b A case of West Nile virus in Mpumalanga Province, South Africa

A 60-year-old female veterinarian resident in Mpumalanga, who frequently conducts bird-tagging and animal autopsies, was admitted to Middelburg Hospital on 12 May 2017, after she was confirmed to have malaria on 9 May. Despite anti-malaria treatment, the patient developed joint pains, skin hyperaesthesia and severe headache. On 12 May blood tests revealed platelets of 78 x 10^9 /L, C-reactive protein of 98 mg/L and a low white cell count but negative results for malaria. The patient was transferred to Milpark Hospital on 15 May, still complaining of severe headache and having raised liver enzymes (ALP 259 IU/L, ALT 214 IU/L). A fine rash on her arms and shoulders was noted while in Milpark Hospital. On 17 May blood results were normal and viral hepatitis, *Rickettsia*, malaria and *Coxiella* tests were negative, but headache persisted. West Nile virus (WNV) infection was considered as a differential diagnosis. Blood collected on 18 May 2017 tested negative by WNV PCR but was positive for specific IgM and IgG antibodies by ELISA. A second blood sample collected on 1 June 2017 also tested positive for IgM and IgG antibodies to WNV by ELISA. Testing of the first and second blood samples by WNV serum neutralization assay showed seroconversion, thus confirming a recent WNV infection.

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