



CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

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

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August 2, 2016

Dear Physician and Laboratory Director:

With Zika virus dominating the news, the Los Angeles County (LAC) Department of Public Health (DPH) is reminding residents and clinicians that another mosquito-borne infection, West Nile virus (WNV) continues to affect local residents each year. Cases of Zika infection have been reported in returning travelers, but locally transmitted Zika has not been reported in LAC or in the state of California. However, endemic transmission of WNV caused record numbers of human infections in 2015. Last year marked the 4th consecutive year that the LAC DPH has documented increasing counts of human WNV infections. In 2015, there were 300 infections, including 24 deaths, the highest count since the first LAC WNV outbreak in 2004. In addition, the WNV season continued through late November, making it one of the longest WNV seasons to date. In 2015, WNV continued to be widespread across LAC with record numbers of human WNV infections in residents of the San Fernando area, metropolitan Los Angeles (LA) area and West LA and East LA neighborhoods. In previous years, the large majority of infections occurred in residents of the San Fernando Valley and San Gabriel Valley regions.

WNV activity has already begun this year with the detection of mosquito pools, chickens and dead birds positive for WNV throughout LAC. To date in 2016, LAC has documented 5 clinical cases and two infections in asymptomatic blood donors. The Acute Communicable Disease Control Program (ACDC) recommends that 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 from June through November in California.

Serum serologic testing is the preferred diagnostic approach for suspect cases of WNV infection. Specimens positive for acute WNV infection in commercial laboratories generally do not require confirmation by the LAC Public Health Laboratory (PHL). Excellent correlation has been shown between tests performed at most commercial labs and subsequent confirmation at LAC PHL and the California Department of Public Health (CDPH).

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. Attached is a standard laboratory submittal form (also available at: www.publichealth.lacounty.gov/lab/docs/H-3021%20Test%20Request%20Form.pdf) that 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 an ACDC physician is not required before WNV testing. Although LAC PHL no longer tests cerebrospinal fluid (CSF) for WNV infection, CSF testing is available at CDPH. CSF specimens sent to LAC PHL will be forwarded to CDPH for testing.

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The reporting of WNV 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. The California code of regulations requires physicians and laboratories to report all positive acute 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. A patient with positive IgM WNV serum serology with clinical symptoms suggestive of WNV infection should be reported as a suspect WNV case. For all suspect cases, medical records will be requested and reviewed.

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) also are reportable under the current California Code of Regulations, section 2500, within one working day. A standard Confidential Morbidity Report (CMR) available at: www.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. to (888) 397-3993. 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

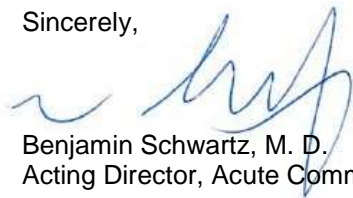
The DPH provides updated surveillance reports to the medical community throughout the summer and fall.

For up-to-date WNV information, please consult the LAC DPH web site at:

www.publichealth.lacounty.gov/acd/VectorWestNile.htm. Additionally, we encourage all medical providers to sign up for LAHAN, the LAC Health Alert Network, at: www.publichealth.lacounty.gov/lahan/

For medical consultation regarding WNV infection in humans, WNV prevention, surveillance activities and test interpretation, please contact the Acute Communicable Disease Control Program at (213) 240-7941, during normal business hours from 8:00 a.m. to 5:00 p.m. Critical after hour's consultation is available by contacting the County Operator and asking for the after-hours doctor on call at (213) 974-1234. Public Health looks forward to working with clinicians and laboratories in our WNV surveillance efforts.

Sincerely,



Benjamin Schwartz, M. D.
Acting Director, Acute Communicable Disease Control Program

BS:RC:VN:ea

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Attachment

c: Rachel Civen, M.D.
Karen Ehnert, D.V.M, M.P.V.M.
Kenn Fujioka, M.P.H., Ph.D.
Nicole Green, Ph. D.
Susanne Klueh, M.S.
Karen Mellor, M.D.
Van Ngo, M.P.H.
Robert Saviskas, M.S., R.E.H.S.
Ola Thomas, M. P. H.
Mitchell Weinbaum, M.S., R.E.H.S.

Terri Williams, R.E.H.S.