

West Nile Virus and Other Arboviral Diseases: 2017

Los Angeles County Epidemiology Final Report May 1st, 2018



West Nile Virus (WNV): In 2017, Los Angeles County (LAC) Department of Public Health (DPH) documented 268 WNV cases including 27 fatalities. LAC accounted for slightly more than half of the state burden and 13% of the national burden of clinical cases in 2017 (California = 509, USA = 2,002). This year's 27 deaths is the highest count of fatalities documented since WNV emerged in LAC in 2003. Previously, the highest count was in 2015 when there were 24 deaths. This year also contributed the 3rd highest number of cases documented and longest recorded season with the last onset date occurring December 24, 2017. Most cases occurred in residents of the Pomona, Glendale, Hollywood-Wilshire, and Central health districts. For information about past WNV seasons in LAC visit the ACDC WNV webpage.

Table 1. Characteristics of WNV Cases: LAC, 2016-2017										
			Clinical Presentation						Demographics	
Number of Infections ¹		Asymptomatic Donor	WNV Fever	Neuroinvasive Disease	Neuroinvasive Diagnosis		Hospitalized	Deaths	Gender M/F	Median Age (Range)
2017	268	15	49	204	110 79 15	= Encephalitis = Meningitis = AFP ²	224	27	184/84	62 (7-96)
2016	153	10	35	108	53 48 5	= Encephalitis = Meningitis = AFP ² = Other ³	131	6	99/54	63.0 (17-92)

 $^{^{1}}$ Count confirmed by LAC DPH as of 05/01/18. Excludes reports from Long Beach and Pasadena.

³West Nile Myelitis or Peripheral Neurologic Dysfunction

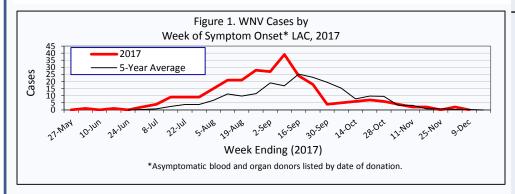
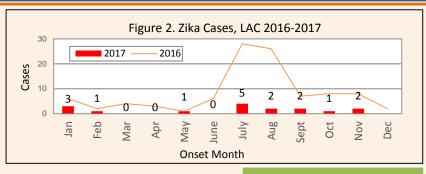


Table 2. Top Cities of Residence with Reported WNV Infections LAC, 2017*

City	Year Total
Los Angeles	123
Glendale	24
Burbank	7
Whittier	7
Arcadia	5
La Puente	5
Lancaster	5
San Gabriel	5
Torrance	5
Lakewood	4

^{* 52} cities with reported infections, excluding Long Beach and Pasadena

Zika: Since 2015, LAC DPH has identified 123 total cases of Zika virus infection. Only 17 cases have been reported in 2017 compared to 101 in 2016 (Figure 2). One case was acquired through sexual transmission in which the partner traveled to Mexico. All other cases in 2017 acquired their infection while traveling outside the US (Table 3). Since 2015, 28 pregnant women with Zika infection have been identified in LAC, all of whom acquired their infection during travel to Mexico or Latin America. For more information on Zika visit the ACDC Zika webpage.



Zika is Still a Risk

Although the number of cases has substantially declined, Zika is still affecting Mexico, Central America, and other <u>areas</u>. All symptomatic persons with possible Zika exposure through travel or sex should be tested. CDPH released <u>new testing guidance for pregnant women and infants on January 10, 2018</u> and no longer recommends routine testing of asymptomatic pregnant women with recent Zika exposure. There is currently no local transmission in LAC, but the mosquito that spreads Zika is found in many parts of LAC. These mosquitoes are not yet infected with Zika and we want to keep it that way! Travelers returning from Zika risk areas should be encouraged to wear insect repellant and take other mosquito bite precautions for 3 weeks after returning to prevent infecting local mosquitoes.

Table 3. Zika Cases by Region of Exposure - LAC, 2017*

Mexico	Guatemala
El Salvador	Costa Rica
Thailand	Philippines

^{*}This does not represent all areas with Zika risk. Routinely visit the <u>CDC Traveler's</u> <u>Health</u> webpage to view a world map.

²Acute Flaccid Paralysis