

Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation

May 14, 2018

Health Notice for District of Columbia Health Care Providers
Updates to Vector-borne Disease Screening and Reporting Guidelines

The following Health Alert summarizes, and provides additional information, to the webinar DC Health hosted on May 10, 2018. A recording of the webinar can be viewed by clicking here: [Play recording](#)

SUMMARY

On May 1, 2018, the Centers for Disease Control and Prevention (CDC) released a [Vital Signs report](#) summarizing the vulnerability of the U.S. to vector-borne diseases. The report noted a threefold increase in the number of vector-borne diseases reported in the U.S. from 2004 through 2016, and that the populations of all U.S. jurisdictions are at risk. As DC enters the summer months we approach the height of mosquito and tick seasons and our time of greatest risk. With warmer weather and changing humidity levels, mosquitoes and ticks will become more active in their search for blood meals. With *Culex* mosquitoes testing positive for West Nile virus annually and black-legged ticks (*Ixodes scapularis*) testing positive for Lyme disease this will increase the risk of your patients acquiring endemic vector-borne diseases during the next few months. Additionally, the presence of *Aedes* species (potential vectors for Chikungunya, Dengue, Yellow Fever, and Zika) and high number of visitors to the National Capitol Region on a yearly basis creates a low, but not zero, risk of an isolated introduction of a non-endemic disease. **However, to-date in DC there have been no reported imported arboviral diseases spread by local mosquitoes.**

In this notice, we describe DC Health’s newly updated vector-borne reporting resources and guidelines. Please share this notice with all appropriate staff at your facility.

NEW GUIDELINES FOR TICKBORNE DISEASE REPORTING

1) **The following tickborne diseases, regardless of where testing was performed, are reportable to DC Health within 48 hours of diagnosis using our [Notifiable Disease and Condition Report Form](#) on our [website](#):**

- Anaplasmosis
- Babesiosis
- *Borrelia miyamotoi*
- Colorado tick fever
- Ehrlichiosis
- Heartland virus
- Lyme disease
- Powassan virus
- *Rickettsia parkeri rickettsiosis*
- Rocky Mountain spotted fever (RMSF)
- Southern Tick-Associated Rash Illness (STARI)
- Tularemia

Information on treating, diagnosing, and reporting these diseases can be found on the new DC Health [Tickborne Disease webpage](#). This page also includes information for your patients on how to prevent tickborne diseases and identify disease carrying ticks.

2) **When examining patients with rashes report all diagnosed cases of Erythema Migrans (EM) to DC Health within 48 hours using our [Notifiable Disease and Condition Report Form](#) on our [webpage](#).**

- EM is a classic symptom of Lyme disease occurring in approximately 70 to 80 percent of infected persons.
- It begins at the site of a tick bite after a delay of 3 to 30 days (average of 7) as a red macule or papule, expanding gradually over a period of days until reaching up to 12 inches or more (30 cm) across:



- Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM.
- More information on identifying Lyme disease can be found in [Lyme Disease Clinical Information, Laboratory Diagnosis, and Reporting for Health Care Providers](#) located [online](#).
- If you identify a rash consistent with EM do not delay treatment. Lyme disease may be diagnosed clinically at this stage in patients who present with an EM rash. Serologic tests may be insensitive at this stage, not becoming positive until several weeks later.

Additional information on treating, diagnosing, and reporting Lyme disease, including guidance on Post-Treatment Lyme Disease Syndrome (PTLDS), can be found on the new DC Health [Lyme Disease webpage](#). This page also includes information for your patients on how to prevent Lyme disease.

NEW GUIDELINES FOR MOSQUITO-BORNE DISEASE REPORTING

1) **The following mosquito-borne diseases, regardless of where testing was performed, are reportable to DC Health within 48 hours of diagnosis by submitting a [Notifiable Disease and Condition Report Form](#) on our [website](#):**

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| <ul style="list-style-type: none"> • Cache Valley virus • Chikungunya virus • Dengue virus • Eastern equine encephalitis • Jamestown Canyon virus • Japanese encephalitis • LaCrosse virus | <ul style="list-style-type: none"> • Saint Louis Encephalitis • Venezuelan equine encephalitis • West Nile virus • Western equine encephalitis • Yellow fever • Zika virus |
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CONFIRMATORY TESTING OF VECTOR-BORNE DISEASES

- 1) **When testing for vector-borne diseases, first line testing should be performed at your facility or a commercial laboratory, depending on your facility’s capabilities. Only confirmatory testing is available through the DC Public Health Laboratory (DC PHL).**
 - Confirmatory testing will be performed by either the DC PHL or your sample will be forwarded to the CDC for tests not commonly performed.
 - A list of tests available through the CDC can be found [online](#).
 - *In most cases, CDC testing must be preapproved by DC Health before CDC will process and test the sample.*
 - To request confirmatory testing for all vector-borne diseases (*other than Zika virus disease*) through the DC PHL submit a [Notifiable Disease and Condition Report Form](#) online (<https://dchealth.dc.gov/service/infectious-diseases>) and select “Yes” when asked the following:

Are you requesting Public Health Laboratory clinical testing (i.e., not for general surveillance)? Yes
Check if requesting

- If testing is approved, facilities are required to complete both a [PHL Test Requisition Form](#) and [PHL Chain of Custody Form](#) (available on the following [webpage](#)). **Samples without these two forms will NOT be accepted.**
- Final laboratory test results will be sent to your facility by secure fax ONLY. Please ensure your secure fax number is always included on paperwork submitted to DC PHL. Please allow three weeks for final results. If the sample needs additional testing at CDC, additional time will be required, however the DC PHL results will be reported to the provider
- **All Zika virus test requests will still be processed using the Zika specific process highlighted in the Health Notice titled “[Updated Zika Virus Testing Recommendations and Utilization of DC Public Health Laboratory](#)” published on April 18, 2018.**

**Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:
Phone: 202-442-9143 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)
Fax: 202-442-8060 | Email: mosquito.info@dc.gov or ticks.info@dc.gov**