

(See PHAC guidelines for further case definition details)

WEST NILE VIRUS NEUROLOGICAL SYNDROME (WNNS)

Case Definition

Confirmed Case:

Clinical criteria¹ AND at least one of the confirmed case diagnostic test criteria (see last page).

Probable Case:

Clinical criteria¹ AND at least one of the probable case diagnostic test criteria (see last page).

Suspect Case:

Clinical criteria¹ in the absence of or pending diagnostic test criteria AND in the absence of any other obvious cause.

WEST NILE NON-NEUROLOGICAL SYNDROME (WN Non-NS)

Case Definition

Confirmed Case:

Clinical criteria¹ AND at least one of the confirmed case diagnostic test criteria (see last page).

Probable Case:

Clinical criteria¹ AND at least one of the probable case diagnostic test criteria (see last page).

Suspect Case:

Clinical criteria¹ in the absence of or pending diagnostic test criteria AND in the absence of any other obvious cause.

WEST NILE ASYMPTOMATIC INFECTION (WNAI)

Case Definition

Confirmed Case:

Confirmed case diagnostic criteria (see below) in the absence of clinical criteria.

Probable Case:

Probable case diagnostic criteria (see below) in the absence of clinical criteria.

Clinical Evidence

WNNS Clinical Criteria:

¹ See Clinical Evidence section.

History of exposure in an area where WNV activity is occurring.

OR

History of exposure to an alternative mode of transmission.

AND

Onset of fever.

AND

Recent onset of at least one of the following:

- Encephalitis
- Viral meningitis (pleocytosis and signs of infection)
- Acute flaccid paralysis
- Movement disorders e.g. tremor, myoclonus
- Parkinsons or Parkinsons-like conditions
- Other neurological syndromes

WN Non-NS Clinical Criteria:

History of exposure in an area where WNV activity is occurring.

OR

History of exposure to an alternative mode of transmission.

AND

At least two of the following:

- Fever
- Myalgia
- Arthralgia
- Headache
- Fatigue
- Lymphadenopathy
- Maculopapular rash

WNAI Diagnostic Criteria:

This category could include, for example, asymptomatic blood donors.

Reporting Requirements

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

Select appropriate initial staging option in the “staging” field in Panorama

- Update the staging field if/when new information becomes available.

Additional Forms

None.

WEST NILE VIRUS (WNV) DIAGNOSTIC TEST CRITERIA

Confirmed Case:

Requires AT LEAST ONE of the following:

- A significant (e.g. fourfold or greater) change in WN virus neutralizing antibody titres (using a PRN or other kind of neutralization assay) in paired acute and convalescent sera, or CSF (see section 8.0 for testing of immunocompromised individuals).
OR
- Isolation of WN virus from, or demonstration of WN virus-specific genomic sequences in, tissue, blood, CSF or other body fluids.
OR
- Demonstration of WN virus antigen in tissue.
OR
- Demonstration of flavivirus antibodies in a single serum or CSF sample using a WN virus IgM EIA (see section 8.0), confirmed by the detection of WN virus specific antibodies using a PRN (acute or convalescent specimen).
OR
- A significant (e.g. fourfold or greater) change in flavivirus haemagglutination inhibition (HI) titres in paired acute and convalescent sera or demonstration of a seroconversion using a WN virus IgG EIA AND the detection of WN specific antibodies using a PRN (acute or convalescent serum sample).

Probable Case:

Requires AT LEAST ONE of the following:

- Detection of flavivirus antibodies in a single serum or CSF sample using a WN virus IgM EIA without confirmatory neutralization serology (e.g. PRN).
OR
- A significant (e.g. fourfold or greater) change in flavivirus HI titres in paired acute and convalescent sera or demonstration of a seroconversion using a WN virus IgG EIA.
OR
- A titre of > 1:320 in a single WN virus HI test or an elevated titre in a WN virus IgG EIA, with a confirmatory PRN result (Note: a confirmatory PRN or other kind of neutralization assay is not required in a health jurisdiction/authority where cases have already been confirmed in the current year.).
OR
- Demonstration of Japanese encephalitis (JE) serocomplex-specific genomic sequences in blood by NAT screening on donor blood, by Blood Operators in Canada.