



Vector-Borne Disease

Weekly Surveillance Report

Center for Acute Disease Epidemiology | Acute Disease Prevention and Emergency Response & EH | [West Nile Virus Website](#)

All data presented in this report are provisional and may change as additional reports are received

Date Issued: August 30, 2018



West Nile Virus (WNV)

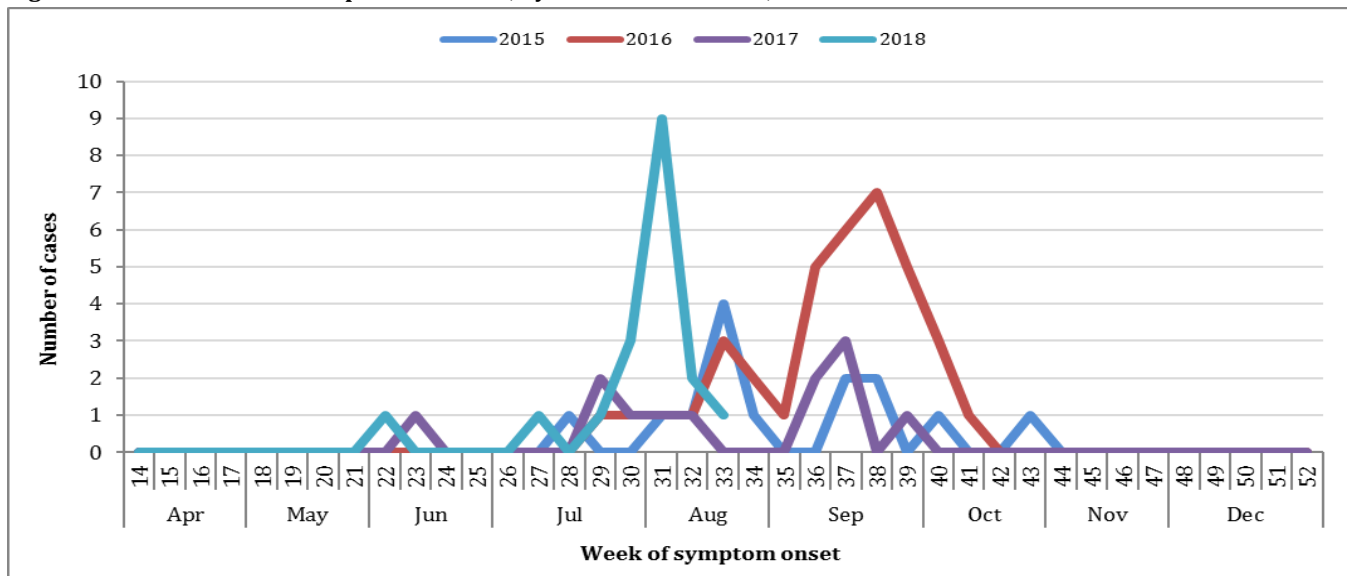
WNV is endemic in Iowa and activity usually peaks in late summer and early fall. IDPH works in collaboration with Local Public Health (LPH) and other appropriate partners to investigate all reported cases.

During the 2017 surveillance season, 12 human cases of WNV were reported in 11 Iowa counties. In 2018, 18 human cases of WNV, two WNV-related deaths and three presumptive viremic blood donors have been identified. Four horses and forty-five mosquito samples have also tested positive for WNV [Table 1].

Table 1. Human /Equine/Mosquito Surveillance, 2018 Positive Samples

County	Human	Blood Donor	Horse	Mosquitoes				
				<i>Culex pipiens</i>	<i>Culex pipiens</i> group	<i>Culex restuans</i>	<i>Culex tarsalis</i>	<i>Culex territans</i>
Clarke	1	0	0	0	0	0	0	0
Emmet	1	0	0	0	0	0	0	0
Fayette	1	0	0	0	0	0	0	0
Franklin	1	0	0	0	0	0	0	0
Harrison	1	0	0	0	0	0	0	0
Howard	0	0	1	0	0	0	0	0
Kossuth	1	0	0	0	0	0	0	0
Lyon	2	0	0	0	0	0	0	0
Mahaska	0	0	1	0	0	0	0	0
Mills	1	0	0	0	0	0	0	0
Mitchell	0	0	1	0	0	0	0	0
Monona	0	0	0	1	1	0	0	0
Palo Alto	1	0	0	0	0	0	0	0
Plymouth	1	0	0	0	0	0	0	0
Polk	2	0	1	14	7	17	0	1
Sac	0	1	0	0	0	0	1	0
Shelby	1	0	0	0	0	0	0	0
Sioux	1	1	0	0	0	0	0	0
Story	3	0	0	0	1	0	0	0
Woodbury	0	1	0	0	1	1	0	0
Total	18	3	4	15	10	18	1	1

