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ARBOVIRUS SURVEILLANCE IN
OHIO -- 1979 UPDATE

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The Ohio Department of Health (ODH) has maintained an arbovirus surveillance pro-
gram since 1964, when the Vector-borne Disease Unit was formed to survey and study
California encephalitis epidemiology in Ohio. Since 1975, a major part of the
surveillance program has been devoted to St. Louis encephalitis.

Both of these diseases have viruses as the causative agent of illness. Both have
specific mosquito vectors, and both are classified as zoonotic diseases in that they are
primarily diseases of wild vertebrates, transmissible to man -- in this case, only by the
bite of an infected mosquito.

The vertebrate reservoirs of California encephalitis are members of the squirrel fami-
ly, which includes, besides the familiar fox, red, and grey squirrels, chipmunks, flying
squirrels, and woodchucks (or ground hogs). The vertebrate reservoirs of St. Louis
encephalitis have not been as neatly identified, but they are definitely birds and
possibly, also bats. My remarks hereafter will deal primarily with St. Louis encephalitis
and its bird reservoir, which are of major concern to the Ohio arbovirus surveillance pro-
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and its bird reservoir, which are of major concern to the Ohio arbovirus surveillance pro-
gram.

The natural cycle of St. Louis encephalitis (SLE) virus, as we understand it at present,
involves birds, the mosquito species *Culex pipiens*, and SLE virus. Normally, this virus is
transmitted from bird to bird by *Culex pipiens*, which prefers to feed on birds and needs
a blood meal in order to produce eggs. During the latter part of the summer, however,
its feeding preference changes, or its preferred host availability is changed, resulting in
a higher percentage of blood meals being taken from mammals, including man. It is this
change in host-feeding pattern which sets the stage for transmission of SLE virus to
man.

During 1975, environmental conditions were such that an epidemic of SLE was taking
place in bird populations throughout the Great Lakes states. There were 416 human
cases of SLE diagnosed by the ODH Laboratories during that year, with over 1100 addi-
tional suspect cases (Figure 1).

In subsequent years the ODH arbovirus surveillance program emphasized the collec-
tion and testing of *Culex* mosquitoes and bird bloodsamples (primarily House Sparrow
and pigeon) for evidence of SLE infection. The goal of this program is to detect signifi-
cant activity due to SLE early enough that mosquito vector control activities can be
stepped up and another epidemic averted.

Since 1975, the numbers of human cases of SLE have dropped off sharply, but each
year evidence of continued activity has been found, indicating that SLE is still present
and may be endemic in Ohio (Table 2).

In 1978, five SLE cases were diagnosed in the following counties: Champaign (2),
Cuyahoga (1), Franklin (1), and Ross (1). It has generally been held that such sporadic
activity is beyond the capability of a surveillance program to detect and control. Follow-
up surveys done in the above counties found little evidence of SLE in Franklin and
Cuyahoga Counties, but surveys in Champaign and Ross Counties showed infection
rates in birds to be greater than 5% near the case residences (Table 1). Furthermore, the evidence clearly showed that these outbreaks were highly focal, with infection rates dropping off rapidly with increasing distance from the focus of the outbreak.

As a result of these findings, the surveillance program was expanded in 1979 to include a wider geographic coverage and a greatly increased number of communities being sampled (Figure 2). There were 228 localities in 78 counties included in the 1979 surveillance program (Figure 3). On the average, samples were taken from the 78 counties three times during the summer months. A total of 16,965 bird sera were collected, or 218 sera per county (Figure 4).

The results of this survey showed 31 birds with antibody to SLE virus, including 24 adult and 7 juvenile birds from 21 counties (Figure 5). In addition, there were 17 birds found with antibody to Western encephalitis, including 7 adult and 10 juvenile birds (Figure 6). Western encephalitis (WE) has been known for several years to occur in Ohio. The infection rate of WE in birds in 1979 is roughly twice that found during 1978. The significance of this finding is not clear at present; but further investigation of it is underway, and we will be watchful for further evidence of WE virus in the future.

