



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2012 DOHMH Advisory #8: West Nile Virus

June 28, 2012

Please distribute to staff in the Departments of Internal Medicine, Pediatrics, Family Medicine, Neurology, Infection Control, Infectious Disease, Emergency Medicine, Critical Care, Obstetrics and Gynecology, and Laboratory Medicine

Mosquito season in New York City (NYC) usually peaks in July. The NYC Department of Health and Mental Hygiene (DOHMH) reminds providers to be alert for cases of West Nile (WN) viral disease.

- Be alert for possible cases of West Nile viral disease, particularly from July 1 through October 31.
- WN viral disease should be suspected in patients presenting with viral meningitis or encephalitis, acute flaccid paralysis, and/or symptoms compatible with West Nile fever.
- The most sensitive screening test for West Nile virus in humans is IgM enzyme immunoassay (EIA) on cerebrospinal fluid and/or serum.
- Commercial serologic and polymerase chain reaction (PCR) testing for West Nile virus is now widely available. The DOHMH Public Health Laboratory NO LONGER OFFERS routine West Nile virus testing services.
- Report all cases of encephalitis, viral meningitis, and West Nile virus or any other arboviral infection with laboratory evidence of current or recent infection in NYC to the Health Department.

Dear Colleagues,

West Nile viral season in NYC is approaching. In NYC, collection and testing of mosquitoes for West Nile virus began in the first week of June. No West Nile viral activity has been detected in NYC to date in 2012. The DOHMH provides updates about current West Nile viral activity at <http://www.nyc.gov/html/doh/html/wnv/wnvactivity.shtml> so you can **monitor whether the virus is present in your area of the city.**

DOHMH reminds medical providers to **be alert for possible cases of West Nile viral disease from July 1 through October 31**, the peak adult mosquito season. Consider West Nile viral disease in any patient with unexplained encephalitis, viral meningitis, or acute flaccid paralysis and in patients with symptoms compatible with West Nile fever.

As a reminder, DOHMH does not offer routine testing for West Nile virus. **Specimens for serologic testing for West Nile virus should be sent to a commercial laboratory**, or if available, your hospital

laboratory. The most sensitive screening test for West Nile virus in humans is IgM enzyme immunoassay (EIA) on cerebrospinal fluid (CSF) and/or serum, which is commercially available. Health care providers wishing to submit CSF from patients with encephalitis to Wadsworth Center for the viral encephalitis panel must adhere to the submission guidelines, which are available online using the links listed below.

In special cases, Public Health Laboratory testing or transportation of specimens to Wadsworth may be available (e.g., cases potentially due to an unusual source of transmission such as transfusion, transplant, or laboratory-exposure). For consultation and/or to request testing in these situations, call the Bureau of Communicable Disease at 347-396-2600.

Encephalitis and viral meningitis should be reported routinely throughout the year, as required by law. Arboviral infections, including West Nile virus, with laboratory evidence of recent or current infection should also be reported immediately, as required by law. During business hours, fax the completed Universal Reporting Form to 347-396-2632, or call 347-396-2600, OR report via the electronic Universal Reporting Form. Both are accessible on line at: <http://www.nyc.gov/html/doh/html/hcp/hcp-urf.shtml>.

Please call 347-396-2600 with any questions you may have about human surveillance and testing for West Nile virus. If you have questions related to packaging specimens for shipment to the Wadsworth Center for the viral encephalitis PCR panel, please call either the Wadsworth Center's Viral Encephalitis Laboratory at 518-474-4177 (ask for Viral Encephalitis Lab) or PHL's Virology Section at 212-447-2864.

As always, we appreciate the ongoing cooperation of the medical provider community. Your vigilance in identifying and testing suspect cases is an important part of the DOHMH's West Nile virus surveillance and control program. Laboratory-confirmed cases of West Nile viral disease identified and reported by the medical and laboratory community help to inform our mosquito control efforts. The successful detection and control of West Nile virus in NYC has been due in large part to our ongoing excellent partnership with the city's medical and laboratory communities. Thank you for your continuing efforts.

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Attached is the updated "Guidelines for West Nile Virus Testing and Reporting Cases of Encephalitis and Viral Meningitis, West Nile and other Arboviral Infections," Revised June 2012. This includes a list of commercial laboratories that provide West Nile virus serologic testing, viral PCR or viral isolation testing, and links to the Wadsworth Center guidance for submitting CSF for the viral encephalitis PCR panel. It is also available online at <http://www.nyc.gov/html/doh/html/wnv/wnvhcp.shtml>.

Both the **NYS Infectious Disease Requisition Form** and the **NYS Viral Encephalitis/Meningitis Case Report Form** are required with specimen submissions to Wadsworth. Both forms, as well as the **Collection of Specimens for Viral Encephalitis Testing Instructions** can be found online under "Submission Forms" at: <http://www.wadsworth.org/divisions/infdis/enceph/form.htm> ;

- 1) **New York State Department of Health - Collection and Submission of Specimens for Viral Encephalitis Testing Instructions (June 2010 version)**
- 2) **New York State Infectious Diseases Requisition Form (on-line fillable form, required for submission)**
- 3) **New York State Viral Encephalitis/Meningitis Case Report Form (on-line fillable form)**