Figure 1. WNV disease cases reported to IDPH, by week of onset-Iowa, 2018



For additional information on Iowa West Nile virus activity, visit <http://idph.iowa.gov/cade/disease-information/west-nile-virus>.

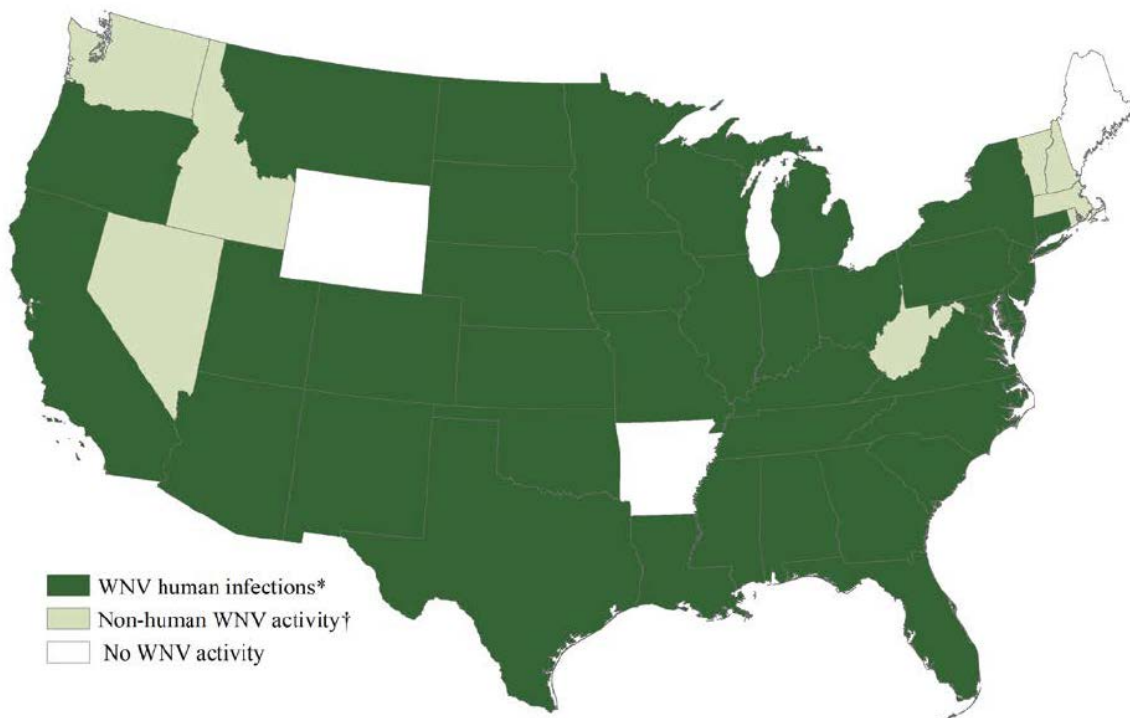
National WNV Activity:

As of August 21st, 579 counties from 45 states and the District of Columbia have reported WNV activity to ArboNET for 2018, including 37 states and the District of Columbia with reported WNV human infections (i.e., disease cases or viremic blood donors) and eight additional states with reported WNV activity in non-human species only (i.e., veterinary cases, mosquito pools, dead birds, or sentinel animals) [Figure 2].

To date, 231 human WNV disease cases have been reported from 150 counties in 34 states and the District of Columbia. Of the 231 reported cases, 133 (58%) were classified as neuroinvasive disease (e.g., meningitis or encephalitis) and 98 (42%) were classified as non-neuroinvasive disease [Figure 3]. Dates of illness onset for cases ranged from January-August [Figure 4].

