



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

2011 Advisory #26: Haff Disease: Rhabdomyolysis Associated with Fish Consumption

- Two patients developed rhabdomyolysis within 24 hours of consuming cooked Buffalo fish.
- Haff Disease is a rare condition characterized by rhabdomyolysis in persons who consumed fish within 24 hours of symptom onset.
- Providers should have a high level of suspicion for Haff Disease when evaluating patients with rhabdomyolysis who have no obvious risk factors. All suspect cases should be reported promptly to the New York City Department of Health and Mental Hygiene.

Please Distribute to All Clinical Staff in Internal Medicine, Pediatrics, Geriatrics, Primary Care, Infectious Diseases, Emergency Medicine, Family Medicine, and Infection Control

November 22, 2011

Dear Colleagues,

On November 18, 2011, a hospital in Brooklyn reported to the New York City Department of Health and Mental Hygiene (DOHMH) about two patients who presented with vomiting and severe muscle pain. Both patients had elevated creatinine kinase (up to 53,000 IU/L), AST, and ALT (AST and ALT up to 700 IU/L). Rhabdomyolysis was suspected, and usual risk factors for rhabdomyolysis were excluded. The patients, who live in the same household, ate cooked Buffalo fish approximately seven hours before presentation.

First reported in 1924 along the Baltic coast in Europe, Haff Disease is characterized by sudden onset of severe rhabdomyolysis without fever, hepatomegaly, splenomegaly or other neurologic symptoms. After this initial report, over 1,000 cases were identified in the subsequent nine years. Recent consumption of certain types of fish (e.g., burbot, eel, and pike) was a common feature of those who fell ill. In the United States, only 23 cases have been reported since 1984; cases have been associated with eating Buffalo fish, crayfish, and salmon. Median time to onset is 8 hours. Other commonly reported symptoms include nausea, vomiting, chest pain, shortness of breath, and pain with light touch. A specific toxin has not yet been identified.

Leftover fish consumed by the two most recent patients has been sent to FDA for analysis. DOHMH food inspectors are investigating the source of the fish and evaluating whether other potentially contaminated fish should be embargoed. **Please report to DOHMH any patients who present with unexplained rhabdomyolysis.** Cases can be reported to DOHMH by calling 347-396-2600 or, after hours, to the NYC Poison Control Center at 212-764-7667.

As always, we appreciate our ongoing collaboration with healthcare providers in New York City.

Sincerely,

Prabhu Gounder

Prabhu Gounder, MD

Bureau of Communicable Disease

Sharon Balter

Sharon Balter, MD

Bureau of Communicable Disease