at the end of the first week of the illness and lasts 1–4 days. It generally starts as a maculopapular eruption on the trunk and spreads peripherally, sparing the palms of the hands and soles of the feet. Rash may vary among individuals, or may be absent altogether and should not be relied upon for diagnosis.

Rickettsia typhi can be detected in the laboratory via indirect immunofluorescence antibody (IFA) assay, immunohistochemistry (IHC), polymerase chain reaction (PCR) assays using blood, plasma, or tissue samples, or culture isolation. PCR is most sensitive on samples taken during the first week of illness, but prior to the start of doxycycline.

To report confirmed or suspected cases of typhus, please use any of the following numbers: Phone: 281-342-6414 or Fax: 281-342-7371

Environmental & Infectious Diseases in Fort Bend County

Diseases Notified to Texas DSHS	# of Investigations Completed in July 2018	# of Cases Notified to TX DSHS in July 2018	# of Investigations Completed from 01/01/2018 to 07/31/2018	# of Cases Notified to TX DSHS from 01/01/2018 to 07/31/2018
Amebiasis	1	1	4	4
Brucellosis	1	-	2	-
Campylobacteriosis	6	6	35	34
Carbapenem-resistant Enterobacteriaceae (CRE)	7	6	45	42
Chikungunya virus disease	1	-	6	2
Cyclosporiasis	3	3	4	4
Dengue	2	-	11	-
Giardiasis	1	-	6	2
Haemophilus influenzae, invasive	2	2	11	10
Hepatitis B virus infection, Chronic	9	-	77	-
Hepatitis B, acute	14	-	93	2
Hepatitis C Virus Infection, chronic or resolved	1	-	22	-
Hepatitis C, acute	1	-	34	-
Influenza, human isolates	2	-	446	-
Lyme disease	1	-	31	-
Methicillin-resistant Staphylococcus aureus (MRSA)	17	-	63	-
Multidrug-resistant Acinetobacter (MDR-A)	1	1	19	17
Pertussis	8	5	34	18
Rickettsia, unspecified	8	-	58	-
Salmonellosis	20	20	62	62
Shiga toxin-producing Escherichia coli (STEC)	3	2	14	13
Shigellosis	4	4	7	7
Streptococcus pneumoniae, invasive disease (IPD)	1	1	16	16
Streptococcus, invasive Group A	1	1	15	7
Streptococcus, invasive Group B	5	3	48	10
Typhoid fever (Salmonella typhi)	1	-	1	-
Typhus fever-fleaborne, murine	4	3	4	3
Varicella (Chickenpox)	16	9	83	23
West Nile Fever	2	-	7	-
Zika virus disease, non-congenital	16	-	79	-