



WEST NILE VIRUS INFECTION DIAGNOSED IN WEST VIRGINIA RESIDENT

TO: West Virginia Local Health Departments, Health Care Providers, Health Care Facilities, Health Professional Organizations, Veterinarians and Other Health Partners

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES, VETERINARIANS AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

A case of West Nile virus (WNV) infection has been reported in a Kanawha County resident. This is the first human case of WNV reported in West Virginia in three years.

The clinical presentation of West Nile virus infection can range from asymptomatic infection to severe central nervous system involvement. There is no vaccine against WNV, and treatment is supportive.

PROVIDERS:

Heightened awareness to the possibility of WNV infection is encouraged. Consider WNV or other arboviral infections when evaluating patients with the following clinical syndromes:

- Undifferentiated febrile illness (“febrile headache”)
- CNS infection - aseptic meningitis, encephalitis, or myelitis
- Variable CNS manifestations, usually accompanied by fever – seizures, tremors, movement disorders, signs and symptoms mimicking a stroke, etc.

When WNV or any arboviral infection is suspected, please ensure that appropriate serological or CSF specimens are obtained and sent for testing. Testing is available through the Office of Laboratory Services (OLS) free of charge. They can be reached at 304-558-3530. Additional information is available on the OLS website at <http://www.wvdhhr.org/labservices/labs/virology/arbovirus.cfm>

PREVENTIVE INTERVENTIONS FOR THE PUBLIC:

- Encourage avoidance of mosquito-infested areas.
- When going outdoors, wear long sleeve shirts and long pants particularly in areas with high mosquito populations.
- Use mosquito repellents containing DEET. Use sparingly on children before playing outdoors; avoid application to face and hands. Follow label directions and precautions.
- Empty standing water in toys, buckets, old tires, and containers found in areas frequented by people, such as homes and schools. Regularly change the water in bird baths, planters, wading pools, etc.

LOCAL HEALTH DEPARTMENTS:

Due to the complexity of arboviral ecology, all local health departments are strongly encouraged to re-evaluate their WNV surveillance system. This includes:

- Dead bird surveillance - purpose is an early warning that WNV is present in the ecosystem
- Mosquito surveillance - purpose is to identify breeding sites and prioritize sites for abatement
- Equine surveillance
- Human surveillance

VETERINARIANS:

Horses can also become infected with WNV and Eastern Equine Encephalitis (EEE). Testing is available for both agents free of charge at the OLS. See website address above.

More information about WNV infection is available at: <http://www.wvdhhr.org/idep/a-z/a-z-wnv.asp>

For any questions, do not hesitate to contact your local health department or the Infectious Disease Epidemiology Program at (800) 423-1271.

This message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments, Professional Societies listed in the WV Health Alert Network, and the WVDHHR Disaster Network. Receiving entities are responsible for further disseminating the information to the targeted audiences noted.

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.