DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

August 6, 2025

Health Awareness Notice for District of Columbia Healthcare Providers

Detection of West Nile virus in Wild Birds in the District of Columbia

SUMMARY

The DC Department of Health is issuing this notice to notify DC healthcare providers of recent detections of West Nile virus in wild birds in the District and share guidance for the diagnosis and reporting of West Nile virus infection in patients. In July 2025, four American crows tested positive for West Nile virus in four different wards. Prior to 2025, the most recent detections of West Nile virus in wild birds were in two American crows in 2021. West Nile virus is endemic in the United States and commonly circulates between birds and mosquitoes. Spillover infections occur in people when a mosquito feeds on an infected bird and then bites a person. An average of three human cases were reported annually in Washington, DC between 2020 and 2024. No cases have been reported in 2025. People with compatible symptoms should have serum or cerebrospinal fluid tested for WNV-specific IgM antibodies. There is no vaccine against West Nile virus and treatment is supportive.

BACKGROUND

West Nile virus (WNV) is a potentially life-threatening disease transmitted primarily by infected *Culex* species mosquitoes. The virus circulates in the environment between mosquitoes and birds and can spill over into humans when mosquitoes take a blood meal from infected birds and then bite people.[1] While West Nile virus has been detected in over 250 bird species, crows, jays, and ravens are known to get sick and die from the infection.[2,3] To date in 2025, four American crows have tested positive for West Nile virus in four different DC wards. Prior to 2025, the most recent detection of West Nile virus in wild birds was in two American crows in 2021. There is no evidence that a person can get infected from handling live or dead infected birds.[3] However, DC residents who come across dead, sick, or injured birds within the District should refrain from handling the birds and contact DC Health at animal.info@dc.gov.

West Nile virus has been endemic in Washington, DC since 2002 and is the only mosquito-borne disease endemic in the United States. Around 80% of people infected with West Nile virus will not show any signs of illness. Those who become symptomatic will generally experience moderate illness within 14 days of infection, marked by fever, headache, fatigue, myalgia, nausea, vomiting, and rash. Less than 1% of people infected with the virus will develop severe, neuroinvasive disease, characterized by neck stiffness, disorientation, tremors, meningitis, encephalitis, myelitis, and coma. Those over the age of 50 and some immunocompromised people are at higher risk for severe illness.[4] There is currently no vaccine against West Nile virus and clinical management consists of supportive treatment of symptoms. The best way to prevent infection is to avoid mosquito bites, particularly during the summer months.

From 2020-2024, an average of three human West Nile virus cases were reported in the District per year, exclusively between the months of July and September when mosquito activity is at its peak. Five cases were

reported in 2024, including one asymptomatic presumptive viremic donor (PVD) detected following standard screening of a blood donation. No human cases of West Nile virus have been reported so far in 2025.

Humans are considered "dead-end hosts," meaning that they do not develop high enough levels of the virus in their bloodstream to pass the virus on to other biting mosquitoes. Rarely, human-to-human transmission can occur through exposure in a laboratory setting, blood transfusion and organ transplant, or vertically during pregnancy, delivery, or breastfeeding.[5]

Annually, from June to October, DC Health conducts mosquito surveillance in all eight wards to determine the presence of West Nile virus. Positive mosquito pools are typically detected from the end of June to August. So far in 2025, 3 mosquito pools (1.3%), collected at the end of June, have tested positive for West Nile virus. In 2024, a total of 14 mosquito pools (4.0%) were WNV-positive.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

West Nile virus is a serious, potentially life-threatening disease. Prompt diagnosis and proper medical care can help prevent the worst outcomes. Clinicians are recommended to:

- Consider West Nile virus in people with compatible symptoms.
- Remember West Nile virus can share similar symptoms with other arboviral diseases such as Dengue, Chikungunya, and Oropouche. These infections are typically associated with international travel; collect a thorough travel history to conduct targeted testing.
- Order serology testing of serum or cerebrospinal fluid to detect WNV-specific IgM antibodies. These tests are available at commercial laboratories. You may also contact DC Health at doh.epi@dc.gov or 844-493-2652 to facilitate confirmatory testing at the CDC.
- View the CDC's West Nile virus diagnostic algorithm for more information.
- Contact DC Health at doh.epi@dc.gov or 844-493-2652 for any additional questions.

RECOMMENDATIONS FOR THE PUBLIC

The best way to prevent West Nile virus infection is to avoid mosquito bites, particularly during the summer months. This can be done by:

- Using Environmental Protection Agency (EPA)- approved insect repellents. Treating clothing and gear with permethrin or purchasing permethrin-treated items
- Wearing long-sleeved shirts and long pants when outdoors
- Using air conditioning if possible, and keeping windows and doors closed
- Installing screens on doors and windows
- Limiting time spent outside at dawn and dusk, when mosquitoes that spread the virus are most active

There is no evidence that a person can become infected from handling live or dead infected birds. However, you should avoid bare-handed contact when handling any dead animal. DC residents who come across dead, sick, or injured birds within the District should contact DC Health at animal.info@dc.gov.

REPORTING REQUIREMENTS

Report suspected or confirmed West Nile virus cases to DC Health by submitting a Notifiable Disease and Condition Case Report Form within 24 hours after provisional diagnosis or the appearance of suspicious symptoms.

ADDITIONAL RESOURCES

- West Nile Virus Fact Sheet | DC Health
- Clinical Signs and Symptoms of West Nile Virus Disease | CDC
- Clinical Testing and Diagnosis for West Nile Virus Disease | CDC
- West Nile Virus Infection in Animals | USDA
- Mosquito-borne Diseases | DC Health
- Health Notices | DC Health

REFERENCES

1. *West Nile: Causes and How It Spreads*, Centers for Disease Control and Prevention, 15 May 2024, www.cdc.gov/west-nile-virus/causes/index.html.
2. *West Nile and Dead Birds*, Centers for Disease Control and Prevention, 15 May 2024, www.cdc.gov/west-nile-virus/causes/west-nile-virus-dead-birds.html.
3. *West Nile Virus*, Cornell Wildlife Health Lab, 1 Dec. 2016, https://cwhl.vet.cornell.edu/disease/west-nile-virus.
4. *West Nile Virus*, World Health Organization, 3 Oct. 2017, www.who.int/news-room/fact-sheets/detail/west-nile-virus.
5. *Transmission of West Nile Virus*, Centers for Disease Control and Prevention, 15 May 2024, www.cdc.gov/west-nile-virus/php/transmission/index.html.

Please regularly visit the DC Health - Health Notices website at dchealth.dc.gov/page/health-notices for the latest updates and information.

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at:
Phone: 844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov