



DATE:	07/20/2015
TO:	Health Alert Network
FROM:	Karen M. Murphy, PhD, RN, Secretary of Health
SUBJECT:	2015 West Nile Virus Season in Pennsylvania
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	Statewide
COUNTY:	Statewide
MUNICIPALITY:	Statewide
ZIP CODE:	Statewide

This transmission is a “Health Advisory” that provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, INFECTION CONTROL, NURSING, AND LABORATORY STAFF IN YOUR HOSPITAL

EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE

FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE

LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE

PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

Over the past three weeks, routine seasonal monitoring conducted by the Pennsylvania Department of Environmental Protection (DEP) West Nile virus (WNV) surveillance program has detected 61 WNV-infected mosquito samples from 15 counties throughout the Commonwealth. No human WNV infections have been detected yet in Pennsylvania in 2015; however, the risk of WNV transmission to humans is beginning to increase. Risk is likely to remain elevated over the next several months, even with continuing efforts to suppress mosquito populations. To raise awareness, PADOH is reminding the public to take steps to reduce exposure to potentially infected mosquitoes. PADOH is also reminding health care providers to consider the diagnosis of WNV in exposed persons presenting with undifferentiated febrile illness or signs of meningoencephalitis, collect appropriate diagnostic specimens, and promptly contact your local health department or PADOH for assistance.

DIAGNOSIS OF WNV INFECTION

While the majority of persons infected with WNV will be asymptomatic, the virus can produce a non-specific febrile illness (West Nile fever) or severe meningo-encephalitis. Severe disease is more likely to occur in older individuals (especially the elderly) or those with compromised immunity from disease or medications. WNV-related disease is most commonly seen during the months of July through September.

Risk of WNV transmission continues until the first hard frost in the fall. Additional information about WNV-associated illness can be found at www.cdc.gov/westnile/.

Pennsylvania physicians are reminded that encephalitis and meningitis of any etiology, and all arboviral infections (including non-neuroinvasive arboviral infections), are reportable conditions under existing Pennsylvania health regulations (Chapter 27). Report such cases online via PA-NEDSS (email NEDSS@pa.gov to register), or call your county/municipal health department or local State Health Center.

Consider West Nile virus testing for patients meeting the following criteria:

1. Any adult or pediatric patient with **suspected viral encephalitis** (Criteria a, b and c below) with or without associated muscle weakness (Criteria d):
 - a. Fever $\geq 38.0^{\circ}\text{C}$ or 101°F (most patients with West Nile disease have higher fevers), **and**
 - b. Altered mental status (altered level of consciousness, agitation, lethargy) and/or other evidence of cortical involvement (e. g. , focal neurological findings, seizures), **and**
 - c. CSF pleocytosis with predominant lymphocytes and/or elevated protein and a negative Gram stain and culture, **with or without**
 - d. Muscle weakness (especially flaccid paralysis) confirmed by neurological exam or by EMG.
2. Any adult or pediatric patient with **presumptive aseptic meningitis**:
(Please note that enteroviral meningitis is common among young children during the summer months, and should be considered first when assessing cases of aseptic meningitis in children aged 2 years or older):
 - a. Fever, **and**
 - b. Headache, **and**
 - c. Stiff neck and/or other meningeal signs, **and**
 - d. CSF pleocytosis with predominant lymphocytes and moderately elevated protein, and a negative Gram stain and culture.

Patients with milder illnesses (*e. g., fever and headache, fever and rash, fever and lymphadenopathy*) may also be tested for WNV.

PADOH requests that all suspected WNV cases have specimens (serum and/or CSF) submitted to PADOH's Public Health State Laboratory in Lionville, Pennsylvania. Laboratory testing is performed free-of-charge. Please note: IgM antibody to WNV is usually not detectable until 3 days (in CSF) to 8 days (in serum) after illness onset. Instructions for submitting specimens to the state lab can be found at <http://www.westnile.state.pa.us/action/WNVSubmissionForm.pdf>.

Please share this information with appropriate personnel in your facility or practice. If you have questions, need additional information or want to report dead birds, please visit the Pennsylvania WNV website (<http://www.westnile.state.pa.us/>) or call 1-877-PA HEALTH.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of July 20, 2015, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.
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