Overall, 89 WNV PVDs have been reported from 21 states.

Figure 2. WNV activity reported to ArboNET, by state – United States, 2018 (as of August 21, 2018)



*WNV human disease cases or presumptive viremic blood donors. Presumptive viremic blood donors have a positive screening test which has not necessarily been confirmed.

†WNV veterinary disease cases, or infections in mosquitoes, birds, or sentinel animals

Figure 3. WNV neuroinvasive disease incidence* reported to ArboNET, by state – United States, 2018 (as of August 21, 2018)

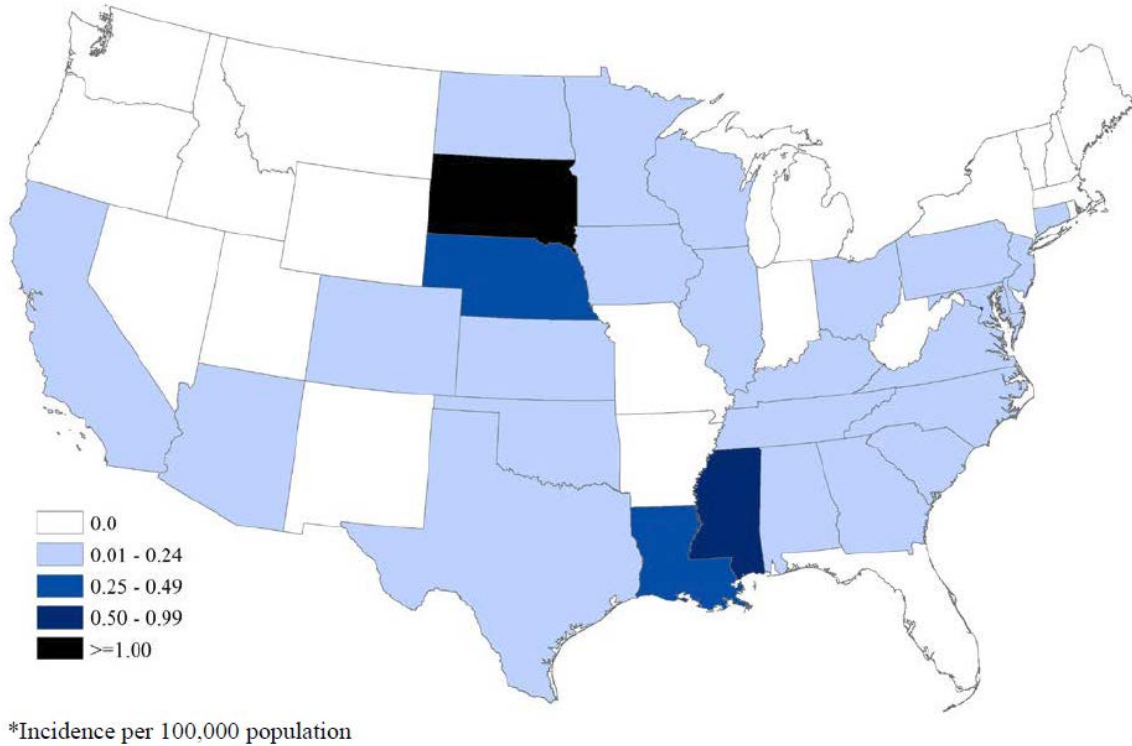
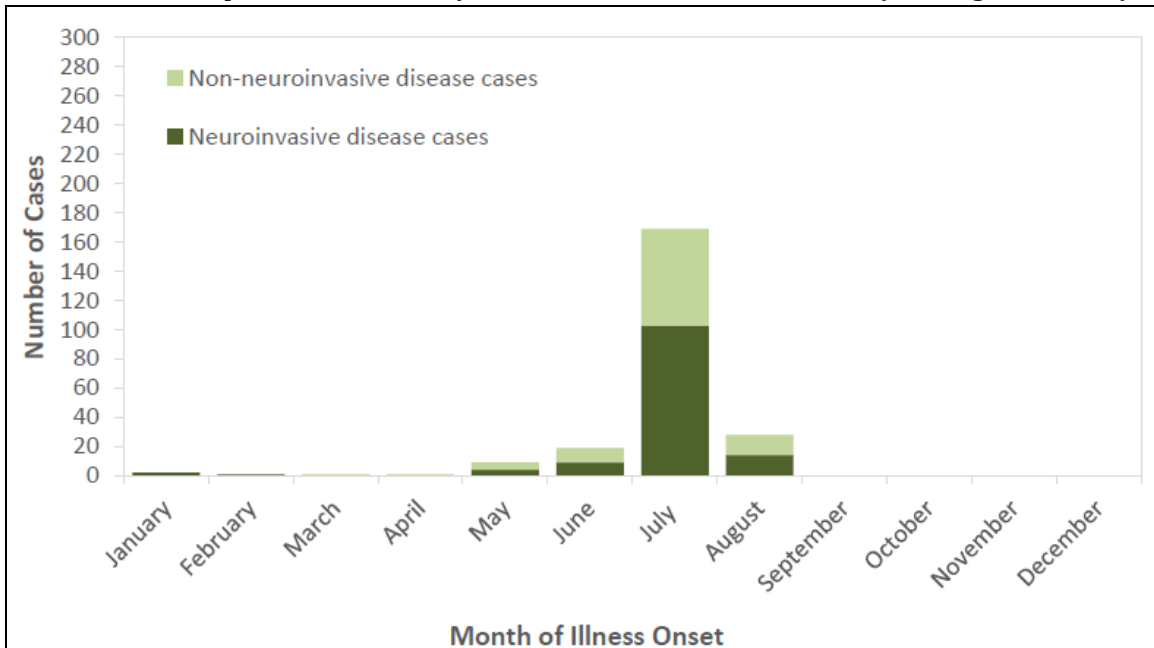


