



**STATE OF NEW YORK
DEPARTMENT OF HEALTH**

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TO: Healthcare Providers, Hospitals, Local Health Departments

FROM: NYSDOH Bureau of Communicable Disease Control, Arthropod-Borne Disease Program

**HEALTH ADVISORY: REPORTING AND TESTING OF SUSPECTED CASES
OF WEST NILE VIRUS and EASTERN EQUINE ENCEPHALITIS INFECTION
AND REPORTING CASES OF PESTICIDE POISONING**
**Please distribute immediately to the Infection Control Department, Emergency
Department, Infectious Disease Department, Director of Nursing, Medical Director,
Laboratory Service, and all patient care areas.**

SUMMARY

- The New York State Department of Health (NYSDOH) is advising physicians on the procedures to test and report suspected cases of West Nile virus (WNV), eastern equine encephalitis (EEE), and pesticide poisoning.
- There have been over 27,000 cases of WNV reported in the United States since 1999, with 338 of those cases from New York State (NYS). WNV is now assumed to be endemic in NYS.
- In 2008, there have been WNV isolations in mosquito pools (40) and birds (13); no human cases have been reported in New York State as of August 1. It is assumed, however, that WNV will be circulating throughout the state as the mosquito season progresses.
- EEE has been detected in horses, birds and mosquitoes in New York State during the past five years. There have been no human cases in New York State since 1983, but there have been human cases in neighboring states.
- During the mosquito season (June 1 through November 1), providers should immediately report any patient with clinical evidence of viral encephalitis and any patient aged two years or older with viral meningitis. These reports should be made to the local health department, and arbovirus infections should be considered in the differential diagnosis.
- All arboviral infections, regardless of clinical presentation, are reportable.

- Wadsworth Center provides testing on both cerebrospinal fluid (CSF) and serum. Tests for a number of domestic and exotic, common and rare, viruses can be done. The tests performed will vary with the clinical status of the patient.
- In cases where pesticides are used to control mosquitoes, some individuals may experience adverse effects from pesticide exposure. These cases should be reported to the NYSDOH Pesticide Poisoning Registry.

BACKGROUND

West Nile virus (WNV) activity continues to be seen throughout the nation. Since the introduction of WNV in 1999, 48 states and the District of Columbia have documented 27,493 human cases of West Nile fever and neuroinvasive disease. The majority of neuroinvasive cases have been in elderly or immunocompromised individuals. In addition, since 2004, there have been 19 states with documented eastern equine encephalitis (EEE) virus activity, including states in the northeast United States.

A total of 338 cases of WNV have been identified in New York State (including NYC) between 1999-2007, with 35 deaths. During 2007, a total of 22 human cases of WNV infection were identified in NYS, including NYC. There were two fatalities. Although there have been no human cases of EEE in NYS since 1983, NYS has recorded an increase in EEE activity throughout the state in mosquitoes, birds and horses in recent years. This increase and expansion in arboviral activity demonstrates the ongoing risk of WNV and EEE transmission in the state and the need for continued arboviral surveillance and prevention activities.

The New York State Department of Health (NYSDOH) and local health departments (LHDs) are enhancing surveillance activities for suspected WNV and EEE infections to facilitate the prompt recognition of a human outbreak. A critical component of this effort is the rapid detection and timely reporting of cases of viral encephalitis and viral meningitis, particularly from June 1 through November 1. While there have been WNV isolations in mosquito pools (40) and birds (13), there have not been any human cases reported in New York State in 2008 as of August 1. It is assumed, however, that WNV will be circulating throughout the state as the mosquito season progresses.

REPORTING CASES OF VIRAL ENCEPHALITIS AND VIRAL MENINGITIS

Viral encephalitis and viral meningitis are routinely reportable conditions. However, during the mosquito season, to ensure rapid identification of human WNV and EEE infection, providers should **report immediately** by telephone to their LHD any adult or pediatric patient with clinical evidence of viral encephalitis and any patient aged two years or older with viral meningitis. In addition, providers should consider WNV infection in the differential diagnosis of patients presenting with acute flaccid paralysis (AFP) or other unexplained movement disorders including tremor, myoclonus or Parkinson's-like symptoms, as a proportion of the WNV cases in the past six years have presented with these symptoms.

