

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

Zomorodi M, Johnston S. Clinical manifestations and diagnostic studies. In: Lewis L, Dirksen S, Heitkemper M, Camera I, Bucher L, Barry M, et al., editors. Medical-surgical nursing in Canada: Assessment and management of clinical problems. 3 ed. Toronto, ON: Elsevier; 2014.

9.0 Document History

Table 1: History of Revisions

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

