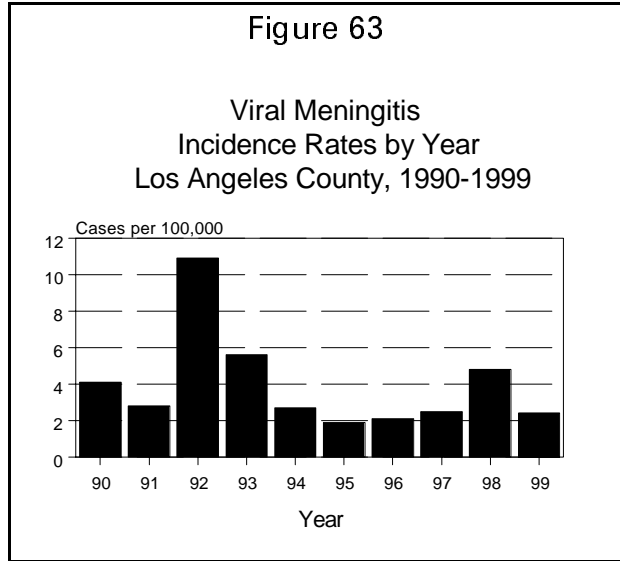


## MENINGITIS, VIRAL

CRUDE DATA	
Number of Cases	219
Annual Incidence <sup>a</sup>	
LA County	2.4
United States	N/A
Age at Onset	
Mean	21
Median	17
Range	4 days - 92 yrs
Case Fatality	
LA County	N/A
United States	N/A

<sup>a</sup>Cases per 100,000 population.



### ETIOLOGY

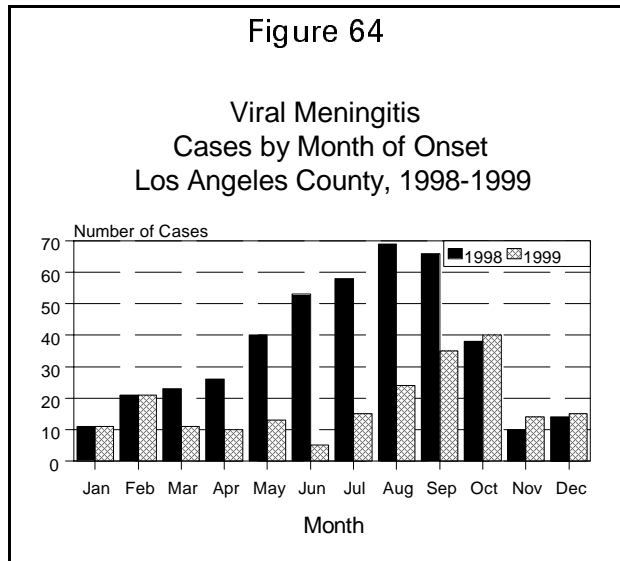
Viral (aseptic) meningitis is a clinical syndrome with multiple viral etiologies. A specific etiology is determined in a minority of cases. Of those with laboratory confirmation, enteroviruses are most often implicated.

### DISEASE ABSTRACT

In 1999, there was a decrease in the incidence of viral meningitis from 1998 and a return to rates more consistent with those seen in prior years (Figure 63). The typical summer-to-fall seasonality began, and peaked, much later than in 1998 (Figure 64).

### COMMENTS

Diagnosis of viral meningitis is based on a clinical presentation consisting of acute onset of meningeal symptoms, fever, white blood cells in the cerebrospinal fluid, with bacteriologically sterile cultures. In the majority of cases reported as viral meningitis an etiology is not identified. Viral cultures are usually not performed because of the time needed for viral growth and identification, the need for special laboratory capabilities, lack of specific therapy, and cost.

