Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Encephalitis
a) Primary, viral;
b) Post-infectious; Vaccine-related; Subacute sclerosing panencephalitis, and Unspecified

Effective: February 2019
Encephalitis
a) Primary, viral;
b) Post-infectious; Vaccine-related;
Subacute sclerosing panencephalitis, and Unspecified

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Laboratory confirmation of infection with clinically compatible signs and symptoms of encephalitis:
- Isolation of organism from an appropriate clinical specimen (e.g., cerebrospinal fluid, stool);
  OR
- Detection of nucleic acid from appropriate clinical specimens (e.g., cerebrospinal fluid, stool);
  OR
- Detection of specific antigen;
  OR
- Serologic confirmation of infection with an organism known to cause encephalitis.

3.2 Probable Case
- Clinically compatible signs and symptoms of encephalitis in the absence of laboratory confirmation of a causative organism,
  AND
- Clinical diagnosis of encephalitis is made by the attending physician.
4.0 Laboratory Evidence

4.1 Laboratory Confirmation
Given the variability of etiological organisms, consult with laboratory about appropriate specimens and testing methodologies.

4.2 Approved/Validated Tests
Given the variability of etiological organisms, appropriate specimens and existing and emerging testing methodologies, consult with laboratory.

4.3 Indications and Limitations
Indications and limitations will be based on clinical presentation and be test specific due to the variability of the etiological organism. As mentioned in the above statements, 4.1 and 4.2, this should be discussed with the laboratory.

5.0 Clinical Evidence
Clinically compatible signs and symptoms are characterized by fever, headache, and altered mental status ranging from confusion to coma with or without additional signs of brain dysfunction (e.g., paresis or paralysis, cranial nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions, and abnormal movements).

Note: Clinically, encephalitis involves abnormal brain function (e.g., change in mental status, motor or sensory deficits and speech or movement disorder). Comparatively, individuals with meningitis may experience discomfort, lethargy or headache, however, brain function is normal.

Consult with the treating physician to determine the presence of clinical evidence for encephalitis.

6.0 ICD-10 Code(s)
ICD-10 codes will vary based on the aetiology of encephalitis. For example:
A83 Mosquito-borne encephalitis
A84 Tick-borne viral encephalitis
A85 Other viral encephalitis
A86 Unspecified viral encephalitis.
G05.1 Primary, viral

7.0 Comments
If the causative organism is reportable, the disease should be reportable under that condition, including:
• Encephalitis due to infections such as influenza, West Nile Virus illness, rabies, syphilis or Lyme disease.
• Post-infectious encephalitis due to measles, rubella, mumps or varicella shall be reported under the respective condition as a complication of the illness.
• Post-vaccine encephalitis shall be reported as an Adverse Event Following Immunization (AEFI).

8.0 Sources

9.0 Document History
Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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<tbody>
<tr>
<td>February 2019</td>
<td>General</td>
<td>New template. Minor revisions were made to support the regulation change to Diseases of Public Health Significance. Section 9.0 Document History added.</td>
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<tr>
<td></td>
<td>4.0 Laboratory Evidence</td>
<td>Sections 4.1, 4.2 and 4.3 added.</td>
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<tr>
<td></td>
<td>5.0 Clinical Evidence</td>
<td>Note added to section.</td>
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<tr>
<td></td>
<td>8.0 References</td>
<td>Updated and renamed Sources.</td>
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