Figure 4. WNV disease cases reported to ArboNET, by month of onset– United States, 2018 (as of August 21, 2018)



Mosquito Surveillance

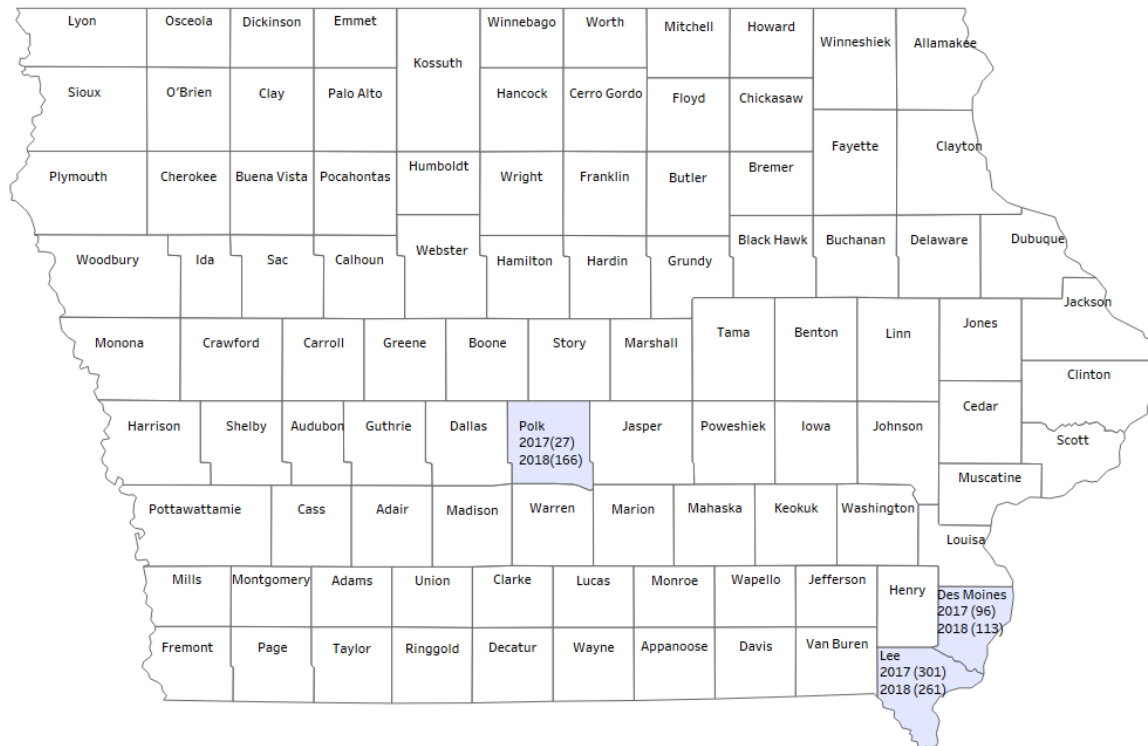
IDPH in collaboration with the State Hygienic Laboratory (SHL), Iowa State University (ISU), and local public environmental health partners conducts ecological surveillance in 17 counties across the state by monitoring mosquitoes and testing for WNV infected populations.