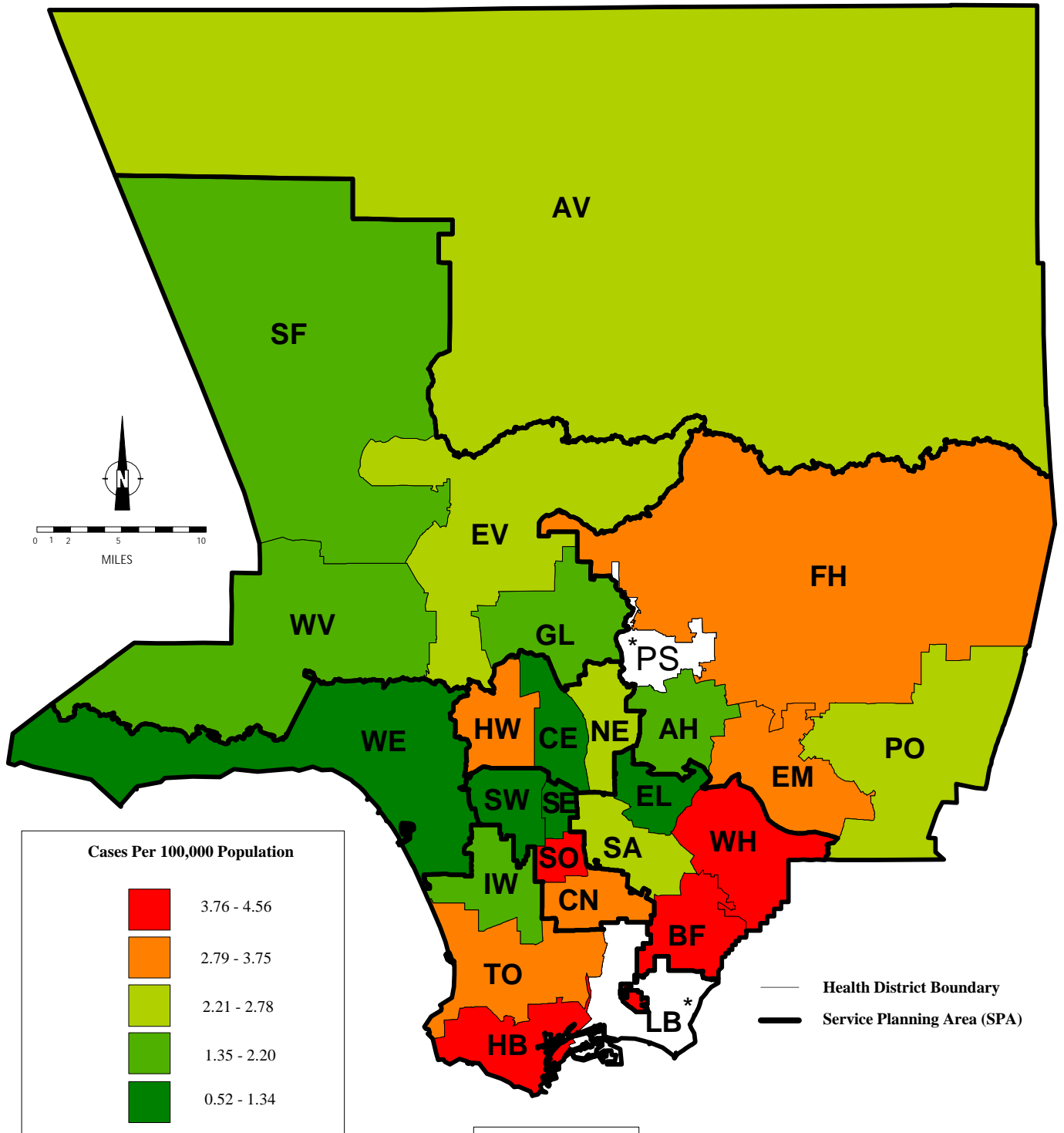


The etiology of viral meningitis is not usually detected. When an agent is identified, non-polio enteroviruses account for over 80% of these cases. A rapid diagnostic test (RT-PCR, reverse transcriptase-polymerase chain reaction) is being developed and is expected in the near future. As improved diagnostic tests become available, a better understanding of the etiology of viral meningitis should emerge.

Currently the treatment for viral meningitis is supportive; however, development of agents to treat enteroviruses is in progress. Since enterovirus is the most frequently identified etiologic agent of viral meningitis, and transmission is primarily through the fecal-oral route, prevention emphasizes good personal hygiene, especially handwashing.

Surveillance is passive and viral meningitis cases are reported most frequently by health care providers and hospital infection control practitioners. Outbreaks are rare but do occur (in Taiwan in 1998 and in Romania in 1999). No outbreaks were reported in LAC in 1999. Factors influencing the return to typical rates of infection in 1999 were not evident.

# MAP 7. Viral Meningitis Rates by Health District, Los Angeles County, 1999\*



\*Excludes Long Beach and Pasadena Data.

