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[The genus *Parechovirus* is one of the 9 genera comprising the family *Picornaviridae* and includes 2 species, *Human parechovirus* and *Ljungan virus*. According to Virus Taxonomy (The Eighth Report of the International Committee on Taxonomy of Viruses), the human parechoviruses replicate in the respiratory and gastrointestinal tracts. Infection is particularly prevalent in young children but is probably mostly asymptomatic. In addition to respiratory infections and diarrhea, infections of the central nervous system have been reported occasionally. The cytopathology may be unusual in including changes in granularity and chromatin distribution in the nucleus when viewed by the electron microscope. Isolates of *Ljungan virus* appear to infect predominantly rodents. The predicted protein sequences of parechoviruses are highly divergent, with no protein having a greater than 30 percent level of identity compared with corresponding proteins of any other member of the family *Picornaviridae*. The American and Swedish isolates of *Ljungan virus* show some divergence.

*****Professor Niklasson has indicated that he is seeking collaborators to pursue these observations in greater depth. Anyone with an interest or involvement in the field should contact Professor Niklasson directly.*****
- Mod.CP]

[see also:
2008

—
Cardioviruses, human (02): global presence [20080911.2845](#)
Cardioviruses, human: 1st report [20080910.2824](#)
1998

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Myocarditis, rodent vector - Sweden [19980720.1371](#)

.....chc/cp/msp/jw

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医薬品 研究報告 調査報告書

識別番号・報告回数		報告日	第一報入手日 2009. 4. 15	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称	人赤血球濃厚液	研究報告の公表状況	CDC. Available from: http://www.cdc.gov/ncidod/dvbid/westnile/surv&controlCaseCount08_detail.html .	公表国 米国	
販売名(企業名)	赤血球濃厚液-LR「日赤」(日本赤十字社) 照射赤血球濃厚液-LR「日赤」(日本赤十字社)				
研究報告の概要	<p>○2008年米国におけるウエストナイルウイルスの流行状況 米国疾病対策センターが発表した2008年の米国におけるウエストナイルウイルスの流行状況である。症例数は、2008年1月1日から12月31日までに発生し、2009年4月10日までに州や地方の保健当局からArboNETを通じて米国疾病対策センターに報告された軽症例及び重症例の合計である。46の州から1356例の感染例が報告され、うち687例(51%)で脳炎や髄膜炎を発症、624例(46%)で発熱、45例(3%)が他の症状/詳細不明だった。死亡に至ったのは44例だった。 神経侵襲性疾患が多く報告されているのは、軽症例より重症例の方が報告されやすいというサーベイランスの報告バイアスによるものである。また、サーベイランスシステムは無症候感染を検出するには設計されていない。人口調査データからは、ウエストナイルウイルスに感染した人(無症候感染を含む)のうち、神経侵襲性疾患を発症するのは1%未満であることが示唆されている。</p>				使用上の注意記載状況・ その他参考事項等
					赤血球濃厚液-LR「日赤」 照射赤血球濃厚液-LR「日赤」 血液を介するウイルス、 細菌、原虫等の感染 vCJD等の伝播のリスク
報告企業の意見		今後の対応			
2008年、米国におけるウエストナイルウイルス感染症例は46州から1356例が報告され、うち687例で脳炎や髄膜炎を発症、死亡に至ったのは44例だったとの報告である。		日本赤十字社では、輸血感染症対策として問診時に海外渡航歴の有無を確認し、帰国(入国)後4週間は献血不適としている。また、ウエストナイルウイルス感染の国内発生に備え、平成17年10月25日付血液対策課発事務連絡に基づき緊急対応の準備を進めているほか、厚生労働科学研究「献血血の安全性確保と安定供給のための新興感染症等に対する検査スクリーニング法等の開発と献血制限に関する研究」班と共同して対応について検討している。今後も引き続き情報の収集に努める。			





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Final 2008 West Nile Virus Activity in the United States

State	Encephalitis/ Meningitis	Fever	Other Clinical/Unspecified	Total	Fatality
Alabama	11	7	0	18	0
Arizona	62	43	9	114	7
Arkansas	7	2	0	9	0
California	292	149	4	445	15
Colorado	17	54	0	71	1
Connecticut	5	2	1	8	0
Delaware	0	0	1	1	0
District of Columbia	4	1	3	8	0
Florida	3	0	0	3	0
Georgia	4	3	1	8	0
Idaho	2	31	6	39	1
Illinois	12	4	4	20	1
Indiana	3	0	1	4	0
Iowa	3	0	3	6	1
Kansas	14	17	0	31	0
Kentucky	3	0	0	3	0
Louisiana	18	31	0	49	1
Maryland	6	7	1	14	0
Massachusetts	1	0	0	1	0
Michigan	11	4	2	17	0
Minnesota	2	8	0	10	0
Mississippi	22	43	0	65	2
Missouri	12	3	0	15	1
Montana	0	3	2	5	0
Nebraska	7	40	0	47	1
Nevada	9	5	2	16	0
New Jersey	6	4	0	10	2
New Mexico	5	3	0	8	0
New York	32	14	0	46	6
North Carolina	2	0	1	3	0
North Dakota	2	66	35	37	0

