

# WEST NILE VIRUS

(See PHAC guidelines for further case definition details)

## WEST NILE VIRUS NEUROLOGICAL SYNDROME (WNNS)

### Case Definition

#### Confirmed Case:

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

#### Probable Case:

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

#### Suspect Case:

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

### Clinical Evidence

#### Clinical Criteria:

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

### Reporting Requirements

- Report confirmed or probable cases **immediately** to DHW Surveillance Team.
- Enter into Panorama.
- Select appropriate initial staging option in the “staging” field in Panorama
  - Update the staging field if/when new information becomes available

### Additional Forms

None.

### Data Entry

Complete data entry in Panorama.

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

## Case Definition

### Confirmed Case:

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

### Probable Case:

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

### Suspect Case:

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

## Clinical Evidence

### 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

## Reporting Requirements

- Report confirmed or probable cases **immediately** to DHW Surveillance Team.
- Enter into Panorama.
- Select appropriate initial staging option in the “staging” field in Panorama
  - Update the staging field if/when new information becomes available

## Forms

None.

## Data Entry

Complete data entry in Panorama.

# 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

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

## Reporting Requirements

- Report confirmed or probable cases **immediately** to DHW Surveillance Team.
- Enter into Panorama.
- Select appropriate initial staging option in the “staging” field in Panorama
  - Update the staging field if/when new information becomes available

## Additional Forms

None.

## Data Entry

Complete data entry in Panorama.

## 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.