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August 29, 2017

Dear Physician and Laboratory Director:

The Los Angeles County (LAC) Department of Public Health (DPH) reminds residents and clinicians that endemic West Nile virus (WNV) continues to affect county residents each year. In 2016, 153 cases of locally transmitted WNV were documented, 108 of which were neuro-invasive disease including 5 deaths. Although this is a decrease from 300 cases in 2015, it marked the 5th consecutive year that LAC DPH has documented high case counts. In 2016, as in other recent years, the WNV season continued through late November and cases occurred throughout LAC, with the highest risk among residents of the San Fernando Valley region.

WNV activity began early this year with the confirmation of WNV illness in March in a San Gabriel Valley resident and the detection of WNV positive mosquito pools, sentinel chickens, and dead birds across the county. In 2017 to date, LAC has documented 38 human cases, including 3 asymptomatic blood donors. The Acute Communicable Disease Control Program (ACDC) recommends that medical providers order WNV testing for all patients with aseptic meningitis, encephalitis, or acute flaccid paralysis during the WNV season, late spring through November in California. Also consider testing patients 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).

Serum serologic (IgM) testing is the preferred diagnostic approach for suspect cases of WNV fever and neuroinvasive WNV infection. Specimens positive for acute WNV infection in commercial laboratories 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 at LAC PHL and the California Department of Public Health (CDPH).

From May through November, the LAC PHL is available for initial tests and confirmation of ambiguous results on serum specimens at no charge to the submitter. Attached is a standard [laboratory submittal form](http://publichealth.lacounty.gov/lab/docs/H-3021%20Test%20Request%20Form.pdf) (<http://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 ACDC physicians 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.

In addition to WNV, Saint Louis encephalitis virus (SLEV) has recently re-emerged in LAC and California. Positive mosquito pools and sentinel chickens were found positive for SLEV in 2016, the first detection since 2003 in LAC. Last year, California also confirmed its first human case of SLEV since 1997. Like WNV infection, SLEV infection is usually mild or asymptomatic but can cause severe neurologic illness, especially in the elderly. SLEV are transmitted by the same mosquitoes as WNV. Providers should consider SLEV infection in their differential diagnosis if WNV testing is negative and there is no other likely etiology. Serum serologic testing for SLEV is offered at commercial laboratories and at LAC PHL.

LAC DPH requests your participation in the reporting of human WNV and SLEV infections. Reporting of WNV and SLEV cases guides the DPH and the LAC mosquito abatement districts to target mosquito abatement services, surveillance activities and health education. The California Code of Regulations, section 2500, require providers to report all positive acute laboratory findings of WNV and SLEV to the patient's local public health department within one working day. Clinical cases of WNV and SLEV infection and asymptomatic WNV positive blood donors are also reportable. For all suspect cases, medical records will be requested and reviewed.

We remind clinicians 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 within one working day. A standard [Confidential Morbidity Report \(CMR\)](http://publichealth.lacounty.gov/acd/reports/cmr-h-794.pdf) (<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 webCMR or by calling (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

The DPH provides updated surveillance reports to the medical community throughout the summer and fall. To receive weekly WNV and arboviral surveillance reports send an email to ACDC2@ph.lacounty.gov. For additional information please consult the [LAC DPH website](http://publichealth.lacounty.gov/acd/VectorWestNile.htm) (<http://publichealth.lacounty.gov/acd/VectorWestNile.htm>).

Medical consultation regarding WNV and arboviral infection in humans, prevention, surveillance activities, and test interpretation is available by contacting Van Ngo, M.P.H. or Emily Barnes, M.P.H in ACDC at (213) 240-7941. Public Health looks forward to working with clinicians and laboratories in our WNV and arboviral surveillance efforts.

Sincerely,



Sharon Balter, M.D.
Director, Acute Communicable Disease Control Program

SB:BS:BH

T:\ACDC\ACDC-Shared Files\acd\ADMIN\Letter Formatting\2017\16 -2017 VNV Surveillance

Attachment

c: Emily Barnes, M.P.H.
Jared Dever
Karen Ehnert, D.V.M., M.P.V.M.
Nicole Green, Ph.D.
Bessie Hwang, M.D., M.P.H.
Susanne Kluh, M.S.

Karen Mellor, MSc
Van Ngo, M.P.H.
Robert Saviskas, M.S., R.E.H.S.
Mitchell Weinbaum, M.S., R.E.H.S.
Terri Williams, R.E.H.S.



PUBLIC HEALTH LABORATORY

TEST REQUISITION FORM

12750 ERICKSON AVENUE
DOWNEY, CA 90242
(562) 658-1300
FAX (562) 401-5999

California Certified Public Health Laboratory # 335637
CLIA # 05D1066369

PATIENT NAME (LAST, FIRST)				DATE/TIME RECEIVED	DATE/TIME REPORTED
PATIENT ID NUMBER				SUBMITTER	
				RACE	M
SPECIMEN SOURCE	PATIENT LOCATION / CLINIC		DATE/TIME TAKEN	REQUESTING PHYSICIAN / REFERRING LABORATORY	SUBMITTER ACCESSION #
INFORMATION FOR VIRAL CULTURE			INFORMATION FOR MICROBIOLOGICAL EXAM		
Date of onset			PHN Code #		
Suspected virus			Outbreak #		
			<input type="checkbox"/> Possible Child Abuse (Consult Laboratory)		
			<input type="checkbox"/> Possible Medico-Legal Case (Consult Laboratory)		