To date in 1979, there have been no SLE cases reported in Ohio. Our surveillance program predicted this, although it is possible that sporadic cases may yet be diagnosed. There has been a demonstrated trend of decreasing SLE activity ever since 1975. This low level of activity is probably the norm. Yet we have also demonstrated continuous SLE activity ever since 1975, which leads us to believe that the virus is endemic in Ohio. Under the proper environmental conditions, it has the capability of becoming epidemic once again. The Ohio arbovirus surveillance program will be continued, so that we may have an early warning and be in a position to control the vector mosquitoes before an epidemic occurs.

**SUMMARY**

The Ohio Department of Health has engaged in a statewide mosquito-borne arbovirus surveillance program since 1964. After an epidemic of St. Louis encephalitis (SLE) in 1975, which caused 416 laboratory diagnosed and over 1100 suspect cases, the primary emphasis of the program has been on SLE. St. Louis encephalitis is normally transmitted from bird to bird by *Culex* mosquitoes, but humans may also be infected.

The goal of the surveillance program is the early detection of significant SLE activity, so that steps may be taken, in time, to avert another epidemic. Data from 1978 showed that minor outbreaks may take place in small to medium sized communities. Thus, the 1979 surveillance program was expanded to include a greater geographic area and a greater number of communities in Ohio. Results of testing mosquitoes and bird blood samples in Ohio showed a very low level of SLE activity during 1979, with the predicted expectation that no outbreaks or epidemics would take place. To date, no human cases of SLE have been diagnosed in Ohio this year. Each year since 1975, the surveillance program has shown that SLE virus was active in Ohio at a low level. These data support the hypothesis that SLE is endemic in Ohio and that, given the proper environmental circumstances, an epidemic can occur again. The Ohio arbovirus surveillance program will be continued and improved to provide early warning of potentially epidemic SLE activity.
TABLE 1. Avian serum samples tested for hemagglutination-inhibition antibodies to St. Louis encephalitis virus

<table>
<thead>
<tr>
<th>Site</th>
<th>km from Urbana/ Chillicothe</th>
<th>Number Tested</th>
<th>Percent Positive</th>
<th>HI 1:20-1:80</th>
<th>HI 1:120-1:320</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champaign County:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urbana</td>
<td>---</td>
<td>401</td>
<td>8.2%</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Dallas Rd. Farm</td>
<td>7.1S</td>
<td>283</td>
<td>2.5%</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Westville</td>
<td>6.9W</td>
<td>51</td>
<td>2.0%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mingo</td>
<td>14.5NE</td>
<td>33</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanicsburg</td>
<td>16.0SE</td>
<td>111</td>
<td>0.9%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ross County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chillicothe</td>
<td>---</td>
<td>196</td>
<td>5.6%</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Ross Co. Fairgrounds</td>
<td>8.1N</td>
<td>77</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kingston</td>
<td>16.0NE</td>
<td>52</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frankfort</td>
<td>17.5NE</td>
<td>193</td>
<td>0.5%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

★ All specimens were negative for HI antibodies to Eastern and Western Equine encephalitis viruses.
<table>
<thead>
<tr>
<th>YEAR</th>
<th>HUMAN CASES</th>
<th>AVIAN SERA TESTED</th>
<th>SEROPositIVES</th>
<th>% POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>'75</td>
<td>416</td>
<td>683</td>
<td>225</td>
<td>36.46</td>
</tr>
<tr>
<td>'76</td>
<td>10</td>
<td>2525</td>
<td>25</td>
<td>0.96</td>
</tr>
<tr>
<td>'77</td>
<td>4</td>
<td>5376</td>
<td>30</td>
<td>0.55</td>
</tr>
<tr>
<td>'78A</td>
<td>0</td>
<td>6061</td>
<td>16</td>
<td>0.28</td>
</tr>
<tr>
<td>'78B</td>
<td>5</td>
<td>1437</td>
<td>55</td>
<td>3.82</td>
</tr>
<tr>
<td>'79</td>
<td>0</td>
<td>*6,536</td>
<td>31</td>
<td>0.18</td>
</tr>
</tbody>
</table>

*H1 1:20
A. 6/78-9/78
B. 10/78-12/78
FIGURE 6

1979
OHIO DEPARTMENT OF HEALTH
ARBOVIRUS SURVEILLANCE
AVIAN SEROPOSITIVES

WEE

SEROPositIVES 17
ADULTS 7
JUVENILES 10
COUNTIES 13