United States Department of Agriculture



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MINNESOTA BULLETIN NO. 360-5-2

SUBJECT: PER – SAFETY AND HEALTH

<u>Purpose</u>. To provide information on West Nile Virus submitted by Noelle Saeger, Soil Conservation Technician, Ortonville, MN.

Expiration Date. September 30, 2005.

I recently was diagnosed as having the West Nile Virus so thought it would be a good topic for me to write about since I'm taking a special interest and learning more about it.

First, I will share my personal experience and then I will list some statistics and other facts that might be of interest to you. Please bear with me if this article is long in nature but I wanted to make sure I wrote about everything that I felt was significant in the event someone else was having a similar experience, my hope would be this information is helpful.

I noticed I'd been having more headaches/sore neck than usual (I tend to get occasional migraines) so I went in to have my eyes checked on Tuesday, September 7th. There was a significant change that was reflected in my vision test, however, I felt that there was more going on. It's not easy to describe or to explain how I felt exactly, only that I knew something wasn't quite right. I also had been so exhausted and my recent blood pressure readings were high.

On Thursday, September 9th I awoke with red spots/blotches on my face and felt a general sense that my face felt like it was "on fire". That evening I had a fever so went to bed early. By the next morning I had these same red spots which had now spread to my chest and upper arms. Absolutely no itching which would be common with hives, so I made an appointment with a local nurse practitioner to have these symptoms checked out before the weekend.

She basically tried to pass me off as having "some reaction", yet not knowing what I was reacting to, and told me to take a Zyrtec (prescription anti-histAmine) as she thought maybe I was having a case of hives without itching. I was not satisfied with this "diagnosis" as I have had hives before and not only did they itch, the rash associated with hives looked NOTHING like what I went in to the clinic with that day.

By Saturday morning these red spots had covered my body and now I could not even climb a flight of stairs without becoming short of air. I called the local hospital and they told me that since my fever had passed I didn't need to be seen. I now have an unexplainable rash spreading over my entire body and am still being "dismissed" by local health care providers. Not only did I not feel well and was sleeping much more during this time, had loss of appetite, etc. but am also extremely frustrated at the lack of concern at my local clinic. Therefore I knew it was time to take matters in to my own hands. I had my mind made up that I needed to go somewhere that would actually pay attention to my "strange" symptoms as I knew something out of the ordinary had to be going on.

On Tuesday, September 14th I saw an Internal Medicine Physician in Sioux Falls. From the moment he saw me (the red spots had begun to fade but were still visible) he instantly suspected it was some type of virus, however, ordered blood work to rule out a bacterial infection which if this were the case, could be treated with antibiotics.

My complete blood count (CBC) came back normal so this ruled out a bacterial infection. He then knew he had to start running some more specific blood work as particular viruses would not even show up on a CBC test.

I had blood drawn to test for Lyme's Disease as well as the West Nile Virus. On September 16th the physician contacted me stating I was negative for the Lyme's but positive for West Nile. Certainly wasn't the news I was hoping for but at least I finally knew what was wrong with me so I could begin dealing with it. All they could tell me is that the lab results indicated it was a recent infection.

There is no treatment for West Nile since it is a virus. All one can do is try and get more rest to fight it but it will stay in your system for some time. A person at this point also needs to pay special attention to significant changes/symptoms of a sore or stiff neck as this would be an indication that encephalitis (inflammation of the brain) was setting in.

Currently most of my red spots have faded and I still have a general sense of fatigue. Just don't have my usual stamina. I some days (usually by early afternoon) find it difficult to concentrate or focus but this too, is all par for the course. I'm optimistic that since I am an otherwise healthy person that this too shall pass. My appetite, for the most part, has also returned. My vision will need to be re-tested in a few months as eyesight can also be affected by West Nile.

Now you may wonder when and where I got bit by that one infected mosquito? I honestly don't know. As a rule if I am out in the field, gardening, or at the lake and mosquitoes are abound, I will put on bug spray. I don't however; douse myself with spray each time I set foot out my front door. None of us do. Truthfully there is really no way to avoid one bite altogether. After all, we live in Minnesota. I was at the wrong place at the wrong time.

All health officials are required to report any positive cases of West Nile to the Minnesota Department of Health as they are tracking this virus. Once they receive the report from your physician, a representative from the Department contacts the individual diagnosed with a series of questions. I just had my interview with them on September 21^{st.} Soon they will update their State of Minnesota maps and I will become a statistic as the first positive human case in Big Stone County and the 20th human case reported for 2004.

For some statistics on West Nile, please refer to this website www.health.state.mn.us.

*Since I started writing this article, the number reported has increased to 23 human cases reported in 13 counties. Primarily the entire west half of Minnesota is considered "high risk" for West Nile, however, there are only 13 human cases (including mine) in the following counties: Big Stone, Cottonwood, Grant, Lyon, Nobles, Ottertail, Redwood and Watonwan. http://www.health.state.mn.us/divs/idepc/diseases/westnile/riskareas2004.pdf The other 10 are within the Metro area and another recently reported in Pine County. http://www.health.state.mn.us/divs/idepc/diseases/westnile/wnv_web_map04.pdf

- *1 out of 150 people bitten by an infected mosquito will develop the more severe form of encephalitis. This usually would be the elderly population or individuals with other forms of chronic illness
- *There have been two deaths reported (of the 23 cases) this year due to complications.
- *Symptoms of the illness usually show up within 2-15 days after being bitten. They can include but are not limited to: headache, high fever, skin rash, body aches, fatigue, nausea, vomiting, stiff neck, disorientation, vision loss, tremors, convulsions, paralysis or coma.
- *Preventative measures to protect yourself:
 - ★ wear mosquito repellent containing up to 30% DEET (10% for children)
 - ★ wear long sleeve shirts and pants
 - ★ avoid outdoor activity at peak mosquito feeding times (dawn and dusk)
 - * eliminate water-holding containers (buckets, tires, wading pools, tire swings, etc.) from your property which will help reduce numbers of mosquito breeding sites
 - ★ frequently change water in bird baths and animal troughs and/or outdoor pet dishes

I've tried to highlight the general outline of data I've collected to date. One last comment I'd like to add is that it's very important to pay attention to symptoms that may be affecting you. It's usually your body's way of communicating that something is not right. Whether it is West Nile or some other illness, it does pay to be aggressive with your own health care.

^{*}In July of 2002, West Nile was first detected in Minnesota.

^{*}Only 20% of those bitten by an infected mosquito will develop symptoms (lucky me).

I am open to e-mails or phone calls should anyone have questions or comments about this article. My e-mail address is Noelle.Saeger@mn.usda.gov.

WILLIAM HUNT State Conservationist

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