# PENNSYLVANIA DEPARTMENT OF HEALTH
# 2026 – PAHAN – 829 – 06-12-ADV

Pennsylvania Department of Health

## 2026 West Nile and Other Arboviral Infections in Pennsylvania

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*These messages are intended to inform and support clinical work and should not be treated as news releases. If members of the media have questions about a PA-HAN, contact the DOH Office of Communications at ra-dhpressoffice@pa.gov.*

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| **DATE:** | 6/12/2026 |
| **TO:** | Health Alert Network |
| **FROM:** | Debra L. Bogen, MD, FAAP, Secretary of Health |
| **SUBJECT:** | 2026 West Nile and Other Arboviral Infections in Pennsylvania |
| **DISTRIBUTION:** | Statewide |
| **LOCATION:** | Statewide |
| **STREET ADDRESS:** | n/a |
| **COUNTY:** | n/a |
| **MUNICIPALITY**: | n/a |
| **ZIP CODE:** | n/a |

This transmission is a "Health Advisory," and provides important information for a specific incident or situation; may not require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY


**SUMMARY**

- Pennsylvania's first West Nile virus (WNV)-positive mosquito pools were identified in Allegheny, Beaver, Bucks, Lycoming, Monroe, Northumberland, Pike, Tioga and York Counties indicating WNV is circulating in Pennsylvania.
- Health care providers should have a heightened clinical suspicion for West Nile and other arboviral infections in persons with clinically compatible symptoms.
- For questions, please call your local health department or DOH at 1-877-PA-HEALTH.


As of Wednesday, June 10, 2026, the first WNV-positive mosquito pools of the year were detected in nine Pennsylvania counties− Allegheny, Beaver, Bucks, Lycoming, Monroe, Northumberland, Pike, Tioga, and York−through the routine seasonal monitoring conducted by the Pennsylvania Department of Environmental Protection (DEP) West Nile virus surveillance program.>>

The first mosquito positive pools indicate WNV is now circulating in Pennsylvania. Risk of human WNV infection is likely to remain elevated over the next several months. Additional surveillance data are available at WNV Mosquito Surveillance.

The Pennsylvania Department of Health (DOH) reminds health care providers to consider the diagnosis of an arboviral infection in patients presenting with undifferentiated febrile illness, or signs of meningoencephalitis, to ask about recent travel history (past three weeks) and outdoor exposures, and to collect appropriate diagnostic specimens.

All arbovirus infections (e.g., infections due to West Nile, St. Louis, Jamestown Canyon, La Crosse, dengue, chikungunya, Zika, Powassan) are reportable to DOH within 24 hours of diagnosis in Pennsylvania.

## EPIDEMIOLOGY OF WEST NILE AND OTHER ARBOVIRAL INFECTIONS IN PENNSYLVANIA

In Pennsylvania, WNV is the most reported locally-acquired arboviral disease, and human infections are most seen during the months of July through September. Risk continues until the first hard frost.

Most human WNV infections (80%) are asymptomatic.

Approximately 20% of infections result in a non-specific febrile illness (West Nile fever), and <1% of infections develop into severe neuroinvasive disease (e.g., meningitis, encephalitis, acute flaccid paralysis). Neuroinvasive disease is more likely to occur in people ≥50 years of age or people with compromised immune systems.

During the 2025 WNV season, Pennsylvania reported 58 people with neuroinvasive and 22 with non-neuroinvasive diseases from 22 counties.

Other locally-acquired arboviral infections that were reported in Pennsylvania include St. Louis encephalitis virus (SLEV), eastern equine encephalitis virus (EEEV), Jamestown Canyon virus (JCV) and La Crosse encephalitis virus (LACV). The last reported SLEV human case was during the 2020 season. During the 2025 mosquito surveillance season, JCV was identified in mosquito pools in addition to WNV.

The emerging tickborne arbovirus, Powassan virus (POWV), was identified during the 2025 season and eight people had neuroinvasive disease. While Powassan is rare, consider testing for this arbovirus when outside the mosquito season (November−April), or if other arboviral testing results are negative.

## WHEN TO CONSIDER ARBOVIRAL TESTING FOR YOUR PATIENT

Remember to ask about each patient's recent (past three weeks) travel history and potential exposures, as this can help determine which arbovirus test to order. The following clinical syndromes presented during summer months among patients with no recent travel history should prompt consideration for WNV testing:

1. **Viral encephalitis, characterized by:**
   - Fever ≥ 38ºC or ≥ 100.4ºF and,
   - Central nervous system (CNS) involvement, including altered mental status (altered level of consciousness, confusion, agitation, or lethargy) or other cortical signs (cranial nerve palsies, paresis or paralysis, or convulsions) and,
   - Abnormal CSF profile suggesting a viral etiology (negative bacterial gram stain and culture with a pleocytosis [white blood cell (WBC) count between 5 and 1500 cells/$mm^3$] and/or elevated protein level [≥40 mg/dl]).

2. **Viral meningitis, characterized by:**
   - Fever ≥ 38ºC or ≥ 100.4ºF and,
   - Headache, stiff neck and/or other meningeal signs and,
   - Abnormal cerebrospinal fluid (CSF) profile suggesting viral etiology (negative bacterial gram stain and culture with a pleocytosis [WBC of 5-1500 cells/$mm^3$] and/or elevated protein level [≥40 mg/dl]).

3. **Poliomyelitis-like syndromes:**
   - Acute flaccid paralysis or paresis, which may resemble Guillain-Barré syndrome, or other unexplained movement disorders such as tremor, myoclonus or Parkinson's-like symptoms, especially if associated with atypical features, such as fever, altered mental status and/or a CSF pleocytosis. Afebrile illness with asymmetric weakness, with or without areflexia, has also been reported in association with WNV.

4. **Unexplained febrile illness:**
   - Especially if accompanied by headache, fatigue, myalgias, stiff neck, or rash.

## DIAGNOSIS OF ARBOVIRAL INFECTIONS

For most arboviral infections, serology can facilitate diagnosis. WNV diagnosis is usually serological, by detection of WNV-specific IgM antibody in serum or CSF. **WNV IgM may not be detectable until day 8 of illness**. Specimens collected less than 8 days after symptom onset may be negative for IgM, and testing should be repeated 2-3 weeks later.

Specimens (serum and/or CSF) collected from patients with suspected WNV can be submitted to the DOH Bureau of Laboratories (BOL). WNV IgM testing is performed free-of-charge. Instructions for submitting specimens can be found at Arbovirus testing form.

Requests for testing of SLEV, EEEV, JCV, LACV, and POWV can also be sent to DOH BOL using the arbovirus testing form. These specimens are then sent to CDC (via BOL) for testing and the same instructions apply for collection and submission. At least 1mL of serum or CSF is needed for each arbovirus testing request.

For questions, please call your local health department or DOH at 1-877-PA- HEALTH.

**Individuals interested in receiving future PA-HANs can register at: https://ondemand.mir3.com/han-pa-gov/login/.**

**Health Advisory**: provides important information for a specific incident or situation; may not require immediate action.
**Health Update**: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of June 12, 2026 but may be modified in the future.