

NSW Clinician ALERT - Murray Valley Encephalitis

Information for EDs, general physicians, neurologists, ID physicians, intensivists, GPs and RFDS

KEY POINTS

1. MVE has been detected in sentinel chickens in Western NSW.
2. Consider MVE in the diagnosis of patients with compatible clinical illness.
3. Notify your local Public Health Unit of any suspected cases of MVE.

Background

Murray valley encephalitis (MVE) has been detected in sentinel chickens in the Macquarie Marshes area in Western NSW. This indicates that the virus is currently circulating in mosquito populations in this region. People most at risk include residents of and recent visitors to this area. The incubation period is between 5-26 days.

Clinical presentation

Clinical presentation of MVE includes non-encephalitic disease with rash, headache and myalgia. Encephalitis is characterised by lethargy, drowsiness, irritability, confusion, fitting, weakness, photophobia, neck stiffness, ataxia, aphasia, intention tremor, seizures and coma. Persisting fevers and seizures are more common in children. Most people with MVE remain asymptomatic (only about 1 in 1000 people infected develops clinical symptoms of infection).

Specimen collection

Serum collected during the acute illness is useful for detection of flavivirus or MVE specific IgM and IgG. A convalescent serum sample should also be collected at 7-10 days after onset of symptoms. CSF should be collected if there is meningitis or encephalitis, and a serum specimen must also be collected to accompany this. Please include clinical summary on the request form including the date of onset of symptoms.

Notification to Public Health

Please contact your local public health unit as soon as you suspect MVE infection. The public health unit will have up to date information about current surveillance and will be able to provide further advice about testing. The public health unit will also need to interview the case or next of kin to determine risk of infection and will facilitate testing at the reference laboratory.

Patient management

Management of MVE is largely supportive. Patients with MVE may deteriorate clinically and require care in an intensive care unit. Please take this into consideration when planning your patient's care. MVE is not transmitted from person to person either directly or via mosquitoes. No additional infection control precautions are required.

A MVE factsheet for patients is available at:

http://www.health.nsw.gov.au/factsheets/infectious/murray_valley_enceph.html

For more information contact the Public Health Unit on

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Regards,
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