Ohio	14	1	0	15	1
Oklahoma	4	5	0	9	0
Oregon	3	13	0	16	0
Pennsylvania	12	2	0	14	1
Rhode Island	1	0	0	1	0
South Carolina	0	1	0	1	0
South Dakota	11	28	0	39	0
Tennessee	12	7	0	19	1
Texas	40	24	0	64	1
Utah	6	18	2	26	0
Virginia	0	0	1	1	0
Washington	2	1	0	3	0
West Virginia	1	0	0	1	0
Wisconsin	4	3	1	8	1
Wyoming	0	8	0	8	0
Totals	687	624	45	1356	

West Nile encephalitis and West Nile meningitis are forms of severe disease that affect a person's nervous system. Encephalitis refers to an inflammation of the brain, meningitis is an inflammation of the membrane around the brain and the spinal cord.
[Click here for further explanation of WN meningitis and/or encephalitis.](#)

West Nile fever refers to typically less severe cases that show no evidence of neuroinvasion. WN fever is considered a notifiable disease, however the number of cases reported (as with all diseases) may be limited by whether persons affected seek care, whether laboratory diagnosis is ordered and the extent to which cases are reported to health authorities by the diagnosing physician.

Other Clinical includes persons with clinical manifestations other than WN fever, WN encephalitis or WN meningitis, such as acute flaccid paralysis. **Clinical/Unspecified** cases are those for which sufficient clinical information was not provided.

See the **case definition (2004)** for [Neuroinvasive and Non-Neuroinvasive Domestic Arboviral Diseases](#). From the CDC Epidemiology Program Office.

Total Human Cases Reported to CDC: These numbers reflect both mild and severe human disease cases occurring between January 1, 2008 to December 31, 2008 as reported through ArboNET by state and local health departments. ArboNET is the national, electronic surveillance system established by CDC to assist states in tracking West Nile virus and other mosquito-borne viruses. Information regarding 2008 virus/disease activity is posted when such cases are reported to CDC.

Of the 1356 cases, 687 (51%) were reported as West Nile meningitis or encephalitis (neuroinvasive disease), 624 (46%) were reported as West Nile fever (milder disease), and 45 (3%) were clinically unspecified at this time. Please refer to [state health department web sites](#) for further details regarding state case totals.

Note: The high proportion of neuroinvasive disease cases among reported cases of West Nile virus disease reflects surveillance reporting bias. Serious cases are more likely to be reported than mild cases. Also, the surveillance system is not designed to detect asymptomatic infections. Data from population-based surveys indicate that among all people who become infected with West Nile virus (including people with asymptomatic infections) less than 1% will develop severe neuroinvasive disease. See: Mostashari F, Bunning ML, Kitsutani PT, et al. Epidemic West Nile Encephalitis, New York, 1999: Results of a household-based seroepidemiological survey. *Lancet* 2001;358:261-266

For Case Information:

[1999](#) | [2000](#) | [2001](#) | [2002](#) | [2003](#) | [2004](#) | [2005](#) | [2006](#) | [2007](#) | [2008](#)

