



Department of Health

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TO: Healthcare Providers, Hospitals, and Local Health Departments (LHDs)

**FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)**

HEALTH ADVISORY: TESTING AND REPORTING OF MOSQUITO- AND TICK-BORNE ILLNESSES

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.

NYSDOH is reminding healthcare providers of the procedures for testing and reporting of mosquito- and tick-borne illnesses. As NYS residents may be spending more time outdoors this spring/summer due to social distancing recommendations and symptoms of vector-borne diseases may be similar to some associated with COVID-19 disease, providers are reminded to ask patients about outdoor activities as part of routine telehealth, outpatient, and inpatient assessments. Prompt recognition of and treatment for tick-borne diseases, in particular, is crucial to minimizing morbidity and mortality. Health care provider recognition of mosquito-borne illnesses is also a key component of mosquito-borne disease surveillance activities and can assist public health authorities with appropriate implementation of intervention measures, including mosquito control activities. NYSDOH is therefore advising physicians on the procedures to test and report suspected cases of mosquito-borne illnesses, including West Nile virus (WNV), eastern equine encephalitis (EEE), dengue fever, chikungunya, Zika virus, and yellow fever virus as well as tick-borne illnesses including Lyme disease, babesiosis, anaplasmosis, ehrlichiosis, and Rocky Mountain spotted fever.

SUMMARY

- Mosquito-borne (arboviral) illnesses:
 - During the mosquito season (early summer until late fall), healthcare providers should consider mosquito-borne infections in the differential diagnosis of any patient with clinical evidence of viral encephalitis or viral meningitis.
 - All cases of suspected viral encephalitis should be reported immediately to the LHD of the county where the patient resides.
 - Dengue, chikungunya, and/or Zika virus should be suspected year-round in patients presenting with fever, arthralgia, myalgia, rash, or other illness consistent with infection and recent travel to endemic areas¹.
 - Yellow fever should be considered in the differential diagnosis of any adult or pediatric patient with clinical evidence of fever, nausea, vomiting, epigastric pain, jaundice, renal insufficiency, and cardiovascular instability along with recent

- travel to Africa, South America, or any other area with risk of yellow fever virus transmissionⁱⁱ.
- NYSDOH provides testing for many domestic and travel-associated viruses. The tests performed will depend on the clinical characteristics, patient status, travel history and availability of commercial testing.
 - Tick-borne illnesses:
 - Tick-borne disease symptoms vary by type of infection and can include fever, fatigue, headache, and rash.
 - While Lyme disease continues to be the most prevalent tick-borne disease in New York State (NYS), other tick-borne diseases, including babesiosis and anaplasmosis, are spreading geographically within the State. Prompt recognition of and treatment for these diseases is crucial to minimizing morbidity and mortality.
 - Clinicians are reminded to use NYS-permitted commercial laboratories for routine tick-borne disease testing. Public health testing is available for more complex cases; however, specimens should not be sent to NYSDOH without first consulting the LHD of the patient's county of residence or BCDC.
 - Providers should report cases of tick-borne and mosquito-borne diseases to the LHD of the patient's county of residence as soon as possible after diagnosis.

BACKGROUND

Domestic mosquito-borne diseases, such as EEE and WNV, continue to occur annually in NYS. EEE is regarded as one of the most serious mosquito-borne diseases in the United States because of its high mortality rate. WNV continues to be detected across NYS, occasionally resulting in human fatalities. A critical component of mosquito-borne disease surveillance activities is the rapid detection and timely reporting of potential cases by medical providers.

In NYS, dengue, chikungunya, and Zika virus infections are associated with travel to endemic areas however, there is the potential for local transmission of these viruses if *Aedes albopictus* (Asian tiger) mosquitoes feed on infected persons during their viremic period after being infected in and returning from an endemic area.

Travelers are reminded to visit the CDC Travel Notice page prior to travel as COVID-19 continues to impact travel worldwide. Importantly however, travelers to certain parts of South America and Africa are at risk for yellow fever. The CDC has issued a Level 2 Travel Alert for Nigeria due to an ongoing outbreak of yellow fever. Additional information is available at <https://wwwnc.cdc.gov/travel/notices#warning>.

Lyme disease continues to be the most prevalent tick-borne disease in NYS with over 140,000 cases estimated since 1986. The tick that carries the bacteria that causes Lyme disease (black-legged/deer tick) can also carry pathogens that cause babesiosis and anaplasmosis. Disease surveillance trends for both of these diseases show an expanding geographic range beyond the Hudson River valley to areas further north and west than has been seen in previous years. The seasonal pattern seen in Lyme disease is also true of ehrlichiosis which is transmitted by the Lone Star tick. Rocky Mountain spotted fever (RMSF), transmitted by the American dog tick, is more rare than other tick-borne diseases, however, cases continue to be reported across NYS annually. Powassan encephalitis, a tick-borne viral illness that can cause encephalitis or meningitis, is reported each year in NYS as well, although case numbers are very low, generally 1-5 cases per year.

A recent introduction to NYS, the Asian longhorned tick (*Haemaphysalis longicornis*) continues to be identified in parts of the Hudson River Valley, New York City, and Long Island. Although bites from these ticks have been known to cause human illness in other countries, to date no harmful pathogens have been found in Asian longhorned ticks collected in the United States. With ongoing testing of ticks collected in the United States, it is likely that some ticks will be found to contain pathogens that can be harmful to people. However, we do not yet know if these ticks are able to pass these pathogens along to people and make them ill. Additional information is available at <https://www.cdc.gov/ticks/longhorned-tick/index.html>.

