

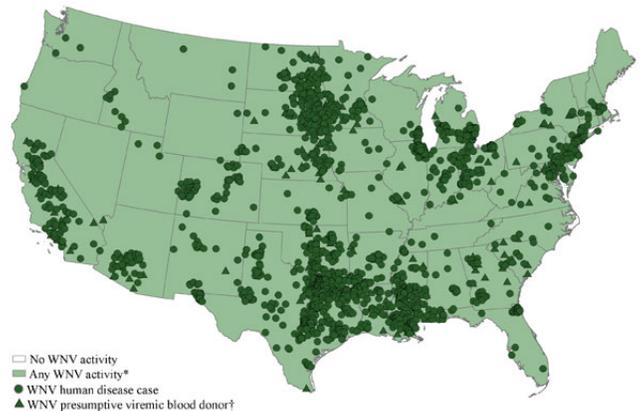
September 14, 2012

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West Nile Virus

Additional WNV infections have been reported in Orange County. Consider WNV in your patients with aseptic meningitis, encephalitis, or prolonged fever and submit serology for testing.

- **WNV – Orange County:** So far this season, seven human WNV infections, including five symptomatic cases and two asymptomatic WNV-positive blood donors, have been reported. Typically in Orange County, cases of WNV continue to be reported through September and often into October.
- **Clinical Features of WNV Infection:**
 - **~80% of WNV infections are asymptomatic.** Most of these usually do not get diagnosed, but since blood is screened for WNV infection after donation, asymptomatic infections in blood donors are captured. Blood donors who test positive for WNV are followed up for signs/symptoms of infection. In addition, WNV patients are asked about blood donation in the 14 days prior to onset and any positives are reported to the blood collection facility.
 - **West Nile Fever (WNF) – 15-20%:** WNF is a febrile illness accompanied by some combination of headache, fatigue, and myalgias. Skin rash and/or lymphadenopathy also occasionally occur.
 - **West Nile Neuroinvasive Disease (WNND) – <1%:** WNND can manifest as meningitis, encephalitis, and/or acute flaccid paralysis. Meningitis symptoms can include headache, high fever, and neck stiffness. Those with encephalitis can also experience changes in mental status, seizures, or coma. Asymmetric limb weakness or paralysis may occur alone or along with other symptoms.
- **Diagnosis** of WNV infection is best made by serologic testing of WNV IgM and IgG. CSF WNV IgM should be tested in WNND cases. WNV IgM may be negative early in the course of the disease and repeat serologic testing is recommended if WNV infection is suspected.
- **Clinical Management:** Weakness may be a prominent finding in patients with WNV. Evaluate and document motor strength and reflexes in patients with possible WNV infection, especially neuroinvasive disease, and monitor hospitalized WNV patients for respiratory weakness and need for respiratory support. There is currently no specific treatment for WNV infection. More information on clinical management can be found at: <http://www.cdc.gov/ncidod/dvbid/westnile/clinicians/>.
- **Prevention:** Avoiding mosquito bites is the #1 way to prevent WNV infection: (1) use insect repellent effective against mosquitoes causing WNV; (2) stay indoors from dusk to dawn, when these mosquitoes are most active; and (3) wear long sleeves and pants while outdoors. For information about repellent: <http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm>. For information about insect repellent use on children, visit the American Academy of Pediatrics website at: <http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Insect-Repellents.aspx>.
- **WNV -- California:** As of September 12, 2012, a total of 92 human cases have been reported from 35 counties, including four deaths. Of the 92 cases, 58 (63%) had neuroinvasive illness.
- **WNV – United States:** As of September 11, 2012, 2,636 human cases have been reported from 48 states, the highest number of WNV disease cases reported to CDC through the second week in September since 2003. Approximately two-thirds of the cases have been reported from six states (Texas, Louisiana, South Dakota, Mississippi, Michigan, and Oklahoma) and 40 percent of all cases have been reported from Texas.



West Nile virus (WNV) activity reported to ArboNET, by state, United States, 2012 (as of September 11, 2012)