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医薬品 研究報告 調査報告書

<p>識別番号・報告回数</p>			<p>報告日</p>	<p>第一報入手日 2009. 3. 15</p>	<p>新医薬品等の区分 該当なし</p>	<p>総合機構処理欄</p>
<p>一般的名称</p>	<p>解凍人赤血球濃厚液</p>			<p>New York City Department of Health and Mental Hygiene, 2009 Feb 23. Available from: http://www.nyc.gov/html/doh/downloads/pdf/cd/2009/09md05.pdf</p>	<p>公表国</p>	
<p>販売名(企業名)</p>	<p>解凍赤血球濃厚液「日赤」(日本赤十字社) 照射解凍赤血球濃厚液「日赤」(日本赤十字社) 解凍赤血球-LR「日赤」(日本赤十字社) 照射解凍赤血球-LR「日赤」(日本赤十字社)</p>		<p>研究報告の公表状況</p>		<p>米国</p>	
<p>研究報告の概要</p>	<p>○ニューヨーク市における輸血関連バベシア症の増加 2008年9月以降6ヵ月間でニューヨーク市民の輸血関連バベシア症7例が確認され、これまでの年平均1~2症例と比べて急増した。輸血を受ける患者は免疫抑制状態など基礎疾患を有する 경우가多く、医療従事者はバベシア症を疑わない可能性がある。バベシア症は、赤血球に寄生する原虫<i>Babesia microti</i>を原因とする、重症あるいは死亡に至るダニ媒介疾患である。健常宿主では無症候または軽症の場合が多く、未治療では1年以上感染が持続することがある。自然感染は、ニューヨーク市近隣に生息する<i>Ixodes scapularis</i> (クロアシダニ)によって起こる。若虫の数が多し春と夏の間、伝播リスクは最大となる。 ニューヨーク市民のバベシア症症例数は、1989年以降徐々に増加しており、近隣地域でも同様の傾向が認められた。これは、輸血関連症例の増加によることが考えられる。2002年には16例、2008年の暫定データでは39例が報告されている。 輸血関連バベシア症は、赤血球(新鮮、凍結)と血小板による症例のみが報告されている。FDAによると、1979年以降80例以上が報告されており、ほとんどは最近10年間の症例であった。現在、供血血液のバベシア感染スクリーニング検査はない。発熱やバベシア感染の既往歴のある供血者は供血延期となるが、低レベルの寄生虫血症を生じた無症候性感染者の供血は回避できない。 ニューヨーク市の臨床医は、過去3ヵ月以内に輸血歴または臓器移植歴がある原因不明の発熱および(または)溶血性貧血の患者には、輸血関連バベシア症を考慮するべきである。潜伏期間は、ダニ媒介性バベシア症で1~4週間、輸血関連バベシア症で2~9週間と考えられる。疑わしい症例に対してはバベシア症検査を実施し、陽性の場合にはニューヨーク市衛生局ならびにニューヨーク州保健局(NYSDOH)に報告しなければならない。</p>					<p>使用上の注意記載状況・その他参考事項等</p> <p>解凍赤血球濃厚液「日赤」 照射解凍赤血球濃厚液「日赤」 解凍赤血球-LR「日赤」 照射解凍赤血球-LR「日赤」</p> <p>血液を介するウイルス、細菌、原虫等の感染 vCJD等の伝播のリスク</p>
	<p>報告企業の意見</p> <p>2008年9月以降の6ヵ月間、ニューヨーク市において輸血関連バベシア症の報告が急増し、ニューヨーク市衛生局は、医療従事者に対し、3ヵ月以内に輸血または臓器移植の既往歴があり、発熱および(または)溶血性貧血を有する患者の鑑別診断にバベシア症を考慮するよう勧告したとの報告である。</p>	<p>今後の対応</p> <p>今後も引き続き、新興・再興感染症の発生状況等に関する情報の収集に努める。</p>				

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NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas R. Frieden, MD, MPH
Commissioner

Health Advisory #5: Increase in Transfusion-associated Babesiosis in NYC

- Seven cases of transfusion-associated babesiosis have been identified among New York City (NYC) residents since September 2008; this is a notable increase over baseline as previously an average of one to two transfusion-associated cases were reported annually;
- The NYC Health Department is asking providers to consider babesiosis in the differential diagnosis of patients with fever and/or hemolytic anemia who have a history of transfusion or organ transplant within the preceding 3 months;
- Suspected cases should be tested for babesiosis (see below for details), and laboratory positive cases should be reported to the NYC Health Department as well as the New York State Department of Health (NYSDOH) Blood and Tissue Resources Program (see contact information below).

Please distribute to staff in the Departments of Internal Medicine, Pediatrics, Family Medicine, Infection Control, Infectious Disease, Emergency Medicine, Critical Care, Hematology/Oncology, Pharmacy, Blood Bank and Laboratory Medicine.

February 23, 2009

Dear Colleagues,

Reported cases of transfusion-associated babesiosis among New Yorkers have increased during the previous 6 months. In the past, an average of 1-2 reports of transfusion-associated babesiosis was received by the Department annually; since September 2008, 7 cases have been identified. Patients receiving transfusions often have underlying illnesses, including immunosuppressive conditions, and providers may not suspect babesiosis, especially during winter months when travel to endemic areas is less common. This alert reminds providers to consider babesiosis in the differential diagnosis for patients with febrile illnesses and/or hemolytic anemia who have received blood components or transplanted organs in the preceding 3 months.

Babesiosis is a rare, sometimes severe or fatal tick-borne disease caused by *Babesia microti*, a parasite that infects red blood cells. Symptoms occur most frequently in elderly, asplenic or immunocompromised individuals and may include fever, hemolytic anemia, thrombocytopenia, diarrhea, acute renal failure, DIC and ARDS. In healthy hosts, infection is often asymptomatic, or causes mild illness with fever, headache, myalgia and malaise. Untreated infections can persist for up to a year or longer.

Naturally acquired *Babesia* is transmitted by infected *Ixodes scapularis*, or blacklegged ticks, which are also known to transmit *Borrelia burgdorferi* (Lyme disease) and *Anaplasma phagocytophilum* (anaplasmosis). The blacklegged tick is only rarely found in NYC; however it is present in nearly all areas surrounding the City. Highly endemic areas for *Babesia microti* near NYC include Long Island (especially Fire and Shelter Islands), Connecticut, New Jersey and Massachusetts. Transmission risk is greatest during spring and summer, when nymphal ticks are abundant.

The number of cases of babesiosis reported among NYC residents has gradually risen since 1989 when 2 cases were reported. This trend has been seen in the surrounding region as well. This may in part explain the increased number of transfusion-associated cases. In 2002, 16 cases were reported, and provisional data for 2008 has 39 cases reported to date, see Table 1).

2002	2003	2004	2005	2006	2007	2008
16	25	16	18	38	25	39