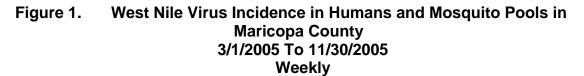
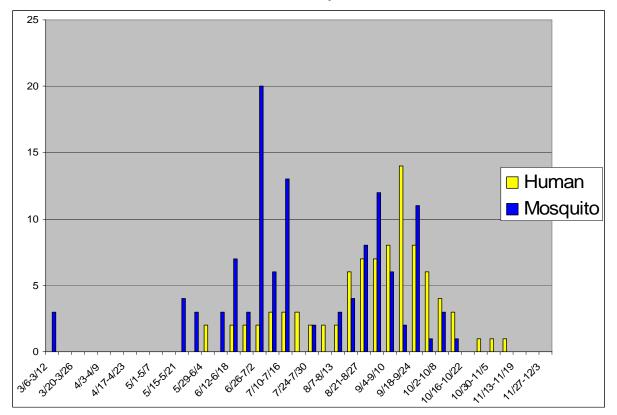
West Nile Virus Maricopa County, 2005





- One human case was not included in the epi-curve due to questionable date of onset.
- Human data are based on date of symptom onset; if onset is missing date used is earliest
- available: date of diagnosis, date of lab specimen or date of report to public health.
- Mosquito data are based on specimen lab delivery date.

Figure 2.

West Nile Virus Cases by Gender and Disease Classification Maricopa County, 2005

Case Classification	# Male	# Female	Total # Cases	%	# Deaths
Encephalitis	11	7	18	23%	4
Meningitis	5	4	9	11%	-
Viremic Donor Encephalitis	-	-	-	0%	-
Viremic Donor Meningitis	-	-	-	0%	-
Paralysis Syndrome	3	3	6	8%	-
Neuroinvasive Disease-Cumulative	19	14	33	42%	4
Fever	21	19	40	51%	-
Viremic Donor Fever	3	3	6	8%	-
Fever-Cumulative	24	22	46	58%	-
Unknown	-	-	-	0%	-
Total Cumulative	43	36	79	100%	4
Viremic Donors Asymptomatic	-	-	6	-	-

 The initial WNV testing methodology for Viremic Donors is a nucleic acid amplification test (NAT), which measures viral DNA. Viremic donors who did not become symptomatic are not included in case numbers.

Case classifications:

<u>West Nile Fever</u>: A non-specific, self-limited, febrile illness caused by infection with West Nile virus. Typical cases are characterized by the acute onset of fever, headache, arthralgias, myalgias, and fatigue. Maculopapular rash and lymphadenopathy are generally observed in less than 20% of cases. A confirmed case is a clinically compatible illness that is West Nile virus laboratory confirmed.

(Arizona Department of Health Services case definition; for more information, see Arizona Administrative Code R9-6-304).

- <u>Meningitis</u>: Arboviral meningitis is characterized by fever, headache, stiff neck, and pleocytosis. A confirmed case is a clinically compatible illness that is West Nile virus laboratory confirmed. (<u>http://www.cdc.gov/ncidod/dvbid/westnile/clinicians/surveillance.htm#casedef</u>)
- Encephalitis: Arboviral encephalitis is characterized by fever, headache, and altered mental status ranging from confusion to coma with or without additional signs of brain dysfunction (e.g., paresis or paralysis, cranial nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions, and abnormal movements). A confirmed case is a clinically compatible illness that is West Nile virus laboratory confirmed. http://www.cdc.gov/ncidod/dvbid/westnile/clinicians/surveillance.htm#casedef
- <u>Paralysis syndrome</u>: No CDC or ADHS case definition for this syndrome exists at the present time. The criteria applied to Maricopa County cases are:
 1-laboratory confirmed acute WNV-infection AND

2-Physician documented acute paralysis.



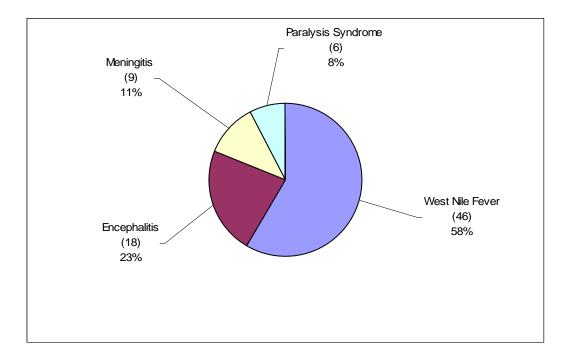


Figure 5.

West Nile Virus Case Rates in Maricopa County Cities, 2005 +

As City	s of Decemi Cases	ber 31, 2005 Population ¹	Rate/City ²
Tempe	7	160,735	4.35
Scottsdale	8	223,835	3.57
Chandler	7	231,785	3.02
Other ³	6	250,385	2.40
Phoenix	21	1,452,825	1.45
Mesa	7	452,355	1.55
Total	79	3,648,545	2.17

¹ Population statistics obtained from Arizona Department of Economic Security July 1, 2005

 ² Rate per 100,000 population = (N/population) * 100,000
 ³ Unincorporated areas – Laveen, Higley, Sun City, and Sun City West; and Gila River Indian Community

> West Nile Virus Cases by Age Maricopa County, 2005

† Table only includes cities with 5 or more cases of WNV

	Neuro-	
Age	invasive	Fever ¹
0-17	1	3
18-29	1	3 3 8
30-39	7	
40-49	4	16
50-59	9	10
60-69	5	6
70-79	3	C
80-89	3	C
90-99	0	C
TOTAL	33	46

Figure 6.

¹ Includes Viremic Donor Fever classification

