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June 6, 2008

Dear Physician and Laboratory Director:

The West Nile virus (WNV) season is quickly approaching. WNV is now considered an endemic (enzootic) vector-borne disease in California (CA), so as in past years the Los Angeles County (LAC) Department of Public Health (DPH) will continue surveillance for WNV activity. Last year, Los Angeles County experienced over a two-fold increase in WNV infections. In 2007, there were 43 reported WNV cases with 5 deaths attributed to WNV infection, compared to 16 cases and no deaths in 2006. The last reported deaths were in 2004 when 13 deaths were attributed to WNV infection. While it is difficult to predict the severity of this year's season, the increase of cases and deaths occurring in 2007 after a marked yearly decline since the initial outbreak of 309 WNV cases in 2004 demonstrates the possibility of even more cases to come. Although in past years, WNV cases have not occurred until June, it is not too early to prepare. Already, there are indications of non-human WNV activity with WNV-positive dead birds, sentinel chickens and mosquito pools being detected within Los Angeles County and throughout the state.

The Acute Communicable Disease Control Program (ACDC) recommends that physicians 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 West Nile Virus 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 late October in CA.

West Nile Virus fever, WNV neuroinvasive disease (meningitis, encephalitis, and acute flaccid paralysis), and asymptomatic WNV positive blood donors are reportable by law to the DPH. Case information helps guide DPH and the five mosquito abatement districts within Los Angeles County to target both mosquito abatement services and health education via the mass media and community based organizations to communities at particularly high risk.

California and 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 (1) working day. We remind clinicians and infection control professionals 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) 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 during normal business hours to (888) 397-3993.

Specimens positive for acute WNV infection in commercial labs do not require confirmation by the Los Angeles County Public Health Laboratory (PHL) to meet the WNV case definition. Excellent correlation has been shown repeatedly between tests performed at reference labs and subsequent confirmation in public health laboratories at the county and state.

The LAC PHL remains available for initial screening tests and confirmation of ambiguous results at no charge to the submitter. Enclosed are testing guidelines and specimen collection protocols for PHL submissions. A standard lab slip with physician and patient contact information must accompany the specimen(s). The PHL will accept serum specimens on outpatients with possible West Nile Virus fever diagnosed by a medical provider. Cerebrospinal fluid (CSF) and serum samples can be submitted for WNV testing for patients hospitalized or evaluated in an emergency department or other health care setting for aseptic meningitis, encephalitis, or acute flaccid paralysis syndrome (atypical Guillain-Barré syndrome). Additionally, for cases of viral meningitis and encephalitis, polymerase chain reaction testing of the CSF for herpes viruses and enteroviruses are available upon request. Prior approval from ACDC physicians is not required before testing clinically compatible WNV fever or neuroinvasive disease cases.

The DPH will provide updated surveillance reports to the medical community as information becomes available. Public Health looks forward to working with clinicians and laboratories in our surveillance efforts for WNV. For more information on WNV and other public health issues, please consult the LAC DPH web site at <http://www.publichealth.lacounty.gov>. For medical consultation regarding WNV disease in humans, WNV prevention, surveillance activities, and test interpretation contact Rachel Civen, M.D., M.P.H., at (213) 240-7941. Critical after-hours consultation is available by contacting the county operator and asking for the after hours doctor on call at (213) 974-1234.

Sincerely,



Laurene Mascola, M.D., M.P.H., F.A.A.P.
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Los Angeles County Department of Public Health

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Enclosure

c: Rachel Civen, M.D., M.P.H.