TESTING FOR VIRAL ENCEPHALITIS AND VIRAL MENINGITIS

The NYSDOH laboratory, Wadsworth Center, offers serologic testing for WNV (IgM-capture enzyme-linked immunosorbent assay [ELISA] on cerebrospinal fluid and serum and IgG microsphere immunoassay [MIA] on serum) and for EEE (IgG indirect fluorescent assay [IFA]

on serum). In addition, Wadsworth Center offers polymerase chain reaction (PCR) testing of cerebrospinal fluid (CSF) for a wide range of viruses associated with encephalitis (West Nile virus, Saint Louis encephalitis, eastern equine encephalitis, Cache Valley and California serogroup viruses, enterovirus, herpes simplex viruses 1 and 2, human herpes virus 6, varicella zoster virus, Epstein Barr virus, cytomegalovirus, and adenovirus). Wadsworth Center can also test for Chikungunya virus, which has been seen in several New York residents returning from travel abroad.

PCR testing will be prioritized for testing as follows:

- CSF specimens submitted on **hospitalized** patients with **encephalitis** will be tested by PCR for the viral panel.
- CSF specimens submitted on **non-hospitalized** patients and/or patients **without encephalitis** (i.e., patients with meningitis or West Nile fever) will **not** be tested for the viral PCR panel. (The specimen **will** be forwarded to Wadsworth Center's Diagnostic Immunology Laboratory for WNV IgM ELISA testing).

All CSF specimens submitted for testing will also be forwarded to Wadsworth Center's Diagnostic Immunology Laboratory for WNV IgM ELISA testing. IgM and IgG IFA testing of CSF is not available for EEE. If there is insufficient quantity (<1.0 ml) of CSF submitted on hospitalized patients with encephalitis to test by both PCR and ELISA, the testing method will be based on the provider's preference.

COLLECTION OF SPECIMENS

WNV:

IgM-capture ELISA for CSF and/or sera is the most sensitive screening test for WNV. Ideally, CSF and an acute serum specimen should be submitted on all suspect viral encephalitis and meningitis cases. In the case of a positive screening test, a convalescent serum specimen collected at least three weeks after the acute will be **required** to conduct plaque reduction neutralization testing (PRNT). Confirmatory testing by PRNT is necessary to rule out cross-reactivity with other flaviviruses. Convalescent serum specimens should also be submitted on patients with a negative or indeterminate ELISA result on an acute specimen collected less than 8 days after onset of symptoms. Convalescent specimens should be collected at least three weeks after the acute to determine if the elevation is due to a recent infection.

EEE:

Ideally, CSF and acute and convalescent serum specimens should be submitted for EEE testing (using the specimen submittal guidelines found attached). CSF testing by PCR may be less sensitive than testing serum by serology. CSF is not tested by serology and serum is not tested for IgM antibodies. **Thus, it is important to submit both acute and convalescent serum specimens when testing for EEE.** Acute and convalescent serum specimens submitted for EEE testing will be tested by IFA for IgG antibodies. Elevated results to an EEE IFA IgG test conducted on an acute specimen will require a convalescent serum specimen to be collected at least three weeks after the acute to determine if the elevation is due to a recent infection.

The utility of convalescent specimens was demonstrated again in 2006 and 2007 with the identification of an acute Powassan encephalitis case in NY, in an individual with no known

travel history. This case originally had elevated titers to St. Louis encephalitis and reactivity to WNV MIA. As a result of collecting a convalescent serum and conducting PRNT assays, this patient was re-diagnosed with Powassan encephalitis after the arboviral transmission season. Six additional cases of Powassan encephalitis were identified in 2006. These cases highlight the importance of collecting a convalescent specimen to distinguish closely related arboviruses through PRNT. Furthermore, the inclusion of travel information on all patient case history forms is imperative to properly test against all relevant arboviruses that may be present in a geographical area to ascertain which virus may be responsible for the current illness.

