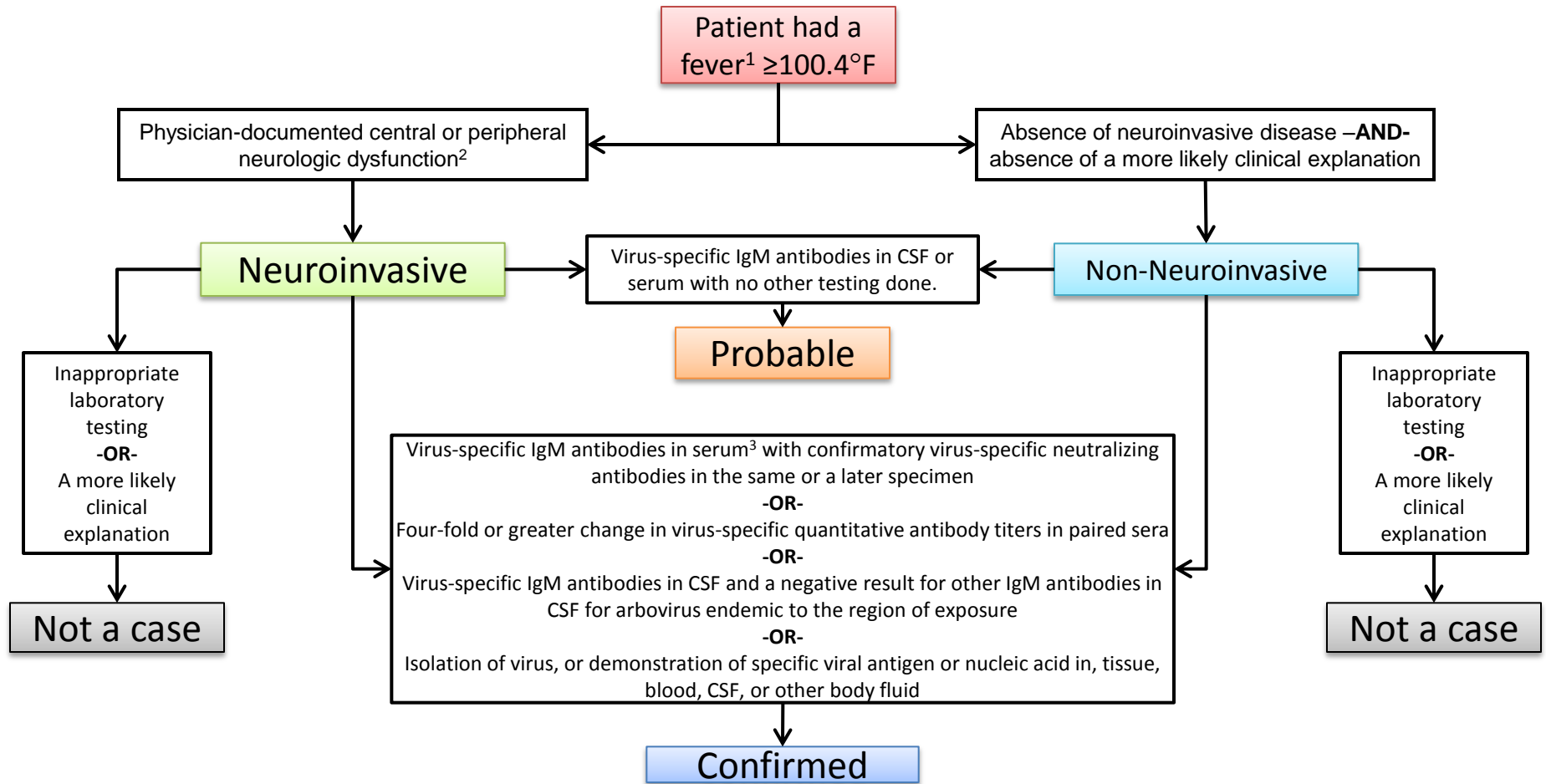


2013 ARBOVIRUS CASE ASCERTAINMENT GUIDE A



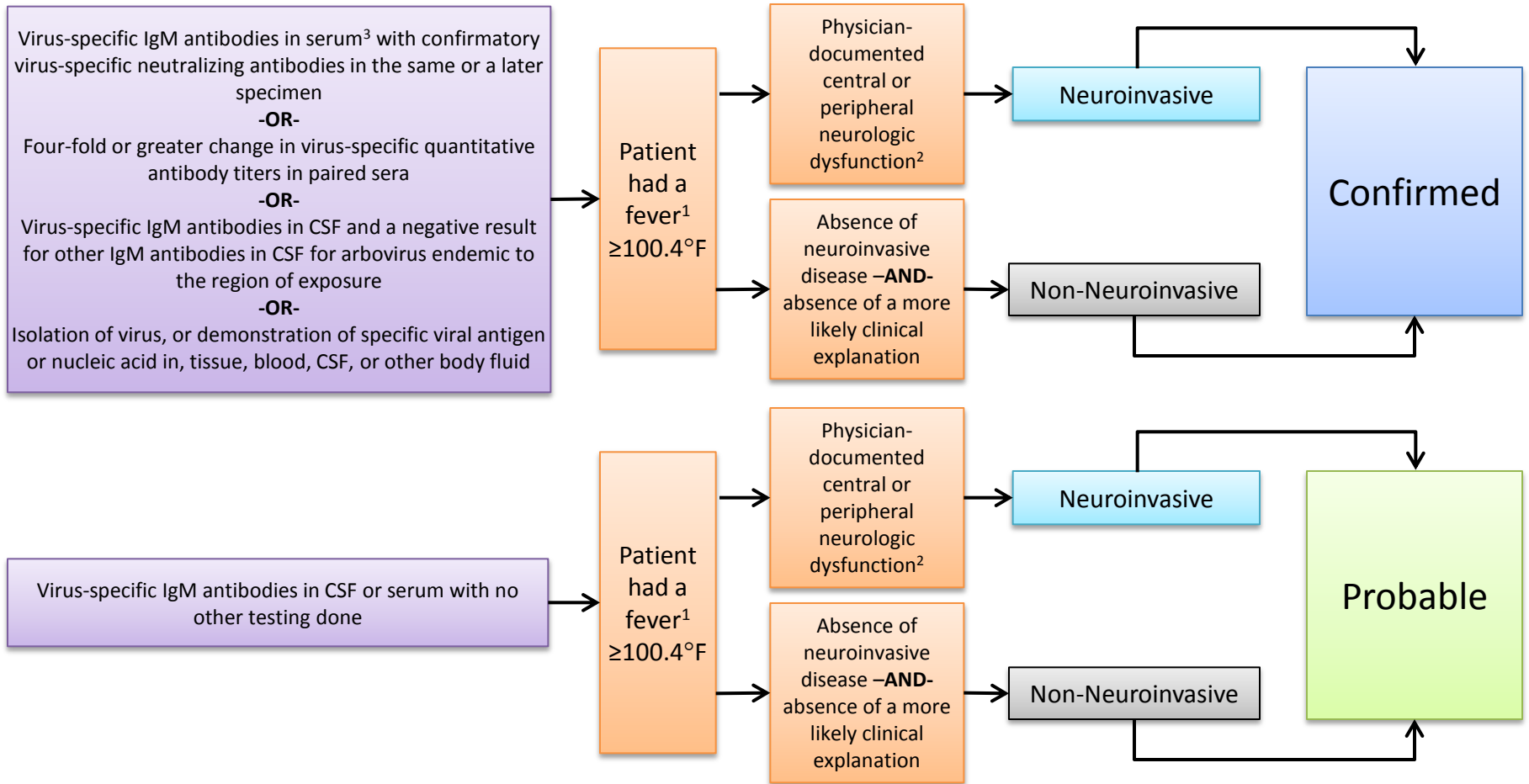
¹To be considered a probable or confirmed case, the patient must have a highest recorded temperature greater than 100.4 °F. Otherwise, the patient is not a surveillance case and should be assigned as “not a case” in WVEDSS. Additionally, if the patient has a fever that may be caused by a more likely clinical explanation (e.g. another infection), then the patient is “not a case.”

²Central or peripheral neurologic dysfunction may include meningitis, encephalitis, acute flaccid paralysis or other acute signs such as myelitis, peripheral neuritis, and nerve palsies and abnormal reflexes or movements.

³Assays for detection of IgM and IgG antibodies such as enzyme-linked immunosorbent assay (ELISA), microsphere assay (MIA), and immunofluorescence assay (IFA) provide a presumptive diagnosis and should have confirmatory testing performed. Confirmatory testing involves detection of arboviral-specific neutralizing antibodies utilizing such assays as the plaque reduction neutralization test (PRNT).

Note: Vaccination history, detailed travel history, date of onset of symptoms, and knowledge of potentially cross-reactive arboviruses known to circulate in the region of exposure should be considered when interpreting results.

2013 ARBOVIRUS CASE ASCERTAINMENT GUIDE B



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