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Commissioner, Department of Health

ATTENTION

Public Health Update

The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester

August 4, 2003

2003 WEST NILE VIRUS UPDATE: REPORTING AND TESTING OF SUSPECTED CASES OF WEST NILE VIRUS INFECTION

PLEASE DISTRIBUTE TO INTERNAL MEDICINE, FAMILY PRACTICE, PRIMARY CARE AND PEDIATRIC STAFF, EMERGENCY ROOM, INFECTIOUS DISEASE, NEUROLOGY, INTENSIVE CARE UNIT AND AMBULATORY CARE STAFF

1. Please report immediately by telephone to the Westchester County Department of Health (WCDH) any adult or pediatric patient with suspected viral encephalitis.
2. Please notify Westchester County Department of Health of any positive West Nile virus (WNV) laboratory results from commercial laboratories to arrange for confirmatory testing (free of charge) and for guidance regarding interpretation. A significant number of such tests have been negative on further testing.
3. No cases of WNV infection in Westchester County residents have been identified as of August 4, 2003. One bird and one mosquito pool from Westchester County during 2003 have tested positive for WNV.

Dear Colleagues:

In previous years, August has marked the beginning of increased WNV activity and patient testing. A bird found on 5/5/03 and one mosquito pool collected on 7/23/03 have tested positive for WNV. No human cases have been identified in Westchester County or the northeastern U.S. as of August 4, 2003. During 2003, almost all states have reported WNV (+) birds or mosquitoes and approximately 80-90 human cases, primarily from the south and mid-western U.S. have been identified. This update provides guidance for WNV clinical testing and information regarding reporting of cases of viral encephalitis and testing for viral encephalitis and viral meningitis, including West Nile virus.

Reporting cases of viral encephalitis:

To ensure the rapid identification of human WNV infection should it recur this year, we are requesting that providers **report immediately** by telephone to the Westchester County Department of Health any adult or pediatric patient with suspected viral encephalitis as defined below:

- a. Fever $\geq 38^{\circ}\text{C}$ or 100°F , and
- b. Altered mental status (altered level of consciousness, agitation, lethargy) and/or other evidence of cortical involvement (e.g., focal neurologic 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 neurologic exam or EMG. Note: Particular care should be given to determine if individuals experiencing

encephalitis have received a transfusion or transplantation in the four weeks prior to illness onset or if they have donated blood or organs in the two weeks prior to illness onset.

A New York State Department of Health (NYSDOH) Viral Encephalitis/Meningitis Case Report Form is attached. This form is similar to the one used in past seasons, however also requests information regarding blood transfusion and donation and tissue/organ transplantation and donation, modes of WNV transmission identified during 2002. This form should be completed for each suspect case and faxed to the WCDH at (914) 813-5182. A copy of the form also should be submitted with the laboratory specimens.

TO REPORT A SUSPECT CASE AND ARRANGE FOR TESTING, CALL THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH AT:

**(914) 813-5159
(914) 813-5000**

**Mon-Fri 8:30 AM - 4:30 PM
24 hours/day; 7 days/week**

Testing for viral encephalitis and viral meningitis, including West Nile virus:

The NYSDOH Laboratory offers diagnostic testing for a wide range of viruses, including West Nile virus, that have been associated with encephalitis and meningitis. Appropriate specimens for testing include cerebrospinal fluid (CSF), acute and convalescent sera, and brain biopsy or autopsy material. If you have a patient that meets the enclosed clinical criteria for WNV testing, WCDH will assist you in arranging testing by NYSDOH Laboratories. Instructions on the collection and submission of clinical specimens, the polymerase chain reaction (PCR) consent form and the Viral Encephalitis/Meningitis Case Report Form are also enclosed.

Serologic testing for asymptomatic patients or those with mild symptoms, such as fever and headache, is not necessary. The likelihood of WNV infection in these patients is extremely low, especially in the absence of an outbreak. Because there is no specific treatment for WNV infections, patients with mild symptoms do not require specific diagnostic testing. Commercial laboratory tests for WNV are now available and physicians wishing to test patients with milder symptoms or extremely low likelihood of WNV may order such testing. **Please notify WCDH immediately of any positive WNV results from commercial laboratories to arrange for confirmatory testing (free of charge) and for guidance regarding interpretation. All such positive commercial test results require confirmatory testing – to date none of the positive commercial laboratory results on Westchester County residents have been confirmed. It is thus recommended that confirmatory results be obtained prior to informing patients of any testing results.** Mildly ill patients should be advised to seek medical attention if they develop more severe symptoms such as confusion, muscle weakness, severe headache, stiff neck or photophobia.

Please refer to the [Physician's Corner](#) page on the Westchester County Health Department web site, www.westchestergov.com/health, for additional information, including materials for patient education.