If you have a patient who is hospitalized with viral encephalitis, viral meningitis, or with acute flaccid paralysis (AFP) or other unexplained movement disorders including tremor, myoclonus, or Parkinson's-like symptoms, your local health department and NYSDOH will assist you in arranging testing at the Wadsworth Center. (Attached to this advisory are instructions on the collection and submission of clinical specimens and a detailed algorithm as to which tests will be conducted on submitted specimens, and the Viral Encephalitis/Meningitis Case Report and History Forms.)

Medical providers who see patients with symptoms suggestive of WN fever (fever, headache, myalgia, fatigue, and/or arthralgia) should seek commercial testing for WN virus. West Nile fever generally lasts only a few days, though in some cases symptoms have been reported to last longer, even up to several weeks. (Please note: these commercial tests are screening tests and any positive result will need to be confirmed at Wadsworth Center and reported to the local health department.) Mildly ill patients should also be advised to seek medical attention if they develop more severe neurologic symptoms such as confusion, lethargy, muscle weakness, severe headache, stiff neck or photophobia.

REPORTING TO THE NYSDOH PESTICIDE POISONING REGISTRY

Efforts are underway to reduce the risk of a human outbreak of WNV and EEE infections through an emphasis on education and mosquito habitat reduction. However, if the use of pesticides to control mosquitoes becomes necessary, some individuals may experience possible adverse health effects from pesticide exposure. Physicians, healthcare facilities and clinical laboratories are required to report any patient with confirmed or suspected pesticide poisoning to the NYSDOH Pesticide Poisoning Registry within **48 hours** of treating the patient. **Medical personnel should file reports of suspected or confirmed pesticide poisonings by calling the NYSDOH Pesticide Poisoning Registry at 1 (800) 322-6850.**

ADDITIONAL INFORMATION

The most up-to-date information on West Nile virus in New York can be found on the NYSDOH public website: http://www.health.state.ny.us/diseases/west_nile_virus/

If you have any questions regarding this information, please contact your local health department or the NYSDOH Arthropod-Borne Disease Program at 518-474-4568.

Thank you for your assistance in these important matters.

NEW YORK STATE DEPARTMENT OF HEALTH

Collection and Submission of Clinical Specimens for Viral Encephalitis and Meningitis Testing, Including West Nile Virus and Eastern Equine Encephalitis

The New York State Department of Health (NYSDOH) Laboratory, Wadsworth Center, offers diagnostic testing for a variety of viral agents that cause encephalitis. Available tests include: 1) viral culture, 2) serological studies, and 3) polymerase chain reaction (PCR) assays. Actual tests performed will depend on the type of specimen submitted (i.e., cerebrospinal fluid, serum, brain tissue). Proper collection, storage, and packaging are essential in preserving the clinical specimens so that testing the samples can be carried out properly.

Due to limited laboratory testing capacity, arboviral testing is being prioritized for **hospitalized** patients who meet the clinical criteria for viral encephalitis or meningitis between June 1st and November 1st. If one of your patients meets the appropriate criteria, please take the following steps:

1. Call the local health department where the patient resides. Specimens should not be submitted for arboviral testing without first contacting the appropriate local health department. The local health department will determine whether testing at NYSDOH is necessary.

2. Complete the NYSDOH Viral Encephalitis/Meningitis Case Report Form. Fax form, once completed, to the local health department and submit a copy with the laboratory specimens. It is critical that **date of onset** and **date of collection** are recorded on the *Viral Encephalitis/Meningitis History* form. Serologic results cannot be interpreted if the dates of onset and collection are not recorded.

3. Collect the specimens.

- **CSF: 2 tubes, 1-2 cc each**, collected without any preservatives. This sample should be kept frozen on dry ice or in a -70° C freezer.
- **Acute Sera: 5-10ml in a red-top tube.** All sera should be centrifuged, separated from the clot and red cells, and dispensed into another tube for shipping. The sample should be refrigerated or, if it will be sent with CSF, it should be frozen on dry ice.
- **Convalescent Sera: 5-10ml in a red-top tube.** All sera should be centrifuged, separated from the clot and red cells, and dispensed into another tube for shipping. The sample should be refrigerated.
- Make sure all specimens are labeled with patient's name, specimen type, and **date of collection**.

