



# HEALTH ALERT #118

## Mosquito-borne Disease Season Alert

**TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities**

**FROM: Rahul Gupta, MD, MPH, FACP, Commissioner and State Health Officer, WVDHHR, Bureau for Public Health**

**DATE: May 4, 2016**

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Mosquito-borne diseases occur annually in West Virginia beginning in early spring and peaking in August and September, coinciding with mosquito activity. Arboviral infections, particularly La Crosse encephalitis (LAC) and West Nile virus (WNV), are the most common mosquito-borne diseases identified in West Virginia. Eleven cases of LAC were reported in 2013, two cases in 2014, and four cases in 2015. For WNV, one case was reported in 2013, two WNV viremic blood donor cases were reported in 2014, and zero cases were reported in 2015. Persons with severe arboviral infections will often have symptoms of encephalitis. Please be vigilant in identifying such cases, and ensure that all hospitalized patients with encephalitis undergo appropriate arboviral disease testing during mosquito season.

Free diagnostic testing for arboviral diseases is available at the West Virginia Office of Laboratory Services (OLS). The preferred diagnostic testing for these diseases is virus-specific IgM antibodies in cerebrospinal fluid (CSF) and serum. For information on testing, visit the OLS website at <http://www.wvdhhr.org/labservices/labs/virology/arbovirus.cfm> or call (304) 558-3530.

Local health departments conduct environmental assessments at the homes of patients to identify mosquito breeding sites for abatement (prevention of disease clusters) and provide education on mosquito-borne disease prevention. Prompt reporting of mosquito-borne disease cases to local health officials is very important to the surveillance efforts. Travel-associated cases of mosquito-borne diseases (e.g. malaria, dengue, chikungunya, Zika) should be reported to local health officials in accordance with the Legislative Rule for Reportable Diseases, Events, and Conditions (64CSR7). Suspected cases of endemic arboviral diseases should be reported to the local health department within one week; suspected dengue fever and Zika cases should be reported to the local health department within 24 hours. Surveillance for Zika has been heightened due to increasing knowledge about sexual transmission and links to complications (e.g. Guillain-Barré syndrome and adverse pregnancy outcomes such as microcephaly).

For more information about mosquito-borne diseases in West Virginia, visit the Division of Infectious Disease (DIDE) website at [www.dide.wv.gov](http://www.dide.wv.gov). You may also contact your local health department or DIDE at (800) 423-1271 ext. 1 or (304) 558-5358, ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance. Warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation. May not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation. Unlikely to require immediate action.