



Health Advisory

First Symptomatic West Nile Virus Case in Philadelphia Confirmed for the 2014 Season – Support Surveillance by Testing and Reporting August 8, 2014

The Philadelphia Department of Public Health (PDPH) has recently identified the city's first symptomatic human West Nile Virus (WNV) infection for the 2014 season. In late July, an adult resident became ill with neuroinvasive WNV. This individual was hospitalized and is now recovering at home. Since July, mosquitoes infected with WNV continue to be detected throughout Philadelphia and surrounding counties in Pennsylvania and New Jersey. Over the next few weeks, as we move through the height of the 2014 season, the risk of human WNV infection will continue to increase in the area. Your assistance with testing and prompt reporting of WNV infections enables us to direct mosquito-control efforts and accurately monitor severe WNV illness in Philadelphia.

Through the end of October, support WNV surveillance by:

- 1) Ordering Appropriate Laboratory Tests for WNV Confirmation:** Clinicians should collect both serum and cerebrospinal fluid (CSF) for WNV testing from patients who have onset of unexplained encephalitis or meningitis. WNV-specific IgM in serum or CSF is preferred for laboratory confirmation. Consider the specimen type and timing of collection when ordering WNV-specific IgM testing.
 - Serum: Collect 8 to 14 days after illness onset. Draw and test additional serum if collected too early.
 - CSF: Collect within 8 days of illness onset.Many commercial laboratories offer serologic or Polymerase Chain Reaction (PCR) testing for WNV. Any positive specimen should be forwarded to the Pennsylvania Department of Health Bureau of Laboratories (PADOH BOL) for confirmatory testing. For WNV testing assistance or inquiries, contact Dana Perella, MPH, Vectorborne Disease Surveillance Coordinator at 215-685-6742.
- 2) Reporting Suspected and Confirmed Cases Immediately:** All suspected cases of WNV infection (neuroinvasive and non-neuroinvasive disease) as well as encephalitis cases should be reported immediately to PDPH Division of Disease Control (DDC) at 215-685-6740 during regular business hours or 215-686-4514 after-hours (ask to speak with the representative on-call for the division).
- 3) Advising Your Patients to:**
 - Use repellent with DEET ($\geq 20\%$ to also prevent tick bites), Picaridin, or oil of lemon eucalyptus when outdoors, especially during peak mosquito hours (dusk and dawn).
 - Regularly check and remove standing water outside their home (e.g., unused pools, tires).
 - Keep well-fitted screens on windows and doors.
 - Report mosquito problems and dead bird sightings to the PDPH Vector Control Program's Mosquito Complaint hotline at 215-685-9027.
- 4) Staying Up to Date on WNV Activity:** Visit the following websites for regular updates on local, state, and national mosquito and human case surveillance for WNV.
 - PDPH: <https://hip.phila.gov/xv/Surveillance/WestNileVirusSurveillance/tabid/209/Default.aspx>
 - Pennsylvania Department of Health: <http://www.westnile.state.pa.us/>
 - Centers for Disease Control and Prevention: <http://www.cdc.gov/westnile/statsMaps/>

SUMMARY POINTS

- First Philadelphia resident with West Nile Virus (WNV) infection during the 2014 season has been confirmed.
- Support WNV surveillance by:
 - Collecting serum and CSF from patients with unexplained encephalitis or aseptic meningitis for WNV-specific IgM testing.
 - Reporting suspected and confirmed WNV cases to PDPH immediately.
 - Advising your patients to use repellent when outdoors and remove standing water outside their home.