TEST REQUEST

- | | | |
|---|---|---|
| <input type="checkbox"/> AEROBIC BACTERIAL ID | <input type="checkbox"/> CRYPTOSPORIDIUM/CYCLOSPORA/ ISOSPORA | <input type="checkbox"/> MALARIA CONFIRMATION |
| <input type="checkbox"/> AEROBIC BACTERIAL CULTURE
SPECIFY _____ | <input type="checkbox"/> E. COLI 0157, CULTURE | <input type="checkbox"/> MICROSPORIDIUM EXAM |
| <input type="checkbox"/> AFB, AMPLIFIED M. TUBERCULOSIS DIRECT TEST | <input type="checkbox"/> E. HISTOLYTICA EIA | <input type="checkbox"/> N. GONORRHOEAE CULTURE* |
| <input type="checkbox"/> AFB, CULTURE FOR IDENTIFICATION | <input type="checkbox"/> FOOD - SPECIFY _____ | <input type="checkbox"/> N. GONORRHOEAE - NAAT |
| <input type="checkbox"/> AFB, SMEAR "ONLY" | <input type="checkbox"/> FUNGAL CULTURE AND ID | <input type="checkbox"/> OVA AND PARASITE EXAM |
| <input type="checkbox"/> AFB, SMEAR, CULTURE, SUSCEPTIBILITY | <input type="checkbox"/> FUNGAL CULTURE ID | <input type="checkbox"/> PINWORM PREP. |
| <input type="checkbox"/> AFB, SUSCEPTIBILITY | <input type="checkbox"/> FUNGAL ID, DNA PROBE | <input type="checkbox"/> QUANTIFERON |
| <input type="checkbox"/> ANAEROBIC BACTERIAL ID | <input type="checkbox"/> <input type="checkbox"/> COCCIDIODES IMMITIS | <input type="checkbox"/> RABIES AG, DFA |
| <input type="checkbox"/> ANAEROBIC BACTERIAL CULTURE
SPECIFY _____ | <input type="checkbox"/> <input type="checkbox"/> HISTOPLASMA CAPSULATUM | <input type="checkbox"/> RESPIRATORY VIRUS CULTURE |
| <input type="checkbox"/> ARBOVIRUS AB PANEL | <input type="checkbox"/> HEPATITIS A TOTAL AB | <input type="checkbox"/> RESPIRATORY PATHOGEN PCR PANEL |
| <input type="checkbox"/> BLOOD SMEAR, PARASITE EXAM | <input type="checkbox"/> HEPATITIS A IgM | <input type="checkbox"/> RICKETTSIAL AB PANEL |
| <input type="checkbox"/> BORDETELLA CULTURE | <input type="checkbox"/> HEPATITIS B CORE AB | <input type="checkbox"/> ROTAVIRUS AG DETECTION |
| <input type="checkbox"/> BORDETELLA PCR | <input type="checkbox"/> HEPATITIS B SURFACE AB | <input type="checkbox"/> SALMONELLA SHIGELLA CULTURE |
| <input type="checkbox"/> CAMPYLOBACTER CULTURE | <input type="checkbox"/> HEPATITIS B SURFACE AG | <input type="checkbox"/> SHIGA-LIKE TOXIN SCREEN |
| <input type="checkbox"/> C. TRACHOMATIS CULTURE | <input type="checkbox"/> HEPATITIS C VIRUS AB | <input type="checkbox"/> STOOL CULTURE - SPECIFY _____ |
| <input type="checkbox"/> C. TRACHOMATIS/N. GONORRHOEAE
NUCLEIC ACID AMPLIFICATION TEST | <input type="checkbox"/> HISTOPLASMA AB, COMP, FIX | <input type="checkbox"/> SYPHILIS REFLEX PANEL |
| <input type="checkbox"/> C. BOTULINUM - TOXIN | <input type="checkbox"/> HIV-1/2 AB | <input type="checkbox"/> T. VAGINALIS, NAAT |
| <input type="checkbox"/> C. BOTULINUM - CULTURE | <input type="checkbox"/> HIV-1 RESISTANCE, GENOTYPING | <input type="checkbox"/> VIBRIO CULTURE |
| <input type="checkbox"/> CMV CULTURE | <input type="checkbox"/> HIV-1, VIRAL LOAD, PCR | <input type="checkbox"/> VIRAL CULTURE COMPREHENSIVE |
| <input type="checkbox"/> COCCIDIODES AB SCREEN, EIA | <input type="checkbox"/> HIV-1 WESTERN BLOT | <input type="checkbox"/> VIRAL IDENTIFICATION |
| <input type="checkbox"/> COCCIDIODES REFLEX PANEL, COMP. FIX | <input type="checkbox"/> HSV 1/2 PCR | <input type="checkbox"/> WEST NILE VIRUS AB |
| <input type="checkbox"/> CRYPTOSPORIDIUM/GIARDIA | <input type="checkbox"/> HSV CULTURE | <input type="checkbox"/> WORM IDENTIFICATION |
| | <input type="checkbox"/> HSV-2 IgG AB | <input type="checkbox"/> YERSINIA CULTURE |
| | <input type="checkbox"/> INFLUENZA VIRUS A/B PCR | <input type="checkbox"/> OTHER _____ |
| | <input type="checkbox"/> LEAD, BLOOD | _____ |
| | <input type="checkbox"/> M. TUBERCULOSIS, PCR | _____ |
| | <input type="checkbox"/> M. TUBERCULOSIS, MOLECULAR
DETECTION OF DRUG RESISTANCE | |