

V1.1 MURRAY VALLEY ENCEPHALITIS VIRUS INFECTION

Version	Status	Last reviewed	Endorsement date	Implementation date
1.1	Change all references to Kunjin on lines 15 and 18 to West Nile virus/Kunjin. Change the numbering under clinical evidence, number 2. is to be replaced with a number 3.	CDWG 4 November 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 Murray Valley encephalitis virus
OR
2. Detection of Murray Valley 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 to Murray Valley encephalitis virus
OR
4. Detection of Murray Valley encephalitis virus-specific IgM in cerebrospinal fluid in the absence of IgM to West Nile/Kunjin, Japanese encephalitis and dengue viruses
OR
5. Detection of Murray Valley encephalitis virus-specific IgM in serum in the absence of IgM to West Nile/Kunjin, Japanese encephalitis and dengue viruses. This is only accepted as laboratory evidence for encephalitic illnesses.

Confirmation of laboratory result by a second arbovirus reference laboratory is required if the case occurs in areas of Australia not known to have established enzootic/endemic activity or regular epidemic activity.

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.