4. Keep the completed forms with the specimens. Wadsworth Center cannot process the specimens without complete paperwork. Incomplete forms will significantly delay sample processing.

Footnotes:

1. ELISA: Enzyme Linked Immunosorbent Assay
2. The PCR Viral Encephalitis Panel includes tests for West Nile virus, St. Louis encephalitis, eastern equine encephalitis, Cache Valley and California serogroup viruses, enterovirus, herpes simplex virus, varicella zoster virus, Epstein Barr virus, cytomegalovirus, and adenovirus.
3. Commercial laboratories that offer PCR testing on CSF:
 - Enterovirus PCR testing**
 - Quest Diagnostics (949-728-4000)
 - HSV PCR testing**
 - Mayo Clinic (507-284-3018)
 - Quest Diagnostics/Nichols Institute (703-802-6900)
 - Associated Regional and University Pathologists (ARUP) Laboratories (801-583-2787)
 - ViroMed Laboratories (952-563-3300)
 - WNV PCR testing**
 - Quest Diagnostics/ Nichols Institute (703-802-6900)
 - WNV IgM testing**
(Note that this list of labs performing WNV IgM testing is not all inclusive since the FDA cleared a WNV IgM kit on 07/09/03)
 - ViroMed Laboratories (952-563-3300)
 - Focus Technologies Inc. (714-220-1900)
 - Associated Regional and University Pathologists (ARUP) Laboratories (801-583-2787)
 - LabOne Inc. (913-577-1517)
4. MIA: Microsphere Immunofluorescence Assay
5. IFA: Immunofluorescence Assay
6. PRNT: Plaque Reduction Neutralization Testing

Revised 8/1/08

NYS Lab Number:

Date Received:

NEW YORK STATE DEPARTMENT OF HEALTH Viral Encephalitis/Meningitis Case Report Form

Suspect encephalitis/meningitis cases are reportable diseases.

Please fax a completed copy of this form to your Local County Health Department.

This form, including the full Viral Encephalitis/Meningitis History Form MUST be completed and sent with clinical specimen(s).

Patient Information

Last Name _____ First Name _____ Date of Birth __ / __ / __

Please complete this section if CSF is being submitted:

1. Does the patient have **encephalitis** (defined as temperature $>100.4^{\circ}\text{F}$, *and* altered mental status, *and* abnormal CSF)?
 Yes → Go to question 2.
 No → Stop here. CSF will be tested by ELISA¹ for WNV IgM antibodies. CSF will *not* be tested by PCR for the viral encephalitis panel². (Please refer to commercial laboratories that can provide PCR testing³.)
2. Is the patient **hospitalized**?
 Yes → Go to question 3.
 No → Stop here. CSF will be tested by ELISA¹ for WNV IgM antibodies. CSF will *not* be tested by PCR for the viral encephalitis panel². (Please refer to commercial laboratories that can provide PCR testing³.)
3. Is there at **least 1.0 ml of CSF** available for testing?
 Yes → CSF will be tested by ELISA¹ for WNV IgM antibodies *and* by PCR for the viral encephalitis panel².
 No → There is not enough CSF to conduct *both* ELISA¹ and PCR testing. Please indicate your preference for testing (check only **one**):
 Test by ELISA¹ for WNV antibodies.
 Test by PCR for the viral encephalitis panel².

Please complete this section if SERUM is being submitted:

1. Please indicate if this is an acute or convalescent specimen:
 Acute → Serum will be tested for:
 - WNV IgM antibodies by ELISA¹.
 - WNV polyvalent antibodies by MIA⁴.
 - Arboviral IgG antibodies by IFA⁵.
 Convalescent → Serum collected at least three weeks after the acute will be tested for:
 - WNV IgM antibodies by ELISA¹ on paired sera.
 - WNV polyvalent antibodies by MIA⁴ on paired sera.
 - Arboviral IgG antibodies by IFA⁵ on paired sera, if acute was reactive. (If acute specimen was negative, it will not be retested with convalescent. If convalescent is reactive, the test will be repeated on paired sera. Paired sera will be sent for PRNT⁶ when at least one specimen is reactive).

