



TO: Primary care, infectious disease, laboratories, infection control, and public health

FROM Gary Anthone, MD Jeff Hamik, MS

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RE: WEST NILE VIRUS IN NEBRASKA

DATE: <u>July 21, 2021</u>

West Nile Virus (WNV):

The Nebraska Department of Health and Human Services would like to alert the medical community of evidence of WNV in Nebraska. To date there have been no confirmed human cases this season in the state. However, two positive mosquito pools have been confirmed as part of Nebraska's mosquito surveillance program. Weekly WNV surveillance reports will be released during May through September and can be found by visiting the DHHS WNV Surveillance Data webpage: http://dhhs.ne.gov/Pages/West-Nile-Virus.aspx

Human WNV infections generally follow in the wake of positive mosquito pools, typically beginning in mid-July, peaking around Labor Day, and disappearing around mid-September. The majority of WNV-infected persons (approximately 80%) are asymptomatic. Those who develop symptoms have an incubation period of 3–14 days. Symptoms include: fever, headache, fatigue, myalgia/arthralgia, skin rash on the trunk of the body, swollen lymph glands, and eye pain. At the time of symptom onset, the viremia has usually resolved and the patient is seropositive for IgM antibodies. Infected persons appear to develop permanent immunity and cannot be reinfected.

Laboratory testing:

Patients suspected of WNV infection should be tested via PCR or for IgM and IgG antibodies to WNV. These tests are widely available at commercial labs. If neuroinvasive WNV is suspected, antidoby testing can be performed at the Nebraska Public Health Lab (NPHL) at DHHS' expense, provided the following criteria are met:

- The person has signs and symptoms consistent with neuroinvasive WNV disease (e.g., meningitis, encephalitis, acute flaccid paralysis).
- The specimen is accompanied by a NPHL requisition completed and printed off via NPHL's NUlirt system: https://nulirt.nebraskamed.com/login. For individuals who need access to become users of NUlirt, please visit: http://www.nphl.org/phlip.cfm for instructions on how to obtain credentials to login.
- The sample collection date is between June 1 and October 31.
- The submitted specimen must include a CSF for WNV IgM antibody testing. However, it is preferred that the CSF specimen be paired with a serum specimen for WNV IgM/IgG antibody testing.

• Testing of serum specimens without a concurrent or prior CSF specimen requires approval from public health: call 402-471-2937.

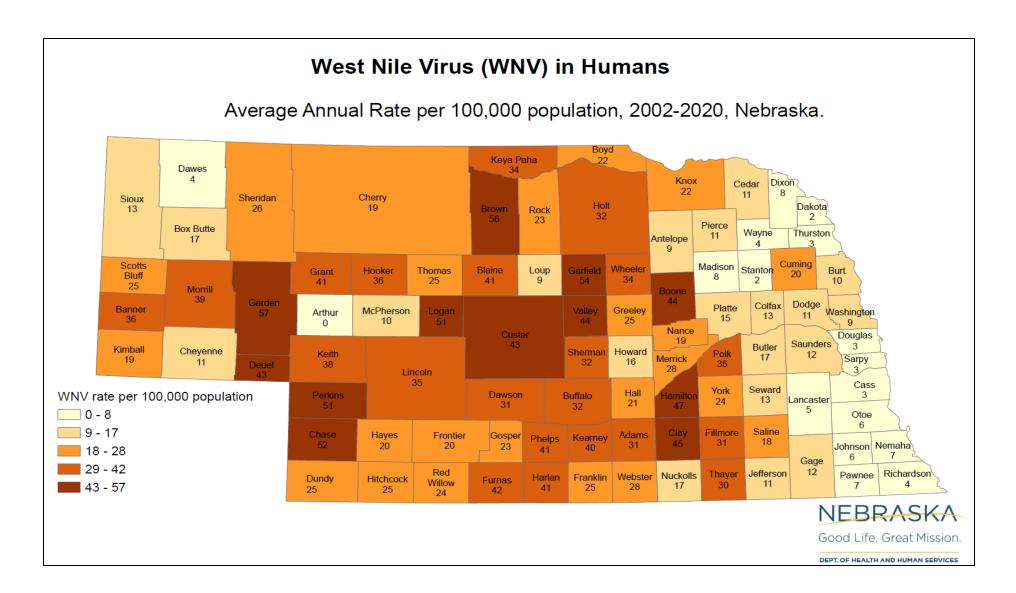
WNV Test Interpretation Guidelines:

- Testing (+) for IgM and (-) for IgG in an acute specimen is consistent with acute WNV infection. Paired acute and convalescent samples may be useful for demonstration of seroconversion and laboratory confirmation of WNV infection.
- Testing (+) for IgG and (-) for IgM is consistent with infection in the distant past.
- CSF which tests (+) for IgM is consistent with acute meningitis/encephalitis.
- Stable antibody titers on acute and convalescent specimens suggest infection in the distant past. A four-fold rise in IgM or IgG titers between an acute and convalescent specimen suggest acute infection.

Tests	Results	Interpretation
IgM	negative	Antibody not detected = not a case of WNV
IgG	negative	
IgM	negative	Infection at undetermined time = past infection
IgG	positive	
IgM	positive	Evidence of recent or current infection‡
IgG	negative	
IgM	positive	Evidence of recent or current infection*
IgG	positive	
IgM	indeterminate	Inconclusive; request convalescent serum‡
IgG	negative	

[‡] Paired acute and convalescent samples may be useful for demonstration of seroconversion;

^{*}Some individuals may have persisting IgM and IgG antibodies from the previous WNV season.



Additional Information:

Nebraska DHHS West Nile Virus Website: http://dhhs.ne.gov/Pages/west-nile-virus.aspx

CDC West Nile Virus Website: https://www.cdc.gov/westnile/index.html