

**New Jersey Department of Health and Senior Services**  
**DIAGNOSTIC CRITERIA for TESTING of SUSPECT HUMAN**  
**CASES of WEST NILE VIRUS INFECTION in NEW JERSEY**

**West Nile Virus 2004: Form B**

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To identify human illness caused by West Nile Virus (WNV) in New Jersey, the New Jersey medical care community is requested to report immediately to the New Jersey Department of Health and Senior Services (NJDHSS) by telephone (**609-588-3121 or 7500**) any patients with the following syndromes:

1. Any adult or pediatric **hospitalized** patient with a clinical syndrome and laboratory findings that characterize the majority of cases of WNV encephalitis seen previously:
  - a. Fever equal to or greater than 38°C or 100° F, **AND**
  - b. Neurological symptoms (headache, altered mental status, stiff neck, photophobia) **AND**
  - c. CSF pleocytosis with predominant lymphocytes and moderately elevated protein **WITH OR WITHOUT**
  - d. Muscle weakness (especially flaccid paralysis) confirmed by neurologic exam or EMG.

**OR**
2. Any **hospitalized** adult or pediatric patient with a presumptive diagnosis of viral encephalitis.

**OR**
3. Any **hospitalized** adult or pediatric patient admitted with presumed Guillain-Barre Syndrome or acute flaccid paralysis.

**OR**
4. Any patient 17 years of age or older with presumptive aseptic meningitis (fever, headache, stiff neck and/or other meningeal signs) **AND** CSF results consistent with viral infection (pleocytosis with predominant lymphocytes and moderately elevated protein, and a negative gram stain and culture to date).

**The NJDHSS Public Health and Environmental Laboratory (PHEL) will perform WNV IgM testing by ELISA on sera and cerebrospinal fluid specimens from patients who meet the above criteria.**

1. Acute sera specimens should be collected **at least eight (8) days post onset** of symptoms\*.
2. Convalescent sera specimens should be taken two (2) – three (3) weeks after acute sample was collected.
3. CSF specimens should be collected **within eight (8) days post onset** of symptoms.
4. Testing of each specimen may take up to **two weeks** from time of receipt at the PHEL.
5. Some specimens may require further confirmatory tests at the CDC, which may cause further delay in reporting final test results.

**\*NOTE:** If the acute serum sample is taken **prior** to eight (8) days after symptom onset, antibodies may not have had time to develop and a false negative report may result. We will require convalescent samples on all patients whose acute samples are drawn prior to eight (8) days after symptom onset.