Viral haemorrhagic fever (not elsewhere classified)

Australian national notifiable diseases case definition

This document contains the surveillance case definition for viral haemorrhagic fever (not elsewhere classified), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
1.2	Include the Victorian Infectious Diseases Reference Laboratory (VIDRL) as an additional laboratory where laboratory definitive evidence can be confirmed. Include footnote that the first case in Australia in any given outbreak will also be confirmed by CDC or NIV.	CDWG - 31 October 2014	6 November 2014
1.1	**Laboratory definitive evidence** Added “or the Special Pathogens Laboratory, National Institute of Virology (NIV), Johannesburg”. Removed “viral haemorrhagic fever” virus. Added “specific” virus. Added “or” antigen detection assay. Removed “or electron microscopy”	CDWG - 12 June 2013	1 January 2014
1.0	Initial CDNA case definition	2004	2004

Reporting

Both **confirmed cases** and **probable cases** should be notified.

Confirmed case

A confirmed case requires **laboratory definitive evidence** only.

Laboratory definitive evidence

Laboratory definitive evidence requires confirmation by the Victorian Infectious Diseases Reference Laboratory (VIDRL), Melbourne,* or the Special Pathogens Laboratory, CDC, Atlanta, or the Special Pathogens Laboratory, National Institute of Virology (NIV), Johannesburg

Isolation of a specific virus

OR

Detection of specific virus by nucleic acid testing or antigen detection assay

OR

IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to specific virus.

Probable case

A probable case requires **laboratory suggestive evidence** AND **clinical evidence** AND **epidemiological evidence**.

Laboratory suggestive evidence

Isolation of virus pending confirmation by VIDRL, Melbourne, or CDC, Atlanta or NIV, Johannesburg

OR

Detection of specific virus by nucleic acid testing, pending confirmation by VIDRL, Melbourne, or CDC, Atlanta or NIV, Johannesburg

OR

IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to specific virus pending confirmation by VIDRL, Melbourne, or CDC, Atlanta or NIV, Johannesburg

OR

Detection of IgM to a specific virus.

Clinical evidence

A compatible clinical illness as determined by an infectious disease physician. Common presenting complaints are fever myalgia, and prostration, with headache, pharyngitis, conjunctival injection, flushing, gastrointestinal symptoms. This may be complicated by spontaneous bleeding, petechiae, hypotension and perhaps shock, oedema and neurologic involvement.

Epidemiological evidence

History of travel to an endemic/epidemic area within 9 days (Marburg), 13 days (Crimean Congo) or 21 days (Lassa, Ebola) of illness onset. Filoviruses are endemic in Sub-Saharan Africa, Lassa in Western Africa, Crimean Congo in Africa and the Middle East to West China;

OR

Contact with a confirmed case,

OR

Exposure to viral haemorrhagic fever (VHF)-infected blood or tissues.

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* The first case in any outbreak in Australia will also be confirmed by CDC, Atlanta or NIV, Johannesburg.