



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Increased Risks for West Nile Virus, Dengue, and Other Arboviruses**
Date / Time: Monday, September 28, 2026, at 11:28AM
Priority: Normal
Pages: 3
Message ID: 2026PHADV027

Increased Risks for West Nile Virus, Dengue, and Other Arboviruses

Summary

The purpose of this advisory is to update clinicians on the risk of West Nile virus (WNV) activity in Maine and other arbovirus activity in the U.S. and abroad. It is also to remind clinicians to consider testing for mosquito-borne arboviruses in patients presenting with unexplained encephalitis, meningitis, or fever ($\geq 100.4^{\circ}\text{F}$ or 38°C), particularly among patients who have recently traveled. Although Maine is experiencing statewide drought conditions and cooler temperatures, arboviral infections can still occur in late fall and winter. Maine people may acquire infections while traveling to other states or internationally and develop symptoms after returning to Maine.

- **Maine:** Maine confirmed that a mosquito pool (a batch of 1–50 mosquitoes) collected from Portland on September 4 tested positive for WNV on September 22. This is the first detection of WNV in a local mosquito pool this year. Maine has also reported 17 wild birds with WNV to date in 2026. Maine has not reported any eastern equine encephalitis activity so far this year.
- **United States:** Florida is experiencing a [local outbreak of dengue virus](#). As of September 19, Florida has reported 190 locally-acquired cases of dengue in 2026 across 6 counties; one person has died. Almost 90% of cases are from Tampa and surrounding areas in Hillsborough County. Additionally, Florida reported 1 case of locally-acquired chikungunya virus in 2026 in Miami-Dade County. Virginia reported a locally-acquired case of dengue earlier this year. High WNV activity is also being reported in parts of the United States, particularly in California. At least 42 states have [reported](#) human WNV cases this year.
- **International:** High WNV activity is being reported in parts of Europe. The U.S. CDC has issued [Travel Health Notices](#) for chikungunya, dengue, yellow fever, and Zika in Africa, Asia, and South America.

Background

West Nile virus (WNV), Eastern Equine Encephalitis virus (EEE), and Jamestown Canyon virus (JCV), are all mosquito-borne viruses endemic to Maine. These infections can result in severe neurological disease and may be fatal. Clinicians should also be aware of imported arboviruses like chikungunya, dengue, yellow fever, and Zika, particularly in travelers returning from certain areas. Clinicians should consider mosquito-borne viruses in patients presenting with unexplained fever, flu-like symptoms, meningitis, or encephalitis, particularly among individuals with outdoor exposure or recent travel to areas with known arboviral transmission.

In 2025, Maine reported 1 human case of EEE, 1 human case of JCV, and 1 human case of WNV. The EEE case was fatal. So far in 2026, the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) has reported no human cases of mosquito-borne arboviruses. Year-to-year activity is weather dependent. While these three endemic viruses are historically detected in mosquitoes, birds, and/or humans in Maine between May and November, clinicians should be aware of the potential for endemic viruses to occur outside the traditional window of risk. Clinicians can find up-to-date information on reportable arboviruses and local activity in Maine CDC's [weekly arboviral surveillance report](#) online.

Clinicians should also evaluate patients for travel-associated arboviral infections such as chikungunya, dengue, yellow fever, and Zika in patients who report recent travel to affected regions and have compatible symptoms. Maine lacks mosquito species capable of transmitting these viruses locally. Clinicians should monitor the U.S. CDC's [Travel Health Notices](#) for updates on arboviral activity occurring in other countries.

Symptoms

Most arboviral infections have similar symptoms. Most people infected by these viruses are asymptomatic. The clinical presentations are either neuroinvasive or non-neuroinvasive.

- **Non-neuroinvasive (mild):** fever, headache, fatigue, muscle aches, and neck stiffness.
- **Neuroinvasive (severe):** vomiting, ataxia, aphasia, encephalitis, meningitis, confusion, altered mental status, convulsions, seizures, paresis/paralysis, coma, and death.

Incubation periods vary by virus. Following a bite from an infected mosquito, symptoms may appear within 4–10 days for EEE, within 1–14 days for JCV, within 3–14 days for WNV, within 1–12 days for chikungunya, within 5–7 days for dengue, within 3–6 days for yellow fever, and within 3–14 days for Zika.

The risk of death varies by virus. Among people who develop severe EEE, about 30% die. Among people who develop severe WNV, about 10% die. Among people who develop chikungunya, fewer than 1% die. For dengue, fewer than 1% of people die, although the risk can be substantially higher if left untreated. Among people who develop severe yellow fever, about 30–60% die. Fewer than 1% of people who develop Zika die. The risk of death from JCV is not well described.

Testing

Clinicians can refer to the [Arboviral Testing in Maine](#) guidance document and the [Seasonal Arbovirus Updates for Clinicians](#) health advisory from July 2, 2026, for more information on testing. If testing through HETL, both the HETL [Requisition Form](#) and [Human Arboviral Submission Form](#) are required for testing.

Treatment

Treatment of arboviral infections is supportive.

Reporting

All arboviral illnesses are reportable in Maine. **EEE is immediately notifiable.** All suspected cases and positive laboratory reports should be reported by electronic laboratory reporting, or by phone (if immediately notifiable) to the 24/7 disease reporting and consultation line at 1-800-821-5821. **Laboratories are required to forward all arboviral positive samples to HETL for confirmation testing.**

Additional Information

- The Maine CDC arboviral diseases website: www.maine.gov/dhhs/vectorborne
- How to submit human arboviral specimens to HETL: www.maine.gov/dhhs/mecdc/services/maine-public-health-laboratory/clinical-microbiology/submitting-samples
- The U.S. CDC mosquito website: www.cdc.gov/mosquitoes
- Dengue testing guidance: www.cdc.gov/dengue/hcp/diagnosis-testing
- Zika testing guidance: www.cdc.gov/zika/hcp/diagnosis-testing
- The Maine CDC disease reporting and consultation line: 1-800-821-5821 (available 24/7)