The Westchester County Department of Health (WCDH) thanks the medical and laboratory communities for their continued collaboration in the investigation of communicable diseases.

Sincerely,

Belinda Ostrowsky

Belinda Ostrowsky, M.D., M.P.H.
Director, STD & Communicable Diseases

Ada J. Huang

Ada J. Huang, M.D.
Deputy Commissioner, Disease Control

Suspect Encephalitis/Meningitis cases are reportable diseases

Please fax a completed copy of this form to your Local County Health Department

NEW YORK STATE DEPARTMENT OF HEALTH Viral Encephalitis/Meningitis Case Report Form

PATIENT INFORMATION

Last name _____ First Name _____ MI _____ County _____
Address _____ City _____ Zip Code _____ State _____
Telephone (____)____-____ Date of Birth ____/____/____ Age ____ Occupation: _____
Sex: Male Female Race: White Black Am Indian/Alaskan Asian Other _____
Ethnicity: Hispanic Non-hispanic Unk Pregnant: Yes No Unknown
If pregnant, gestational weeks: _____

CLINICAL INFORMATION

Hospitalized? Yes No
If yes, Hospital Name _____
Street Address _____ City _____ State _____ Zip _____
Medical record # _____ Date of admission ____/____/____ Date of discharge/transfer ____/____/____
Date of first symptoms ____/____/____ **Date of first neurologic symptoms** ____/____/____
Current Diagnosis: encephalitis meningitis other diagnosis _____
Fever ($\geq 38^{\circ}\text{C}$ or 100°F) Yes No Unknown Altered mental status Yes No Unknown
Headache Yes No Unknown Stiff neck/Meningeal signs Yes No Unknown
Unknown Seizures Yes No Unknown Muscle weakness Yes No Unknown
Rash Yes No Unknown Muscle pain Yes No Unknown
Other _____ **Outcome** Recovered Died Unknown
If patient died, date of death ____/____/____ Autopsy performed Yes No Unknown
Received 4 weeks prior to first symptom: transfusion transplant
Donated 2 weeks prior to first symptom: blood organ

LABORATORY INFORMATION / TEST RESULTS

CSF (specify units) _____ Date ____/____/____ Abnormal? Yes No Unknown
Glu _____ Prot _____ RBC _____ WBC _____ Diff: Segs% _____ Lymphs% _____
Gram stain _____ Bacterial Culture _____ Fungal / Parasitic tests _____
Viral test results (Culture/ Serology / PCR) _____
CBC (specify units) _____ Date ____/____/____ WBC _____ Diff: Segs% _____ Lymphs% _____
Bacterial Culture _____
MRI Date ____/____/____ Result _____
CT Date ____/____/____ Result _____
EEG Date ____/____/____ Result _____
EMG Date ____/____/____ Result _____

Antiviral Treatment Yes No Unknown If yes, list below. **Date started:** _____
1. _____

Risk Factor Information: (during 1 month before onset)

Patient traveled: Outside country Outside New York State Outside county of residence
Animal or arthropod contact? Yes No Unknown Specify: _

REPORTING INDIVIDUAL (Please Print Clearly) Title (ICN, Resident, Attending) _____

Last name _____ First name _____ Telephone (____)____-____
Work address _____ City _____ State _____ Zip Code _____

REQUESTING PROVIDER: Last name _____ First name _____

Work address _____ City _____ State _____ Zip Code _____

Revised 4/03

NEW YORK STATE DEPARTMENT OF HEALTH Viral Encephalitis/Meningitis Case Report Form

SPECIMENS BEING SUBMITTED TO NYSDOH FOR TESTING

Date Submitted ___ / ___ / ___

CSF* Yes No

If yes, date collected (mandatory) ___ / ___ / ___ If no, was a lumbar puncture performed? Yes No

*** If less than 1.0 ml of CSF is submitted, please check one preference (not both):**

Viral encephalitis PCR panel or West Nile antibody (IgM – capture ELISA)**

(Note: Antibody testing is a more sensitive screening test for WNV than PCR for CSF. Physicians primarily concerned about WNV infection should consider antibody testing, whereas physicians concerned about viral etiologies other than WNV should consider the viral encephalitis PCR panel.)

**PCR panel includes: WNV, SLE, EEE, California serogrp, Cache Valley, Powassan, Enterovirus, HSV, VZV, CMV and EBV

Serum Yes No If yes, date collected (mandatory) ___ / ___ / ___ Initial or Repeat Specimen

Other Yes Please specify _____ Date collected ___ / ___ / ___

SEND SPECIMENS TO: Encephalitis PCR Lab
New York State Department of Health
Griffin Laboratory
Route 155
Guilderland, NY 12084

PLEASE NOTE: SHIP CSF FROZEN ON DRY ICE

Laboratory PFI _____ (if applicable)

Send Wadsworth Laboratory Results To:

Contact person _____

Telephone _____ FAX _____

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