even when inside, they may have broken windows and screens that let mosquitoes into the house," Ms. Morcone said.

It's too soon to predict what impact Hurricane Katrina will have on West Nile virus in the Gulf region, she added. "What we do know is that the virus did exist in every one of these states before the storm and that it is still there. We want people to take precautions against exposure, and we will facilitate that as much as possible."

As of early September, 821 cases of West Nile virus—of which 18 cases were fatal—had been reported in the United States, marking this as the slowest West Nile season since 2002.

By early September 2002, 737 cases had been reported, with 35 fatalities. Numbers soared in 2003 to almost 1,900, with 37 fatalities, and stayed high last year, with 1,191 cases and 30 fatalities.

As in previous years, the highest number of cases (268) occurred in California. Of those, 7 have been fatal; 93 showed neurologic complications (West Nile meningitis, encephalitis, or myelitis). Other hard-hit states include South Dakota (138 cases; 1 fatality; 25 neuroinvasive illnesses); Illinois (89 cases; 1 fatality; 52 neuroinvasive); and Louisiana (52 cases; 4 fatalities; 40 neuroinvasive). Texas has reported only 27 cases, but almost all of them (24) were neuroinvasive; there was 1 fatality.

The reason for the decline this year is unclear, Ms. Morcone said. "If there's one thing we know about West Nile, it's that there's no such thing as a typical season. We have seen areas with large epidemics 1 year and very small case counts the next. Weather and ecology are among the factors that play a part in West Nile prevalence."

Even though the cases are relatively low, physicians should still stress prevention to their patients. Repellents with DEET(*N, N*-diethyl-m-toluamide) are most effective for those who are outdoors for extended periods. Repellents with oil of lemon eucalyptus and picaridin are probably sufficient for "backyard exposure," she said.

West Nile virus has also been identified in blood from 163 blood donors, according to the CDC. Most of the donors (49) were from California. Other states with high numbers were Texas (32), Nebraska (22), South Dakota (14), and Louisiana (10).

Of these donors, 3 subsequently developed West Nile neuroinvasive illness, 38 developed West Nile fever, and 3 developed other illnesses. ■

Use Prednisolone When IVIG Fails In Kawasaki

A 3-day course of prednisolone appears effective in Kawasaki disease patients who are unresponsive to multiple infusions of intravenous immunoglobulin, Seiichiro Takeshita, M.D., and colleagues reported.

Their success in treating nonresponders with prednisolone infusion suggests that IVIG-resistant patients with Kawasaki disease may not require steroid pulse therapy, which has been associated with an increased risk of coronary aneurysm rupture, hypertension, seizures, and gastric erosion in this group (Clin. Pediatr. 2005;44:423-6).

Five of six children became afebrile with a significant decrease in CRP within 24 hours of their first course of prednisolone.

Dr. Takeshita of the University of Shizuoka, Japan, and his colleagues administered 3-day courses of prednisolone every 8 hours (1-2 mg/kg per day) to six children, aged from 10 months to 9 years, who did not respond to repeated courses of IVIG for Kawasaki disease. Five of the children also received ulinastatin, a serine protease inhibitor not currently available in the United States.

Three patients had complications of the disease, including arthritis, myocarditis, and depressed left ventricular systolic function. All patients had dilated coronary arteries before prednisolone was administered.

Five of the children became afebrile and had a significant decrease in C-reactive protein (CRP) levels within 24 hours of their first course of prednisolone.

The sixth patient had a persistent low-grade fever and high-CRP level after the first course, and developed a high-grade fever and high-CRP level 3 days after the first course ended. He then received a second, 3-day course of prednisolone (1.5 mg/kg per day). Within 24 hours, he became afebrile and had a significant drop in CRP level. No patient experienced an adverse event related to the prednisolone. No patient experienced further progression of coronary artery dilation; all dilated arteries returned to normal diameters during the follow-up period that ranged from 16 months to 6 years.

—Michele G. Sullivan