Footnotes:

1. ELISA: Enzyme Linked Immunosorbent Assay
2. The PCR Viral Encephalitis Panel includes tests for West Nile virus, St. Louis encephalitis, eastern equine encephalitis, Cache Valley and California serogroup viruses, enterovirus, herpes simplex virus, varicella zoster virus, Epstein Barr virus, cytomegalovirus, and adenovirus.
3. Commercial laboratories that offer PCR testing on CSF:
 - Enterovirus PCR testing**
 - Quest Diagnostics (949-728-4000)
 - Focus Technologies Inc. (714-220-1900)
 - HSV PCR testing**
 - Mayo Clinic (507-284-3018)
 - Quest Diagnostics/Nichols Institute (703-802-6900)
 - Focus Technologies Inc. (714-220-1900)
 - Associated Regional and University Pathologists (ARUP) Laboratories (801-583-2787)
 - ViroMed Laboratories (952-563-3300)
 - WNV PCR testing**
 - Quest Diagnostics/ Nichols Institute (703-802-6900)
 - Focus Technologies Inc. (714-220-1900)
 - WNV IgM testing**
(Note that this list of labs performing WNV IgM testing is not all inclusive since the FDA cleared a WNV IgM kit on 07/09/03)
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 - Focus Technologies Inc. (714-220-1900)
 - Associated Regional and University Pathologists (ARUP) Laboratories (801-583-2787)
 - LabOne Inc. (913-577-1517)
4. MIA: Microsphere Immunofluorescence Assay
5. IFA: Immunofluorescence Assay
6. PRNT: Plaque Reduction Neutralization Testing

Viral Encephalitis/Meningitis History

New York State Department of Health
 Wadsworth Center, Empire State Plaza
 Viral Encephalitis Laboratory
 P.O. Box 509
 Albany, New York 12201-0509
 Phone (518) 869-4557

* Please see instructions for shipping address

NYS Lab Number

Date Received

Please type or print legibly in black ink

Patient

Specimen

Last Name		First Name		MI	DOB MM / DD / YY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City/State		Zip Code	County of Residence	
Telephone () _____-_____		Occupation		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> CSF Date Collected MM / DD / YY Submitter Specimen ID _____		<input type="checkbox"/> Serum Date Collected MM / DD / YY Submitter Specimen ID _____		<input type="checkbox"/> Other _____ Date Collected MM / DD / YY Submitter Specimen ID _____		Onset Date MM / DD / YY

Requesting Medical Provider Name and Address Wadsworth laboratory results will be sent to: Please provide the name and telephone number of the person we may contact with questions: Contact person _____ Email _____ Telephone _____ Fax _____	Laboratory PFI _____
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Comments

Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide hospital name
Hospital street address	City _____ State _____ Zip _____
Medical record #	Date of Admission _____ / _____ / _____ Date of discharge/transfer _____ / _____ / _____

CLINICAL INFORMATION

Current Diagnosis : encephalitis meningitis other diagnosis (specify) _____

Pregnant Yes No Unknown If yes, please list gestational week at onset of symptoms _____

Signs/Symptoms (Please check)

Fever ($\geq 100.4^{\circ}\text{F}$) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Altered mental status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stiff neck/Meningeal signs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Muscle weakness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Rash <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Muscle pain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other _____	Outcome <input type="checkbox"/> Recovered <input type="checkbox"/> Died <input type="checkbox"/> Unknown
If patient died, date of death _____ / _____ / _____	Autopsy performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Received 4 weeks prior to first symptom: transfusion transplant

Donated 4 weeks prior to first symptom: blood/blood products organ

Risk Factor Information: (during month preceding onset)

Patient traveled: Outside country Outside New York State Outside county of residence

Animal or arthropod contact? Yes No Unknown Specify: _____

LABORATORY INFORMATION/TEST RESULTS (Please specify units when applicable.)

