



West Nile Virus Operational Alert

30 JUN 2026



BLUF: In June 2026, one Marine stationed at Camp Pendleton tested positive for West Nile Virus (WNV) infection. Multiple California and Arizona counties have reported WNV positive mosquitoes and afflicted avian population, signaling active viral transmission. With peak season underway and outdoor training activities ongoing, military personnel face increased risk of infection, including rare, but serious neuroinvasive disease.

KEY POINTS:

- WNV, primarily spread through bites from infected *Culex* mosquitoes, is the leading cause of mosquito-borne disease in the contiguous U.S.
- Mosquito season starts in the summer and continues through fall (typically June through October), with an elevated risk for military personnel during field exercises, bivouacs, and evening outdoor activity when mosquito activity increases.
- Force health protection measures –**Prevent, Protect, and Report**. Personal preventive measures include the use of DEET-based repellents, permethrin-treated uniforms and elimination of standing water around training and housing areas.
- Immediately report any suspected cases to: Naval Hospital Camp Pendleton (NHCP) Preventive Medicine Department: (760) 696-1337 and the NHCP Environmental Health Officer: (760) 763-2362.

FORCE HEALTH RISK & PROTECTION: Military personnel face an elevated force health risk from WNV during peak transmission season, particularly in areas with standing or stagnant water that support mosquito breeding such as training ranges, temporary encampments, and residential areas near wetlands. Areas of concern include low-lying or poorly drained locations such as Camp Pendleton's inland training zones, Miramar's Rose Creek watershed floodplain, and base housing near vegetation or water retention areas. Units conducting field training or night operations are highly recommended to implement targeted risk mitigation strategies, including surveillance of mosquito-prone zones, routine application of EPA-approved repellents, the use of permethrin-treated uniforms, and availability for use of mosquito proof tents or bed nets.

CLINICAL DIAGNOSIS & WARNING SIGNS:

WNV infection should be considered in individuals presenting with **fever, headache, fatigue, in the context of a recent history of mosquito exposure** in endemic areas, especially during peak season. While most WNV infections are mild or asymptomatic, a small percentage may develop neuroinvasive disease, such as meningitis, encephalitis, or acute flaccid paralysis. These severe forms are more likely in older adults, immunocompromised individuals, or those with comorbid conditions. Diagnosis is primarily clinical but should be confirmed through serologic testing for WNV-specific IgM antibodies in serum or cerebrospinal fluid (CSF).

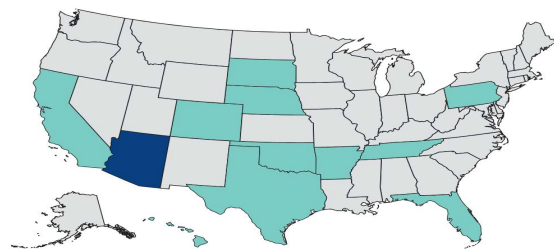
- Flu-like symptoms usually start 2–6 days after being bitten by an infected mosquito.
- Severe cases may include symptoms of confusion, neck stiffness, muscle weakness, or seizures.
- Consider WNV in any patient with unexplained encephalitis or meningitis during summer and fall seasons.
- Diagnosis confirmation via WNV IgM ELISA (*Serum: LOINC 44884-7, CSF: LOINC 44883-9*).

Data are current as of June 30, 2026.

Total Human Disease Cases in 2026*	Neuroinvasive Human Disease Cases in 2026	States Reporting Human Disease Cases in 2026
48	38	12
West Nile virus disease cases in 2026	West Nile virus neuroinvasive disease cases in 2026	States reporting West Nile virus disease cases in 2026

*Total human disease cases includes neuroinvasive and non-neuroinvasive disease cases.

West Nile virus human disease cases reported by state of residence, 2026



1 to 5 6 to 8 9 to 25 >25

<https://www.cdc.gov/west-nile-virus/data-maps/current-year-data.html>

TREATMENTS:

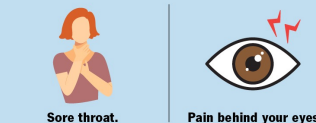
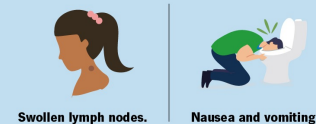
- No licensed vaccines or medicines are available to prevent WNV.
- Management is supportive and may require hospitalization in neuroinvasive cases.

The following should be considered on a case-to-case basis:

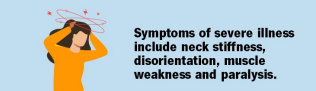
- Hydration, antipyretics (e.g. acetaminophen), and pain management for mild cases
- IV fluids, airway support, seizure management, and monitoring for increased intracranial pressure
- Avoid unnecessary antibiotics or antivirals unless secondary infection is suspected

Early recognition and supportive management can reduce complications and improve patient outcomes.

Symptoms of West Nile virus



Symptoms of severe West Nile virus



REFERENCES:

- <https://www.cdc.gov/west-nile-virus/about/index.html>
- <https://www.cdc.gov/west-nile-virus/hcp/clinical-signs/index.html>
- <https://www.hopkinsmedicine.org/health/conditions-and-diseases/west-nile-virus>
- <https://www.vdci.net/vector-borne-diseases/west-nile-virus-education-and-mosquito-management-to-protect-public-health/>
- <https://ph.health.mil/topics/entomology/pur/Pages/DoD-Insect-Repellent-System.aspx>