



BULLETIN



ONTARIO HOSPITAL ASSOCIATION

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October 6, 2003

**For the Attention of
Hospital CEOs, CNEs, Chiefs of Staff,
Chiefs of Emergency Departments, and OHA Board**

**From Mimi Lowi-Young
Vice President (I), Member & Professional Relations**

Eastern Equine Encephalitis (EEE)

To date this year, Ontario has experienced seven confirmed cases and three probable case of Eastern Equine Encephalitis (EEE) in horses. EEE virus is transmitted by mosquitoes to horses and other mammals, including humans. **Ontario has not had a documented human case of EEE infection in recent decades, however, the U.S.A. experiences human cases annually.**

Dr. Colin O. D’Cunha, Commissioner of Public Health, Chief Medical Officer of Health and Assistant Deputy Minister has asked that the attached letter be forwarded to all acute care hospitals so that EEE can be added to the list of differential diagnoses in the event that health care providers examine individuals with signs and symptoms consistent with encephalitis. Please circulate this material to the appropriate staff and physicians in your organization.

**Ministry of Health
and Long-Term Care**

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Commissioner of Public Health,
Chief Medical Officer of Health and
Assistant Deputy Minister

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Ontario

Dear Physician:

For your information: Eastern Equine Encephalitis (EEE)

EEE virus can be transmitted by certain species of mosquitoes to horses and, rarely, to humans. Infection causes serious, often fatal, neurological illness in horses that are not vaccinated against the virus. In humans, EEE virus may cause encephalitis with a 35% case fatality rate, according to information from the United States, where a range of zero to 14 human cases of EEE has been reported annually since the 1960's. No human cases of EEE have been recorded to date in Ontario. There is no human vaccine for EEE.

Equine (horse) cases of EEE typically occur in the late summer and early fall. It has come to our attention that 10 equine (horse) cases of EEE (7 confirmed and 3 probable) have been reported in Ontario so far this year. The horses were located in the counties of Oxford, Stormont, Simcoe, Lanark, Northumberland, Carleton, Muskoka District, and Manitoulin Island. In recent years, only one equine case, or none, has been reported annually in Ontario. The exception was in 1994 when two confirmed and five probable equine cases were reported. In total from 1992 to 2002, six confirmed and five probable equine cases were reported in the province.

It is possible that the greater number of equine cases in 2003 is an artifact of increased testing for West Nile virus (WNV), with EEE (and rabies) being part of the differential diagnosis in horses with acute neurological illness. Given the time of season and cooler weather, mosquito biting activity has diminished and therefore the risk of human EEE virus infection is currently very low. The general preventive measure for human EEE is similar to that for WNV, i.e., reducing exposure to mosquitoes.

Should EEE be considered in the differential diagnosis of a patient with encephalitis, acute and convalescent sera are drawn and submitted to a hospital or community laboratory. The laboratory then forwards the specimens to the Ministry's Central Public Health Laboratory in Toronto for testing.

Further information regarding EEE can be found at the following website from the U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/ncidod/dybid/arbor/eeeFact.htm>.

Yours truly,

Colin O. D'Cunha, MBBS, MHSc, FRCPC
Commissioner of Public Health,
Chief Medical Officer of Health and
Assistant Deputy Minister