



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

Acute Communicable Disease Control

LAURENE MASCOLA, M.D., M.P.H., Chief
313 North Figueroa Street, Room 212
Los Angeles, California 90012
TEL (213) 240-7941 • FAX (213) 482-4856

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

June 22, 2012

Dear Physician and Laboratory Director:

The detection of dead birds and mosquito pools positive for West Nile virus (WNV) in Los Angeles County (LAC) in February marks the return of the 2012 WNV season. Currently, four dead birds have been detected in locations as widespread as the city of Santa Monica and the foothills of the San Gabriel Mountains and one positive mosquito pool has been found in the San Fernando Valley. At this time last year, one dead bird and two mosquito pools were found to be positive for WNV. A total of 63 WNV human cases were reported to the LAC Department of Public Health (DPH) by the end of 2011, a nearly 16-fold increase from 4 cases in 2010. WNV surveillance has recorded up to 309 human infections in a single year in LAC since WNV was first identified in the LAC in 2003. It is difficult to predict the number of infections that may occur each season but reporting infections helps guide DPH and the LAC mosquito abatement districts to prevent further cases by targeting mosquito abatement services and health education. The LAC DPH welcomes your continued participation this year in the reporting of human WNV infections.

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 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 the first week of November in California.

The California Department of Public Health 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 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) (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 during normal business hours from 8:00 a.m. to 5:00 p.m., Monday to Friday at (888) 397-3993.

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 LAC PHL at the county and state.

The LAC PHL remains available for initial screening tests and confirmation of ambiguous results on serum specimens at no charge to the submitter. Enclosed is a standard laboratory submittal form (http://publichealth.lacounty.gov/lab/docs/H-3021Test_Request_Form.pdf) that must be completed and accompany the specimen(s). The LAC 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. The LAC PHL no longer tests cerebrospinal fluid (CSF) for routine diagnosis of neuroinvasive WNV infection. CSF testing can be requested under special circumstances (e.g. confirmation of ambiguous serum results); the specimen will be forwarded to the Centers for Disease Control and Prevention for testing.

The LAC 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 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., Monday to Friday. Critical after hours and weekend consultation are available by contacting the county operator and asking for the after-hours doctor on call at (213) 974-1234. LAC 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
Los Angeles County Department of Public Health

LM:RC:sn

M:\Letters\2012\WNV-RC-006.docx

Attachment

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