



Department of Health

Incorporating: Health, Mental Health and Ageing

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OUR REF:

YOUR REF:

Dear Colleague

Vigilance for Murray Valley Encephalitis virus (MVEv) disease

In February this year I wrote to you all regarding the detection of MVEv in sentinel chickens located along the Murray Valley. In more recent times further detections of the virus have been found in other areas such as Toolamba and Bendigo.

The Department continues to work closely with local governments in the areas where the virus has been detected on mosquito surveillance and control programs.

I am writing to bring to your attention that the South Australian Department of Health has recently confirmed a case of MVEv as has the New South Wales Department of Health. These cases are the first ones confirmed in south eastern Australia.

To date no human cases of MVEv have been confirmed in Victoria. We are seeing an increase in confirmed cases of Ross River Virus and Barmah Forest Virus diseases and while these diseases are not as potentially serious as MVEv, their increasing incidence is of concern. To date, 947 cases of Ross River Virus disease have been notified, compared to 138 for the same period last year, and 143 cases of Barmah Forest Virus disease compared to 16 for the same period last year.

Given the SA and NSW findings, I am requesting that you continue to be alert to possible cases of MVEv in your patients and to take the necessary steps to ensure diagnosis.

Most cases of MVEv infections are asymptomatic, while mild cases present with a febrile headache or aseptic meningitis. In a small percentage of all people infected, mild disease may be a prodrome to disease progression and involvement of the central nervous system. This can result in meningitis or encephalitis of variable severity. Signs of brain dysfunction such as drowsiness, confusion, fitting, weakness or ataxia indicate the onset of encephalitis.

Collection of specimens for laboratory diagnosis of MVE and its differential diagnoses are suggested as follows:

- Two tubes of blood should be collected, one in an EDTA tube for detection of viruses, and one in a plain serum tube for serological testing. A second convalescent serum should be submitted for testing two weeks after disease onset.
- Collect at least 0.5ml of CSF in a sterile leak-proof container together with a respiratory swab in viral transport medium, and a rectal swab in viral transport medium.

All specimens should be transported chilled to the Victorian Infectious Diseases Reference Laboratory (VIDRL) as rapidly as possible, following telephone contact with the Medical Microbiologist-on-call, available Monday to Friday 0800 to 1730 hours through the VIDRL switchboard (03) 9342 2600 or outside these hours through the Royal Melbourne Hospital Switchboard (03) 9342 7000.

Please note that Murray Valley encephalitis is a Group A disease and must be **notified immediately** by telephone followed by written notification within five days.

As MVEv is transmitted by mosquito bites, the department has developed the 'Beat the Bite' campaign to provide information to Victorians on the best ways to protect themselves from mosquito-borne diseases including MVEv. This information is available at www.betterhealth.vic.gov.au. Free brochures and posters can also be ordered through the IDEAS website: http://www.health.vic.gov.au/ideas/resources/online_order or by email: infectious.diseases@health.vic.gov.au

For more information about MVEv, go to:

<http://www.health.vic.gov.au/ideas/bluebook/murrayvalley>

Thank you for your assistance and if you would like to discuss the matter further, please contact Dr Rosemary Lester on 9096 5182 or rosemary.lester@health.vic.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Carnie', with a stylized flourish at the end.

Dr John Carnie
Director, Health Protection
Chief Health Officer