



California Department of Public Health  
Viral and Rickettsial Disease Laboratory



LABORATORY TESTING GUIDANCE FOR ARBOVIRUSES

Appropriate Clinical Specimens for West Nile and St. Louis Encephalitis Testing

Virus	Testing Method	Serum	Whole Blood	CSF
West Nile virus	Real-time RT-PCR	No	Yes <sup>1</sup>	Yes
	IgG & IgM Serology	Yes	No	Yes <sup>2</sup>
	Neutralizing Ab Serology	Yes <sup>1</sup>	No	Yes <sup>1</sup>
St. Louis Encephalitis virus	Real-time RT-PCR	No	Yes <sup>1</sup>	Yes <sup>1</sup>
	IgG & IgM Serology	Yes <sup>1</sup>	No	Yes <sup>1,2</sup>
	Neutralizing Ab Serology	Yes <sup>1</sup>	No	Yes <sup>1</sup>

<sup>1</sup>For Surveillance Purposes Only

<sup>2</sup>IgM Serology Only

**Required Forms**

- VRDL General Purpose Specimen Submittal Form for **EACH SPECIMEN** ([VRDL Specimen Submittal Form](#))
  - Include onset date and any previous WNV or SLEV test results.

**Specimen Collection**

- CSF or EDTA whole blood **MUST BE accompanied by a serum sample.**
- Serum: 3-5 ml of whole blood in a red top or serum separator tube **OR**  
1 ml serum in a sterile collection tube
- CSF: 1 ml CSF in a sterile collection tube
- Whole blood: 3-5 ml in EDTA (lavender/purple top) tube

**Specimen Storage and Shipping**

- Store all specimens at 4°C and ship on cold packs if shipped to VRDL within 72 hours from collection.
- Freeze serum or CSF at -20°C and ship on dry ice if shipped to VRDL after 72 hours from collection.  
**Do NOT freeze whole blood.**

- Ship approved specimens to:

**CDPH VRDL**  
**Attn: Specimen Receiving**  
850 Marina Bay Parkway  
Richmond, CA 94804

**Interpreting Arboviral Laboratory Results**

- Arboviral serologic assays:** Assays for the detection of IgM and IgG antibodies commonly include enzyme-linked immunosorbent assays (EIA or ELISA) and immunofluorescence assays (IFA). These assays provide a presumptive diagnosis, with the caveat that serologic detections may be due to cross-reactivity among the closely related arboviruses. Definitive diagnosis should include confirmatory testing. Confirmatory testing may involve the detection of arboviral-specific neutralizing antibodies using assays such as plaque reduction neutralization test (PRNT).
- Serologic cross-reactivity:** In some instances, arboviruses from the same genus produce cross-reactive antibodies. In geographic areas where two or more closely-related arboviruses occur, serologic testing for more than one virus may be needed and results compared to determine the specific causative virus.

For example, such testing might be needed to distinguish antibodies resulting from infections within genera, e.g., flaviviruses such as West Nile, St. Louis encephalitis, Powassan, Dengue, or Japanese encephalitis viruses.

- **Rise and fall of IgM antibodies:** For most arboviral infections, IgM antibodies are generally first detectable at 3 to 8 days after onset of illness and persist for 30 to 90 days, but longer persistence has been documented (e.g., up to 3 years for West Nile virus). Serum collected within 8 days of illness onset may not have detectable IgM and testing should be repeated on a convalescent-phase sample to rule out arboviral infection in those with a compatible clinical syndrome.
- **Persistence of IgM antibodies:** Arboviral IgM antibodies may be detected in some patient's serum months or years after their acute infection. Therefore, the presence of these virus-specific IgM antibodies may signify a past infection and be unrelated to the current acute illness. Finding virus-specific IgM antibodies in CSF or a fourfold or greater change in virus-specific antibody titers between acute- and convalescent-phase serum specimens provides additional laboratory evidence that the arbovirus was the likely cause of the patient's recent illness. Clinical and epidemiologic history also should be carefully considered.
- **Persistence of IgG and neutralizing antibodies:** Arboviral IgG and neutralizing antibodies can persist for many years following a symptomatic or asymptomatic infection. Therefore, the presence of these antibodies alone is only evidence of previous infection and clinically compatible cases with the presence of IgG, but not IgM, should be evaluated for other etiologic agents.

#### **Additional Resources**

- [CDPH WNV and SLE Website](http://www.westnile.ca.gov/) <http://www.westnile.ca.gov/>
- [VRDL Website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL.aspx): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL.aspx>
- For questions about specimen collection, submittal, or shipping, please contact the VRDL Medical and Epidemiology Liaisons (MELs) at (510) 307-8585.