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July 3, 2014

Dear Physician and Laboratory Director:

The 2014 West Nile virus (WNV) season in Los Angeles County (LAC) follows on the footsteps of the second and third highest counts of human infection in 2012 and 2013, respectively, that the LAC Department of Public Health (DPH) has documented since WNV first appeared in LAC in 2003. LAC recorded 174 human infections, including asymptomatic blood donors in 2012 and 165 in 2013. In 2013, WNV proved to be more widespread than previous years, with increased WNV cases in the South Bay and Antelope Valley than in prior years. The number of human WNV infections documented in LAC has ranged as high as 309 in 2004 to as low as 4 in 2006 and 2010.

WNV activity has already started this year with the detection of a WNV positive chicken at the beginning of January in the San Fernando Valley area. Other environmental indicators including WNV positive dead birds and mosquito pools have been detected near the South Bay area. It is difficult to predict the number of infections that may occur each season, but reporting infections guides the DPH and the LAC mosquito abatement districts to target mosquito abatement services, surveillance activities and health education. LAC DPH requests your continued participation in the reporting of human WNV infections.

Acute Communicable Disease Control Program (ACDC) **recommends that physicians and other medical providers order WNV screening tests for all patients with aseptic meningitis, encephalitis, or acute flaccid paralysis**, as well as those who are experiencing a nonspecific illness compatible with **WNV fever** (an acute infection characterized by headache, fever, muscle pain, and/or rash lasting three days or longer) during the WNV season, late spring through November in California.

California and LAC DPH regulations require physicians and laboratories to report all positive laboratory findings of WNV (and any other arbovirus infection) to the patient's local public health department within one working day. WNV fever, WNV neuroinvasive disease (meningitis, encephalitis, and acute flaccid paralysis), and asymptomatic WNV positive blood donors are reportable. We remind clinicians and infection preventionists that all cases of acute encephalitis and meningitis (including those pending definitive diagnosis or suspected to be of viral, bacterial, fungal, or parasitic etiologies) remain reportable under the current California Code of Regulations section 2500 within one working day. A standard Confidential Morbidity Report (CMR) (available at <http://publichealth.lacounty.gov/acd/reports/cmr-h-794.pdf>) can be used to file a report; the CMR may be faxed to the DPH Morbidity Unit at (888) 397-3778.

You may also report cases by telephone (888) 397-3993 during normal business hours from 8:00 a.m. to 5:00 p.m. For cases among residents of the cities of Long Beach or Pasadena, please contact their local health departments:

- City of Long Beach Health Department: 562-570-4302
- City of Pasadena Health Department: 626-744-6000

Serum serologic testing is the preferred diagnostic test for suspect cases of WNV fever and neuroinvasive WNV infection. Specimens positive for acute WNV infection in commercial labs generally do not require confirmation by the LAC Public Health Laboratory (PHL) to meet the WNV case definition. Excellent correlation has been shown between tests performed at most commercial labs and subsequent confirmation in PHL at the county and state.

From May through November, the LAC PHL is available for initial screening tests and confirmation of ambiguous results on serum specimens at no charge to the submitter. The laboratory submittal form (<http://publichealth.lacounty.gov/lab/docs/H-3021%20Test%20Request%20Form.pdf>) must be completed and accompany the specimen(s). The PHL accepts serum specimens for WNV testing on patients hospitalized or evaluated in an emergency department with aseptic meningitis, encephalitis, or acute flaccid paralysis syndrome (atypical Guillain-Barré syndrome); outpatients with possible WNV fever may also be tested. Prior approval from ACDC physicians is not required before WNV testing. Though, LAC PHL no longer tests cerebrospinal fluid (CSF) for WNV infection, CSF testing is available at the California Department of Public Health (CDPH). CSF specimens sent to LAC PHL will be forwarded to CDPH for testing.

The DPH provides updated surveillance reports to the medical community throughout the summer and fall. For up-to-date WNV information, please consult the LAC DPH web site at <http://publichealth.lacounty.gov/acd/VectorWestNile.htm>. Additionally, we encourage medical providers to sign up for *Rx for Prevention*, the public health newsletter, at: <https://admin.publichealth.lacounty.gov/phcommon/public/listserv/index.cfm?ou=ph>.

For medical consultation regarding WNV infection in humans, WNV prevention, surveillance activities, and test interpretation, please contact Rachel Civen, M.D., M.P.H. at (213) 240-7941 during normal business hours from 8:00 a.m. to 5:00 p.m. Critical after hours consultation is available by contacting the county operator and asking for the after-hours doctor on call at (213) 974-1234. DPH looks forward to working with clinicians and laboratories in our WNV surveillance efforts.

Sincerely,



Laurene Mascola, M.D., M.P.H., F.A.A.P.
Chief, Acute Communicable Disease Control Program

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