

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Yellow Fever

Yellow Fever

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:

- Isolation of Yellow Fever virus
OR
- Detection of Yellow Fever viral antigen or nucleic acid in body fluids or tissue
OR
- A significant (i.e., fourfold or greater) rise in antibody titre to the yellow fever virus or a single elevated yellow fever IgM antibody titre in the absence of yellow fever vaccination within the previous 2 months and cross-reactive serological reactions to other flaviviruses have been excluded.

3.2 Probable case

Clinically compatible signs and symptoms with a stable elevated antibody titre¹ to Yellow Fever virus with no other known cause. Cross-reactive serologic reactions to other flaviviruses must be excluded, and the patient must not have a history of yellow fever vaccination.

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of Yellow Fever:

- Positive Yellow Fever virus culture
- Positive nucleic acid amplification test (NAT) for Yellow Fever
- Positive for Yellow Fever antigen
- Positive for Yellow Fever antibody in the absence of yellow fever vaccination within the previous 2 months

4.2 Approved/Validated Tests

- Standard culture for Yellow Fever virus
- Antibody detection using haemagglutination inhibition or enzyme immunoassay (EIA)
- NAT for Yellow Fever virus nucleic acid

4.3 Indications and Limitations

- N/A

5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by acute onset and constitutional symptoms followed by a brief remission and a recurrence of fever, hepatitis,

albuminuria, and symptoms and, in some instances, renal failure, shock, and generalized hemorrhages.

6.0 ICD Code(s)

ICD-10 Code A95

7.0 Comments

¹ A stable elevated antibody titre refers to the following: ≥ 32 by complement fixation, ≥ 256 by immunofluorescence assay, ≥ 320 by haemagglutination inhibition, ≥ 160 by neutralization, or a positive serologic result by immunoglobulin M-capture enzyme immunoassay.

8.0 References

- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

Date of Last Revision: November 2008

