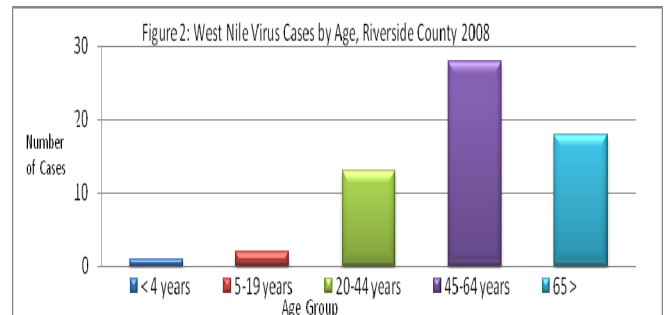


MOSQUITO BORNE ENCEPHALITIS WEST NILE VIRUS, ST. LOUIS ENCEPHALITIS AND WESTERN EQUINE ENCEPHALOMYELITIS

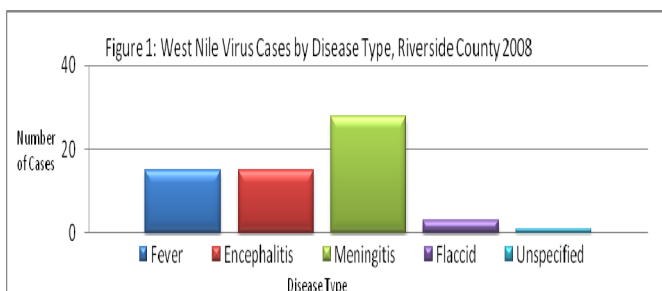
MAY 2009

The annual mosquito-borne encephalitis surveillance program traditionally begins in May. This is a reminder of the need for prompt and early recognition and reporting of human cases of St. Louis Encephalitis (SLE), Western Equine Encephalitis (WEE) and West Nile Virus (WNV). Riverside County reported 62 West Nile Virus cases in 2008, with four (4) deaths. This represents a significant increase compared to the 17 cases reported in 2007. Eighty seven percent (87%) of the cases were identified in Western Riverside County, with 23 cases in Corona-Norco area. Only one case occurred in Coachella Valley in 2008, compared to 3 in 2007. Forty six (46) individuals were diagnosed with neuroinvasive disease, and sixteen (16) with West Nile Fever.

The greatest number of cases in 2008, occurred in individuals 45 years and older. The 4 fatalities were individuals 83 years and over with neuroinvasive disease.

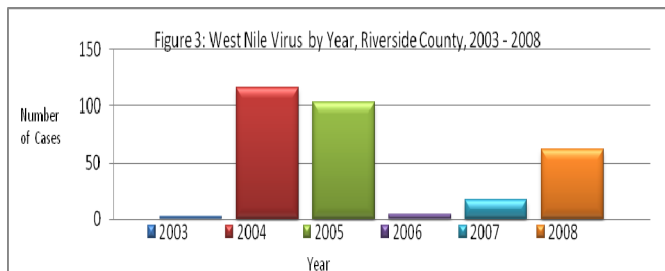


Surveillance activities include monitoring for equine cases of WEE and WNV and testing of sentinel chicken flocks, dead birds and mosquito pools. These surveillance activities will provide early warning of virus activity and an opportunity for local mosquito abatement agencies to implement and focus their control programs in the most critical regions of the County. Despite these sentinel surveillance systems, human cases are sometimes



the first warning that virus activity has reached a critical threshold and pose an epidemic threat. No positive WNV test results have been reported for Riverside County through May 14, 2009.

WNV activity has fluctuated in Riverside County since the first reported case in 2003. The greatest number of cases were seen in 2004 and 2005, with 116 and 103 cases respectively.



Laboratory Testing

Testing for WNV antibodies in humans is available through the Riverside County Public Health Laboratory (PHL). The PHL screens serum with an enzyme immunoassay (EIA) test, and confirms positive findings with both WNV IgG and IgM IFAs (indirect fluorescent antibody). A convalescent blood specimen may be requested in certain cases.

All results will need to be correlated with the patient's clinical status. It is important to note that cross reactivity may occur in West Nile IgM screening tests, in specimens containing antibodies to enteroviruses. Specimens for Anti-SLE, and Anti-WEЕ will be forwarded to the State Lab for testing. Specific questions related to submission of specimens can be directed to the Department of Public Health Laboratory Manager, Janna Troy at (951) 358-5070.

Patient Education

It is important to educate patients and the general public about measures to protect themselves against mosquito borne diseases.

Preventive measures include:

- Using insect repellent containing DEET or other EPA-registered ingredient on exposed skin. Always follow the directions on the package. Caution should be used with young children.
- Wearing long sleeves and pants when outdoors.
- Avoiding outdoor activity when mosquitoes are active (*Culex* species mosquitoes are most active between dusk and dawn.)
- Having secure screens on windows and doors to keep mosquitoes out.
- Eliminating mosquito breeding sites by emptying sources of standing water.
- Changing the water in pet dishes and replace the water in bird baths weekly.
- Keeping children's wading pools empty and on their sides when they aren't being used.
- Contacting Vector Control for problems with mosquitoes.

For additional information go to:

<http://www.westnile.ca.gov>

<http://www.rivcoeh.org/opencms/index.html>

Disease Reporting

Please continue to report encephalitis, meningitis and suspect WNV cases to Disease Control at (951) 358-5107 or fax to (951) 358-5102. Reporting by clinicians, hospitals and laboratories has greatly enhanced surveillance efforts by Public Health as we

monitor the course of West Nile Virus infection in
Riverside County.