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Dear Physician and Laboratory Director:

West Nile Virus (WNV) activity is predicted to escalate in Los Angeles County (LAC) this month. Last year's WNV season was one of the worst in the county with 268 cases and 27 deaths, the highest number of fatalities on record. It is important that clinicians recognize and report cases and promote prevention with their patients.

The Acute Communicable Disease Control Program (ACDC) recommends that medical providers:

- ✓ Educate patients, especially those over 50 years of age and those with chronic medical conditions, about how to reduce their risk of WNV.
- ✓ Order WNV testing for all patients with aseptic meningitis, encephalitis, acute flaccid paralysis, or nonspecific illness consistent with WNV fever, from now through November in California.
- ✓ Consider Saint Louis Encephalitis Virus (SLEV) infection if WNV testing is negative and there is no other likely etiology.

Laboratory diagnosis is usually done by testing serum or cerebrospinal fluid (CSF) for WNV-specific IgM antibodies or viral detection using polymerase chain reaction (PCR). These tests are available at many commercial and public health laboratories.

In LAC from May to November, the Department of Public Health (DPH) Public Health Laboratory (PHL) provides WNV-IgM serum antibody testing for suspect cases as well as for confirmation of ambiguous serum test results. WNV-IgM testing on CSF is available through the California Department of Public Health and can be arranged through PHL. PHL does not charge the submitter for these services. Testing at PHL from December to April requires consultation with the ACDC program (213-240-7941).

In 2016, California confirmed its first human case of SLEV since 1997. Like WNV infection, SLEV infection is usually mild or asymptomatic but can cause severe neurologic illness, especially in the elderly. SLEV is transmitted by the same mosquitoes as WNV. Serum serologic testing for SLEV is offered at commercial laboratories and at LAC PHL.

Human WNV and SLEV infection are reportable conditions in California and health care providers are mandated to report cases to the local health department within one working day. Reporting of WNV and SLEV cases guides LAC DPH and the LAC mosquito abatement districts to target mosquito abatement services, surveillance activities and health education. We remind clinicians that all cases of acute encephalitis and meningitis (including those pending definitive diagnosis or suspected to be of viral, bacterial, fungal, or parasitic etiologies) also are reportable within one working day.

Cases may be reported to LA County Department of Public Health by:
Health care providers:
<ul style="list-style-type: none">▪ Phone - call the Communicable Disease Reporting System at 888-397-3993 or▪ Mail or fax - complete a Confidential Morbidity Report (CMR) form and follow fax and mail instructions.
Laboratories:
<ul style="list-style-type: none">▪ Electronic Laboratory Reporting (ELR) for connected laboratories▪ Web-based vCMR Community Reporting Module system▪ Confidential Morbidity Report (CMR), attach a copy of your lab report and fax to 1-888-397-3778

LAC DPH provides updated surveillance reports to the medical community throughout the summer and fall. To receive weekly WNV and arboviral surveillance reports send an email to ACDC2@ph.lacounty.gov. Recent WNV epidemiology in LAC is summarized in this [article](#). For additional information please consult the [LAC DPH website](#).

Medical consultation regarding WNV and arboviral infection in humans, prevention, surveillance activities, and test interpretation is available by contacting the ACDC office at (213) 240-7941. Department of Public Health looks forward to working with clinicians and laboratories in our WNV and arboviral surveillance efforts.

Sincerely,



Sharon Balter, M.D.
Director, Acute Communicable Disease Control Program

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