CSF Test Date ____/____/____
 Glu ____ Prot ____ RBC ____ WBC ____ Diff: Segs% ____ Lymphs % ____
 Gram stain ____ Bacterial Culture ____ Fungal/Parasitic tests ____
 Viral test results (Culture/Serology/PCR) ____

CBC Date ____/____/____ Abnormal? Yes No Unknown
 WBC ____ Diff: Segs% ____ Lymphs% ____ Bacterial Culture ____

MRI Date ____/____/____ Abnormal? Yes No Unknown Result ____

CT Date ____/____/____ Abnormal? Yes No Unknown Result ____

EEG Date ____/____/____ Abnormal? Yes No Unknown Result ____

EMG Date ____/____/____ Abnormal? Yes No Unknown Result ____

Antiviral Treatment Yes No Unknown. If yes, list below

Date started:

_____/_____/_____

New York State Department of Health

Collection and Submission of Samples for Viral Encephalitis/Meningitis Testing

The diagnostic facilities of the Wadsworth Center are designed primarily to provide laboratory services for all persons in the state for whom such services are not otherwise available. Please use local laboratory services whenever available.

HISTORY AND SPECIMEN LABELING Fill in VIRAL ENCEPHALITIS/MENINGITIS HISTORY form as completely as possible. Each specimen should be labeled with patient name, physician name, and the date and time collected.

CSF submitted on patients with a reported current diagnosis of **viral encephalitis** will be tested for a panel of viruses (Adenovirus, WNV, SLE, EEE, Cache Valley and California serogroup viruses, Enterovirus, HSV 1 and 2, VZV, EBV, and CMV) and Enzyme-linked immunoassay (ELISA) for WNV. CSF submitted on patients with a reported current diagnosis of **viral meningitis** will be tested by ELISA for **WNV** only. Collect spinal fluid within seven days of onset. Collect in sterile, labeled container. Freeze immediately at -70°C and then ship on dry ice.

If less than 1.0ml of CSF is submitted, the quantity will not be sufficient to perform both ELISA and PCR testing.

1. CSF on patients with **viral meningitis** will be tested for WNV by ELISA (PCR will not be done since it is less sensitive for WNV.)
2. CSF on patients with viral encephalitis will be tested on the physician's preference below.
Please consider the following in determining which test is most appropriate for your patient:
 - ELISA is more sensitive than PCR for WNV testing and should be considered when there is a stronger suspicion of WNV than other viruses.
 - PCR is less sensitive for WNV, but tests for a wide range of viruses. PCR should be considered if viruses other than WNV are suspected.

SERUM Acute Sera: 5-10ml in a red-top tube. Clotted blood should be centrifuged. The sera should be separated from the clot and red cells, and dispensed into another tube for shipping. The sample should be refrigerated or, if it will be sent with CSF, frozen on dry ice.

Convalescent Sera: 5-10ml in a red-top tube. Clotted blood should be centrifuged. The sera should be separated from the clot and red cells, and dispensed into another tube for shipping. The sample should be refrigerated and shipped on a commercially available frozen ice pack.

TISSUE obtained by autopsy or biopsy may be submitted for encephalitis PCR; do not provide formalin fixed tissue. The type of tissue to be collected depends on the disease. Tissue must be collected as soon as possible after onset of disease or death to be suitable. Collect in sterile, individually labeled container. Freeze immediately at -70°C and then ship on dry ice.

Shipping of Samples for Viral Encephalitis/Meningitis Testing

It is essential that specimens be sent to the Viral Encephalitis Laboratory at the Wadsworth Center as soon as possible after collection. All original paperwork must be complete and accompany each specimen.

- **It is the shipper's responsibility to ensure that appropriate shipping materials are used. Please contact your carrier for shipping and packaging information. Patient specimens must be shipped as "Diagnostic Specimens."**
- For refrigeration, use commercially available frozen ice packs. Do not use wet ice. For frozen specimens, use dry ice.
- All specimens must be shipped "Priority Overnight" and received within 24 hours via chosen carrier.
- Specimens should ONLY be shipped Sunday - Thursday so that appropriate laboratory personnel can be present to accept and accession specimens Monday - Friday.
- Please contact your carrier for shipping and packaging information.

Address for courier shipping:
Wadsworth Center, NYSDOH
Viral Encephalitis Laboratory
5668 State Farm Road (Route 155)
Slingerlands, NY 12159

Packages sent through US mail:
Wadsworth Center, NYS DOH
Viral Encephalitis Laboratory
P.O. Box 509
Empire State Plaza
Albany, NY 12201-0509