



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2013 DOHMH Advisory #17: West Nile Virus

July 1, 2013

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.**
- **Be alert for possible cases of West Nile viral disease, particularly from July 1 - 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. Testing is widely available at commercial laboratories.**
- **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,

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.

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 2013. You can monitor whether the virus is present in your part of the city at <http://www.nyc.gov/html/doh/html/environmental/wnv-activity.shtml>.

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 PCR panel must adhere to the submission guidelines, which are available online using the links listed below. In special cases, DOHMH can assist with testing or transporting specimens to Wadsworth, e.g., cases potentially due to an unusual source of transmission such as transfusion, transplant, or laboratory-exposure.

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.

Updated “Guidelines for West Nile Virus Testing and Reporting Cases of Encephalitis and Viral Meningitis, West Nile and other Arboviral Infections” are available online <http://www.nyc.gov/html/doh/html/environmental/wnv-provider.shtml>. This document 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.

For sending specimens to the Wadsworth Center for the viral encephalitis PCR panel

- Call 518-474-4177 (Wadsworth Center’s Viral Encephalitis Laboratory) OR
- Call 212-447-2864 (DOHMH Viral Section)

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>.

For consultation or to report a case to the DOHMH

- Call 347-396-2600 (during business hours) OR
- Fax the completed Universal Reporting Form to 347-396-2632 OR
- Complete the electronic Universal Reporting Form at: <http://www.nyc.gov/html/doh/html/hcp/hcp-urf.shtml>.

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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