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**REPORTED CASES OF SELECTED  
 COMMUNICABLE DISEASES  
 WASHOE COUNTY  
 April - June 2008**

**To report a communicable  
 disease phone:  
 (775) 328-2447  
 or fax reports to:  
 (775) 328-3764**

DISEASE	2 <sup>nd</sup> Quarter			Year to Date (Cumulative)		
	2006	2007	2008	2006	2007	2008
AIDS	8	11	11	14	18	15
Campylobacteriosis	6	10	4	11	19	18
Chlamydia	319	367	319	636	754	665
Cryptosporidiosis	0	1	2	2	1	4
E. coli 0157:H7	2	1	0	3	1	0
Giardiasis	7	10	5	15	15	12
Gonorrhea	74	52	58	130	107	119
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	1	1	0	3	2	0
Hepatitis B (acute)	1	2	2	2	3	5
Hepatitis B (chronic)	11	9	13	33	21	20
Hepatitis C (acute)	0	1	1	1	3	1
Hepatitis C (Past or Present)	207	224	241	429	420	478
HIV	5	8	2	9	18	6
Influenza (Type A, B, or unknown)	22	4	12	165	287	806
Measles	0	0	0	0	0	0
Meningitis, Viral or Aseptic	3	14	4	5	17	9
Meningococcal Disease	1	0	0	2	2	3
Pertussis (confirmed & Probable)	12	0	1	13	7	2
Pneumococcal Disease, Invasive*	0	11	14	1	26	35
Rabies (bat)	0	1	3	0	1	3
Rotavirus	25	19	88	57	46	102
RSV	17	31	47	297	250	250
Salmonellosis	12	4	12	20	9	20
Shigellosis	1	0	1	3	0	2
Syphilis (Primary & Secondary)	1	0	0	1	4	0
Tuberculosis	2	1	3	6	2	5
West Nile Virus	0	0	0	0	0	0

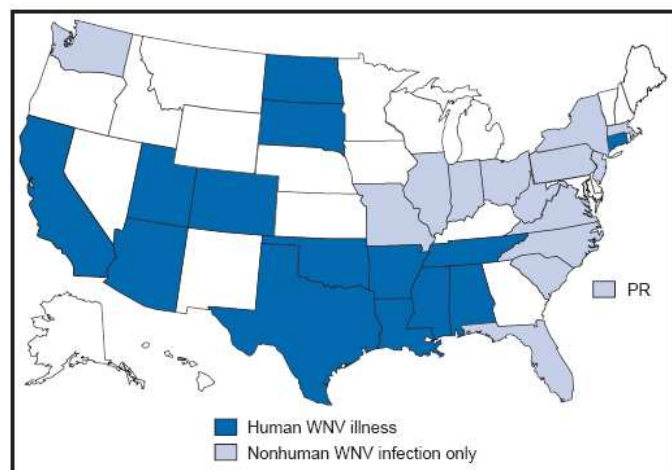
\* Effective 2007, statistics collected as *Invasive pneumococcal infections*. Prior to 2007, statistics collected as *pneumococcal meningitis*

**Please share this document with all physicians & staff in your facility/office.**

## West Nile Virus – Update for Clinicians

**To date in 2008, no human cases of West Nile Virus (WNV) infection have been reported in Washoe County or in the state of Nevada.** The Nevada Department of Agriculture's Animal Disease and Food Safety Laboratory reported on Wednesday, July 22, 2008, that two mosquito pool samples submitted from Lovelock (Pershing County) tested positive for WNV. These are the first positive samples collected in Nevada this season. Previous tests on 931 samples from 16 counties have been negative for WNV (912 mosquito pools, 16 bird and 3 horse samples). Nationwide as of July 22, 2008, 43 human cases have been reported in 14 states.

**FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2008\***



\* As of July 22, 2008.

(Data Source: [www.cdc.gov](http://www.cdc.gov))

### INCUBATION PERIOD

- ◆ The incubation period for WNV infection ranges from 2 to 15 days after a bite from an infected mosquito. Incubation periods may be longer for immune-suppressed individuals.

### CLINICAL DESCRIPTION

- ◆ Approximately 80% of individuals who become infected with WNV do not develop any symptoms.
- ◆ Clinical syndromes range from febrile headache to aseptic meningitis, encephalitis or acute flaccid paralysis. Rash, myalgia, lymphadenopathy and weakness may also be prominent.

### INDICATIONS FOR TESTING

WNV testing is recommended for individuals with the following:

- ◆ Encephalitis;
- ◆ Aseptic meningitis (Note: Also consider enterovirus for individuals  $\leq 18$  years of age);
- ◆ Acute flaccid paralysis; atypical Guillain-Barre Syndrome, transverse myelitis; or
- ◆ Febrile illness compatible with West Nile fever\* and lasting  $\geq 7$  days (must be seen by a health care provider).

\*West Nile fever can be variable and often includes headache and fever ( $T \geq 38$  °C or 100.4 °F). Other symptoms

include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

### DIAGNOSIS

- ◆ Although WNV infection can be suspected in a person based on clinical symptoms and patient history, laboratory testing is required to confirm the diagnosis.
- ◆ The most efficient diagnostic method is detection of IgM antibody to WNV in serum collected within 8 to 14 days of illness onset or CSF collected within 8 days of illness onset using the IgM antibody-capture, enzyme-linked immunosorbent assay (MAC-ELISA).
- ◆ WNV IgM may be negative early in the course of disease. Repeat serology may be indicated if the initial test was done  $\leq 7$  days after the onset of illness.
- ◆ Diagnosis can also be made by paired acute and convalescent IgG antibody to WNV in serum.
- ◆ WNV serology may cross react with other flaviviruses (e.g., Japanese encephalitis, St. Louis encephalitis, dengue or yellow fever – including yellow fever vaccine). Therefore, a positive WNV IgG with negative IgM may reflect old flavivirus infection and does NOT rule out acute WNV infection.
- ◆ WNV tests are available through local private laboratories and the Nevada State Public Health Laboratory.

### TREATMENT

- ◆ No specific treatment is available.
- ◆ In severe cases, treatment consists of supportive care that often involves hospitalization, intravenous fluids, respiratory support and prevention of secondary infections.
- ◆ Several clinical trials are ongoing for West Nile Neuroinvasive Disease (WNND): for additional information, please visit: <http://www.cdc.gov/ncidod/dvbid/westnile/clinicalTrials.htm>.

### HOW TO REPORT WNV CASES

- ◆ Report human WNV cases to the WCDHD by calling (775) 328-2447 or faxing reports to (775) 328-3764.

### WNV PREVENTION

- ◆ Clear the yard of any free-standing water that may become a mosquito breeding-ground, like tires and wading pools.
- ◆ Wear long sleeves and long pants in mosquito prone areas.
- ◆ Use mosquito repellent containing DEET and follow label precautions.
- ◆ Avoid outdoor activities at dusk and dawn when mosquitoes are most active.
- ◆ Repair window screens that provide entry for mosquitoes.
- ◆ Report nighttime mosquito activity to the District Health Department at 328-2434.
- ◆ Ensure horses are vaccinated for West Nile Virus (WNV) and Western Equine Encephalitis (WEE).

For additional information, please visit the CDC website at: <http://www.cdc.gov/ncidod/dvbid/westnile/> or the Washoe County District Health Department website at: <http://www.washoecounty.us/health/ehs/vbdp.html>.