REPORTING CASES OF ARBOVIRAL AND TICK-BORNE ILLNESS

Under NYS Public Health Law 2012 and 10NYCRR 2.10, health care providers must ***immediately report*** by telephone any patient with suspected viral encephalitis. The report should be made to the LHD of the patient's county of residence. Viral meningitis is also reportable under public health law, but immediate notification is not required.

Other suspected presentations of arboviral infection, including those associated with dengue chikungunya, Zika virus, and yellow fever are also reportable. Prompt reporting of suspected cases with no travel history is particularly important as these may indicate local transmission and the need for public health intervention.

Provider reporting requirements also apply to patients who are diagnosed and treated based solely or in part on clinical presentation and history.

SPECIMEN COLLECTION AND REFERRAL FOR TESTING

The NYSDOH's Wadsworth Center laboratories offers testing for domestic mosquito-borne viruses, including WNV and EEE. Cerebrospinal fluid (CSF) and serum testing by polymerase chain reaction (PCR) is more sensitive early in infection, while serology testing (for antibody) will better detect cases that are beyond the viremic phase. Therefore, ideally, both CSF and acute/convalescent serum specimens should be submitted for testing when neuroinvasive disease is suspected. Otherwise, acute and convalescent serum specimens can be used for diagnosis. Convalescent specimens should be drawn at least 3 weeks after acute specimens. Instructions on the collection and submission of clinical specimens and a detailed algorithm about which tests will be conducted on submitted specimens, and the Viral Encephalitis/Meningitis Case Report and History Forms can be found at <http://www.wadsworth.org/programs/id/virology/services/arbovirus-testing>.

Testing for dengue (PCR and serology), chikungunya (PCR and serology), and Zika virus (PCR and serology) is available through a number of NYS-permitted commercial laboratories and the Wadsworth Center. Specimens should not be sent to the Wadsworth Center for Zika virus testing without first consulting the LHD of the patient's county of residence or BCDC. Additional information on dengue and chikungunya testing can be obtained by calling your LHD. Information on Zika virus testing can be found at http://www.health.ny.gov/diseases/zika_virus/providers.htm

Testing for yellow fever is available through Wadsworth Center and a limited number of specialized laboratories nationally. Specimens should not be sent to the Wadsworth Center for yellow fever testing without first consulting the LHD of the patient's county of residence or BCDC.

In consultation with LHDs or BCDC, public health testing is available for non-routine or specialized tick-borne disease testing. Depending upon the disease, testing may involve whole

blood smear examination, PCR, or serologic testing. Confirmation of cases of tick-borne disease via collection of both acute and convalescent serum specimens is necessary unless the virus has been detected with a specific PCR assay. Further information on accessing public health testing for tick-borne disease can be obtained by calling your LHD or BCDC.

Providers are reminded to utilize NYS-permitted commercial laboratories for routine testing of patients with suspected Lyme disease. A two-tier testing protocol is recommended by CDC and NYSDOH for Lyme disease; an EIA or IFA should be performed first, followed by a Western blot if the EIA or IFA is positive or equivocal. It is important to note that serologic tests for Lyme disease are insensitive during the first few weeks of infection. Collection of convalescent sera may be required for serologic diagnosis. During the early stage, patients with an erythema migrans rash may be diagnosed clinically.

YELLOW FEVER VACCINATION

Yellow fever vaccine is recommended for anyone nine months or older who travels to high-risk areas. Yellow fever vaccine may be required for entry into certain countries. Because of the current outbreaks, CDC is currently recommending yellow fever vaccine for travelers to many countries in Africa and South America. Travelers to these countries should protect themselves from yellow fever by getting yellow fever vaccine at least 10 days before travel and taking steps to prevent mosquito bites while abroad.

Because US-licensed yellow fever vaccine is out of stock, a limited number of clinics in the United States are now offering an equally safe and effective alternate vaccine, Stamaril. The nearest Stamaril clinic may be some distance away and appointments may be limited so providers are asked to encourage patients to plan ahead. A map of clinics with Stamaril vaccine can be found at: <https://wwwnc.cdc.gov/travel/page/search-for-stamaril-clinics>

Additional detailed information on yellow fever vaccination can be found at: <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever>

ADDITIONAL INFORMATION

Additional information on mosquito and tick-borne diseases can be found at:

http://www.health.ny.gov/diseases/west_nile_virus/
http://www.health.ny.gov/diseases/communicable/arboviral/fact_sheet.htm
<http://www.health.ny.gov/diseases/communicable/lyme/index.htm>
http://www.health.ny.gov/diseases/zika_virus/
<http://www.cdc.gov/Dengue/>
<http://www.cdc.gov/chikungunya/>
<http://www.cdc.gov/zika/>
<https://wwwnc.cdc.gov/travel/diseases/yellow-fever>

If you have any questions regarding this information, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 or via email at bcdc@health.ny.gov. Contact information for LHDs is available at <http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713>.

ⁱ A map of the current geographic distribution of dengue can be found at: <http://www.healthmap.org/dengue/en/>

A map of the current geographic distribution of chikungunya can be found at: <http://www.cdc.gov/chikungunya/>

A map of the current geographic distribution of Zika virus can be found at: <http://www.cdc.gov/zika/>

ⁱⁱ A map of the current geographic distribution of yellow fever can be found at:

<https://www.cdc.gov/yellowfever/maps/index.html>