Table 2. 2018 mosquitoes tested for West Nile virus

Species	# of Samples Tested	WNV Negative	WNV Positive
<i>Cx. pipiens</i>	193	178	15
<i>Cx. pipiens</i> group	205	195	10
<i>Cx. tarsalis</i>	67	66	1
<i>Cx. restuans</i>	433	415	18
<i>Cx. territans</i>	36	35	1
<i>Cx. erraticus</i>	0	0	0
<i>Cx. salinarius</i>	31	31	0
<i>Ae. japonicus</i>	0	0	0
<i>An. punctipennis</i>	0	0	0
<i>Ae. atropalpus</i>	0	0	0
<i>Ae. sticticus</i>	0	0	0
<i>Ae. triseriatus</i>	1	1	0
Total	966	921	45

In addition to viral testing for WNV, the population of mosquitoes in Iowa is monitored through trapping activities. All trapped mosquitoes are sorted by species. The figure [Figure 5] below shows where and when *Aedes albopictus* mosquitoes were detected in 2017 and 2018.

Figure 5. *Aedes albopictus* identified in Iowa, 2017-2018



Malaria

Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects *Anopheles* mosquitoes. Malaria is spread to humans by the bite of the infected female mosquito. Only *Anopheles* mosquitoes can transmit malaria and they must have been infected through a previous blood meal taken from an infected person.

Sixteen cases of malaria have been reported in Iowa. Cases are in travelers and immigrants returning from parts of the world where malaria transmission occurs. In 2017, 19 cases of malaria were reported to IDPH.

Rocky Mountain spotted fever (RMSF)

American dog ticks are carriers of *Rickettsia rickettsii*, the bacteria that causes RMSF. The American dog tick is the most common species of tick in Iowa and can be found in every county in the state. The tick is most active late March through August.

Fifteen cases of RMSF have been reported in Iowa. In 2017, 17 cases of RMSF were reported to IDPH.

Ehrlichiosis/Anaplasmosis

There are at least three species of bacteria responsible for ehrlichiosis/anaplasmosis in the United States: *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Anaplasma phagocytophilum*. Ehrlichiae are transmitted by the bite of an infected lone star tick (*Amblyomma americanum*) which is found in Iowa. *A. phagocytophilum* is transmitted by the bite of an infected blacklegged tick (or deer tick, *Ixodes scapularis*) in Iowa. The clinical signs and symptoms of these infections are similar.

Fourteen cases of ehrlichiosis/anaplasmosis have been reported in Iowa. In 2017, 24 cases of ehrlichiosis/anaplasmosis were reported to IDPH.

Lyme

Lyme disease is caused by *Borrelia burgdorferi* and in Iowa is transmitted to humans by the bite of an infected tick, the blacklegged tick (or deer tick, *Ixodes scapularis*). Ticks are most likely to spread the Lyme disease bacterium during their pre-adult stage (nymph). They are most common between May and July and found in tall grasses and brush of wooded areas.

As of August 30th, 210 confirmed and probable cases of Lyme disease have been reported in Iowa [Figure 6]. In 2017, 255 cases of Lyme disease were reported to IDPH.

Figure 6. 2018 Lyme disease case count and incidence rate by county of residence.

