

How to Interpret West Nile Virus Test Results.

Physician Guideline

Acute WNV tests:

| Acute serum WNV IgM | Acute EDTA blood WNV NASBA/PCR | CSF WNV PCR | Interpretation |
|---------------------|--------------------------------|-------------|---|
| negative | POSITIVE | | This patient is viremic, and is a confirmed case of West Nile virus infection. There is no cross-reactivity with other flaviviruses in the Provincial Lab WNV NASBA/PCR |
| POSITIVE | POSITIVE | | |
| POSITIVE | negative | | Probable acute West Nile virus infection. IgM has been reported to persist at low levels for 1 year in up to 50% of patients. A follow-up serum in two weeks is therefore recommended to demonstrate changing titres. There is very little cross-reactivity with other flaviviruses in IgM tests. |
| negative | negative | | Not a WNV case. Data from 2003 show that an IgM test and blood NASBA, performed together on the initial blood sample, detect >95% of cases. Follow-up serology is recommended only for critical cases. |
| | | POSITIVE | Viral RNA present in the CSF. This is a confirmed case of West Nile virus infection. There is no cross-reactivity with other flaviviruses in the Provincial Lab WNV PCR |
| | | negative | Viral RNA not detected in the CSF. This test has very low sensitivity and does not rule out WNV infection. Please refer to blood tests. |