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## Acute Communicable Disease Control

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June 25, 2015

Dear Physician and Laboratory Director:

Last year, the Los Angeles County (LAC) Department of Public Health (DPH) documented the second highest number of human West Nile virus (WNV) infections since the disease first appeared in LAC in 2003, 199 cases and 19 asymptomatic donors for a total of 218 infections. In fact, the 2015 season follows on the footsteps of three consecutive years of no fewer than 165 reports per year. In 2014, WNV continued to be widespread across LAC, with record numbers of human WNV infections in residents of the metropolitan Los Angeles (LA) area, West LA and South LA neighborhoods. In previous years, the large majority of infections occurred in residents of the San Fernando Valley and San Gabriel Valley regions. The number of human WNV infections reported in LAC has ranged from 4 in 2006 and 2010 to 309 in 2004.

WNV activity has already begun this year with the detection of WNV positive mosquito pools in Sylmar in late March and Cudahy in May. No human WNV infections have been documented yet this year in California. In recent years, LAC has documented human infections beginning late June or July through November. It is difficult to predict the number of infections that may occur each season. 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 Acute Communicable Disease Control Program (ACDC) recommends that physicians and other 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, late spring through November in California.

California and LAC DPH regulations require physicians and laboratories to report all positive 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. 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) remain reportable under the current California Code of Regulations, section 2500, within one working day. A standard Confidential Morbidity Report (CMR) (available at <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 telephone during normal business hours from 8:00 a.m. to 5:00 p.m. at (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

Serum serologic 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 generally 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 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 <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 are 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.

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 <http://publichealth.lacounty.gov/acd/VectorWestNile.htm>. Additionally, we encourage medical providers to sign up for *Rx for Prevention*, the public health newsletter, at <https://admin.publichealth.lacounty.gov/phcommon/public/listserv/index.cfm?ou=ph>.

For medical consultation regarding WNV infection in humans, WNV prevention, surveillance activities, and test interpretation, contact Rachel Civen, M.D., M.P.H. at (213) 240-7941, during normal business hours from 8:00 a.m. to 5:00 p.m. Critical after hours 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,



Laurene Mascola, M.D., M.P.H., F.A.A.P.  
Chief, Acute Communicable Disease Control Program

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#### Attachment

c: Yvette Boston, R.E.H.S.  
Rachel Civen, M.D., M.P.H.  
Karen Ehnert, D.V.M., M.P.V.M.  
Kenn Fujioka, Ph.D., M.P.H.  
Ying-Ying Goh, M.D.  
Nicole Green, Ph.D.  
Susanne Kluh, M.S.  
Mitchell Kusher, M.D.  
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Robert Saviskas, M.S., R.E.H.S.  
Mitchell Weinbaum, M.S., R.E.H.S.