



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Infection and Breast Feeding

Recommendations for Patients:

Because the health benefits of breast feeding are well established, and the risk for WNV/EEE transmission through breast feeding is unknown, these findings do not suggest a change in breast feeding recommendations. Lactating women who are ill or who are having difficulty breast feeding for any reason, as always, are advised to consult their health care providers.

The following are questions and answers developed by CDC to assist clinicians who may receive inquiries from their patients regarding WNV/EEE, and breast feeding.

Can WNV or EEE be transmitted through breast milk?

Based on a case in Michigan, it appears that West Nile virus can be transmitted through breast milk. A new mother in Michigan contracted West Nile virus from a blood transfusion shortly after giving birth. Laboratory analysis showed evidence of West Nile virus in her breast milk. She breast fed her infant, and three weeks later, her baby's blood tested positive for West Nile virus. Because of the infant's minimal outdoor exposure, it is unlikely that infection was acquired from a mosquito. The infant was most likely infected through breast milk. The child is healthy, and does not have symptoms of West Nile virus. Because there have been so few human cases of EEE, however, transmission of the virus through breast milk has not been documented.

Should I continue breast feeding if I am symptomatic for WNV or EEE?

Because the health benefits of breast feeding are well established, and the risk for WNV/EEE transmission through breast feeding is unknown, the new findings do not suggest a change in breast feeding recommendations. The American Academy of Pediatrics and the American Academy of Family Physicians recommend that infants be breast fed for a full year of life. Lactating women who are ill or who are having difficulty breast feeding for any reason, as always, should consult their health care providers.

Should I continue breast feeding if I am not symptomatic for WNV or EEE?

Yes. Because the health benefits of breast feeding are well established, and the risk for WNV/EEE transmission through breast feeding is unknown, the new findings do not suggest a change in breast feeding recommendations.

If I am breast feeding, should I be tested for WNV or EEE?

No. There is no need to be tested just because you are breast feeding.

Do infants have a greater risk of contracting WNV or EEE?

No. West Nile virus illnesses in children younger than one year are infrequent. During 1999-2001, no cases in children younger than one year of age were reported to CDC. Of the over 2500 total West Nile Virus cases in 2002, only four were younger than one year of age. We know that one of these infants was not breast feeding, and investigation of the other infants is underway. Sufficient data does not exist for infant EEE cases.

If I am breast feeding, should I use insect repellent containing DEET?

Yes. Insect repellents help people reduce their exposure to mosquito bites that may carry potentially serious viruses such as WNV and EEE, and allow them to continue to play and work outdoors. There are no reported adverse effects following use of repellents containing DEET in pregnant or breast feeding women.

For additional information regarding WNV, please see

<http://www.cdc.gov/ncidod/dvbid/westnile/>

For EEE information see <http://www.cdc.gov/ncidod/dvbid/arbor/eeefact.htm>

**For more information call the
New Hampshire Department of Health and Human Services,
WNV/EEE Information line, at
1-866-273-NILE (6453).**