

## V1.1 JAPANESE ENCEPHALITIS VIRUS INFECTION

Version	Status	Last reviewed	Endorsement date	Implementation date
1.1	<p>Change all references to Kunjin to West Nile virus/Kunjin.</p> <p>Remove the two references to yellow fever vaccination in laboratory definitive evidence lines.</p> <p>Under “Laboratory definitive evidence” replace the reference to “in Australia” with “in mainland Australia”.</p> <p>Under Clinical evidence:  <del>A clinically compatible febrile illness of variable severity associated with neurological symptoms ranging from headache to meningitis or encephalitis. The encephalitis cannot be distinguished clinically from other central nervous system infections.</del>  <del>Symptoms may include headache or fever.</del>  <del>Clinical signs may include meningeal signs, stupor, disorientation, coma, tremors, generalised paresis, hypertonia, and loss of coordination.</del></p> <p>Replace it with the same text from clinical evidence in West Nile virus/ Kunjin and Murray Valley encephalitis virus case definitions:</p> <p>1. <i>Non-encephalitic disease</i>: acute febrile illness with headache, myalgia and/or rash  OR  2. <i>Encephalitic disease</i>: acute febrile meningoencephalitis characterised by one or more of the following:</p> <ul style="list-style-type: none"> <li>• focal neurological disease or clearly impaired level of consciousness</li> <li>• an abnormal computerised tomogram or magnetic resonance image or electroencephalogram</li> <li>• presence of pleocytosis in cerebrospinal fluid</li> </ul> <p>OR  3. <i>Asymptomatic disease</i>: case detected as part of a serosurvey should not be notified.</p>	CDWG 4 Nov 2009	CDNA 12 May 2010	1 July 2010
1.0	Initial case definition (2004)			

### Reporting

Only confirmed cases should be notified.

### Confirmed case

A confirmed case requires laboratory definitive evidence AND clinical evidence.

**Laboratory definitive evidence**

1. Isolation of Japanese encephalitis virus

OR

2. Detection of Japanese encephalitis virus by nucleic acid testing

OR

3. IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre of Japanese encephalitis virus-specific IgG proven by neutralisation or another specific test, with no history of recent Japanese encephalitis vaccination.

OR

4. Detection of Japanese encephalitis virus-specific IgM in cerebrospinal fluid, in the absence of IgM to Murray Valley encephalitis, West Nile/Kunjin and dengue viruses

OR

5. Detection of Japanese encephalitis virus-specific IgM in serum in the absence of IgM to Murray Valley encephalitis, West Nile/Kunjin and dengue viruses, with no history of recent Japanese encephalitis vaccination.

Confirmation of laboratory result by a second arbovirus reference laboratory is required if the case appears to have been acquired in mainland Australia.

**Clinical evidence**

1. *Non-encephalitic disease*: acute febrile illness with headache, myalgia and/or rash

OR

2. *Encephalitic disease*: acute febrile meningoencephalitis characterised by one or more of the following:

- focal neurological disease or clearly impaired level of consciousness
- an abnormal computerised tomogram or magnetic resonance image or electroencephalogram
- presence of pleocytosis in cerebrospinal fluid

OR

3. *Asymptomatic disease*: case detected as part of a serosurvey should not be notified.