



**DALLAS COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EPIDEMIOLOGY**

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**To:** Dallas County Medical Providers and Laboratory Staff

**Date:** May 21, 2015

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## HEALTH ADVISORY: West Nile Virus

Dallas County Health and Human Services (DCHHS) is reporting confirmation today by our laboratory of the first positive West Nile Virus (WNV) mosquito trap for 2015 in Dallas County, which was collected May 20, 2015. The virus was detected by PCR testing in *Culex quinquefasciatus* mosquitoes, the primary vectors transmitting WNV to humans in our area. The abundance of this species of mosquitoes has still been relatively low to date, as expected this early in the season. No confirmed human cases of WNV infection have yet been reported this year in Texas or Dallas County. **Reports of human cases typically begin locally in the weeks following the first identification of WNV from area *Cx. quinquefasciatus* mosquitoes.**

Although the majority of WNV infections may be asymptomatic or cause mild febrile illness in humans, some individuals can develop severe illness. Clinicians should maintain a high index of suspicion for West Nile Neuroinvasive disease (WNND), which occurs in <1% of infections, typically characterized by: fever with aseptic meningitis, encephalitis, acute flaccid paralysis, altered mental status, seizures, transverse myelitis, or cranial nerve palsies, with generalized muscle weakness.

**DCHHS is reminding medical providers to be alert for cases of WNV disease, and to send WNV antibody (IgM and IgG) testing in patients with clinically compatible symptoms.**

Current testing recommendations for all patients with suspected WNF or WNND include sending WNV IgM and IgG antibodies from serum. **In suspected WNND patients, the following tests should additionally be sent from CSF specimens:** (1) WNV IgM and IgG antibodies in CSF, and (2) panel for IgM and IgG antibodies for other endemic arboviruses from CSF. Additional testing by PCR for WNV from CSF or serum should be considered in patients with immune suppression or very recent onset of symptoms (within 3 days of presentation).

Patients at higher risk of severe disease, including those over 50 years of age or with immune-suppression (e.g. organ transplantation, chemotherapy, dialysis, HIV infection), should be reminded to take particular preventive measures to avoid mosquito exposures, including wearing long sleeves and pants when outside and using EPA-registered repellants such as DEET.

Active public health surveillance for WNV in mosquitoes and humans is ongoing through this season. Additional health advisories will be issued if vector indices are noted to be significantly increasing, and when human WNV infections begin to be reported. Please report suspected WNV cases as soon as possible by fax to DCHHS at (214) 819-1933. For questions please contact DCHHS at (214) 819-2004. Information about WNV is available at: [www.cdc.gov/ncidod/dvbid/westnile/index.htm](http://www.cdc.gov/ncidod/dvbid/westnile/index.htm).