

(Except Ebola)

Case Definition

Confirmed Case:

Suspect or probable case with laboratory confirmation of infection:

- Detection of virus-specific RNA by reverse-transcriptase PCR from an appropriate clinical specimen (e.g. blood, serum, tissue)

AND

- Demonstration of virus antigen in an appropriate clinical specimen (e.g. blood, serum, tissue) by enzyme immunoassay (EIA).

OR

One of the above criteria plus laboratory confirmation using at least one of the following:

- Demonstration of virus antigen in tissue (skin, liver or spleen) by immunohistochemical or immunofluorescent techniques.
- Demonstration of specific IgM antibody by EIA, immunofluorescent assay or Western Blot.
- Demonstration of a fourfold rise in IgG serum antibody by EIA, immunofluorescent assay or Western Blot.
- Reverse-transcriptase PCR on an independent target gene and/or independent sample or confirmation through another reference laboratory.

OR

Isolation of virus from an appropriate clinical specimen (blood, serum, tissue, urine specimens or throat secretions).

Probable Case:

Clinical evidence of illness¹ and a history within the three weeks before onset of fever of one of the following:

- Travel to a specific area of a country where an outbreak of viral hemorrhagic fever (VHF) has recently occurred.
- Contact with a suspect, probable or confirmed case.
- Direct contact with blood or other body fluid secretions or excretions of a person or animal with a confirmed or probable case of VHF.
- Work in a laboratory or animal facility that handles hemorrhagic fever viruses.

Clinical Evidence

For Clinical Evidence of Marburg, Lassa, Crimean-Congo, Rift Valley Fever; please see: [National case definition: Viral hemorrhagic fever - Canada.ca](#)

Reporting Requirements

Report confirmed and probable cases **immediately** to DHW Surveillance via Panorama and the Surveillance Inbox.

Additional Forms

None.

¹ See Clinical Illness section.