



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20100806 Arboviral Update for Providers
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: August 6, 2010 **TIME:** 1530 EDT

TO: Physicians, Nurse, Infection Control Practitioners, Hospital Emergency Departments, Manchester Health Department, Nashua Health Department, DHHS Outbreak Team, DPHS Investigation Team, Zoonotic Alert Team, and DPHS Management Team

FROM: Jodie Dionne-Odom, MD, Deputy State Epidemiologist

SUBJECT: Increased arboviral activity in surrounding states

NH Department of Health and Human Services (NH DHHS) recommends:

1. There are new reports of mosquito pools positive for arbovirus in most New England states during the past several weeks. New Hampshire has not yet identified any positive mosquitoes in the 446 pools that have been tested as of 7/31/10.
2. Consider the diagnosis of Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV) infections in persons with a clinically compatible presentation. Laboratory testing is recommended when illness is suspected. Forms and human testing information are available at <http://www.dhhs.state.nh.us/DHHS/CDCS/West+Nile+Virus/wnv-hc-info.htm>.
3. Cases and suspect cases of human EEE/WNV should be reported to the state health department within 24 hours. Consultation may be obtained at (603) 271-4496 during business hours or (603) 271-5300 after hours.
4. Prevention measures include avoiding mosquito bites (use of protective clothing and insect repellents), and environmental reduction of mosquito populations.
5. Please see the prior HAN dated June 29, 2010 for additional arboviral background information, including NH epidemiology, when to suspect arboviral illness and clinical presentation. It can be found at the following link:
<http://www.dhhs.state.nh.us/NR/rdonlyres/e3733zlj2famasqowaez7lleiafnacpo53rq76fzkd4ilxjbqln32a72hljfiubaddmgb7hndalp3skt5dyzbgipg/20100629-mosquito.pdf>

The New Hampshire Department of Health and Human Services (NH DHHS) has received reports of increased early arboviral activity in surrounding states. As of August 5, 2010, Massachusetts had identified 35 positive mosquito pools and two positive horses for EEE. Maine also identified a wild bird that tested positive for EEE in the past week. WNV carrying mosquitoes have been identified in 4 pools in MA and one pool in central-eastern Vermont. To date, there have been two human deaths from EEE in Florida and two deaths due to WNV in Arizona (45 human WNV cases nationwide as of 8/3/10).

Diagnostic Testing: The most efficient diagnostic method measures IgM antibodies in serum or CSF collected after illness onset using the IgM antibody capture enzyme-linked immunosorbent assay (MAC-ELISA); Plaque Reduction Neutralization test (PRNT) is required for case confirmation. If you suspect arboviral infection in a patient, collect and submit both CSF and serum, if possible. If CSF samples are submitted, serum samples must also be submitted. Samples should be submitted to the NH Public Health Laboratory.

Reporting Criteria: The risk period for arboviral infections in NH is between June and October. However, transmission can occur year-round in some areas of the country and should be suspected in any patient with symptoms who has recently traveled to warmer climates where mosquitoes are present. Clinicians, hospitals, and laboratories should report within 24 hours any patient with suspected or confirmed mosquito-borne disease or meeting the following criteria:

CRITERIA FOR REPORT:

1. Any patient with viral encephalitis, who meet criteria a, b and c below:
 - a. Fever ≥ 38.0 C or 100 F, and
 - b. CNS involvement including altered mental status (altered level of consciousness, confusion, agitation, lethargy) and/or other evidence of cortical involvement (e.g., focal neurologic findings, seizures), and
 - c. Abnormal CSF profile suggesting a viral etiology (a negative bacterial stain and culture with a pleocytosis [WBC between 5 and 1500 cells] and lymphocytosis and/or an elevated protein level [> 40 mg]), with or without criteria d.
 - d. Muscle weakness (especially flaccid paralysis) confirmed by neurologic exam or by EMG.

2. Any patient with presumptive aseptic meningitis. This includes symptoms of fever, headache, stiff neck and/or other meningeal signs along with laboratory evidence of CSF pleocytosis with predominant lymphocytes, moderately elevated protein, and a negative gram stain and culture.

3. Guillain-Barre syndrome, especially with atypical features, such as fever, altered mental status, and/or pleocytosis.

All suspect cases should first be reported to the NH DHHS by telephone within 24 hours. A completed case report form should be faxed to the NH Communicable Disease Control Section (603-271-0545 fax) as well as a copy submitted with the laboratory specimen(s) to the NH Public Health Laboratories. Infectious Disease Control staff will help determine if the clinical presentation meets the case criteria for viral meningoencephalitis and whether further testing would be appropriate.

For additional information, please refer to:

- New Hampshire DHHS Arboviral website (fact sheets, NH surveillance data, case report form):

<http://www.dhhs.state.nh.us/DHHS/CDCS/West+Nile+Virus/default.htm>

- Our toll free information line at 1-866-273-NILE (6453).

- CDC Division of Vector-Borne Infectious Diseases website at:
<http://www.cdc.gov/ncidod/dvbid/arbor/>

**For any questions regarding the contents of this message, please contact NH DHHS
Infectious Disease Control and Surveillance Section at 603-271-4496.
After hours or toll free at 800-852-3345, ext. 4496.**

Attachments: Submission Guidelines for Arboviral Testing
NH Arboviral Case Report Form

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert: Indicates an original alert
Update: Indicates prior alert has been updated and superseded
Cancel: Indicates prior alert has been cancelled
Error: Indicates prior alert has been retracted

Status

Actual: Communication or alert refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Communication or alert is related to a technical, system test and should be disregarded

Severity

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used please contact:

Denise M. Krol, MS
NH HAN Coordinator
Denise.Krol@dhhs.state.nh.us

Business Hours 8:00 AM – 4:00 PM
Tel: 603-271-4596
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