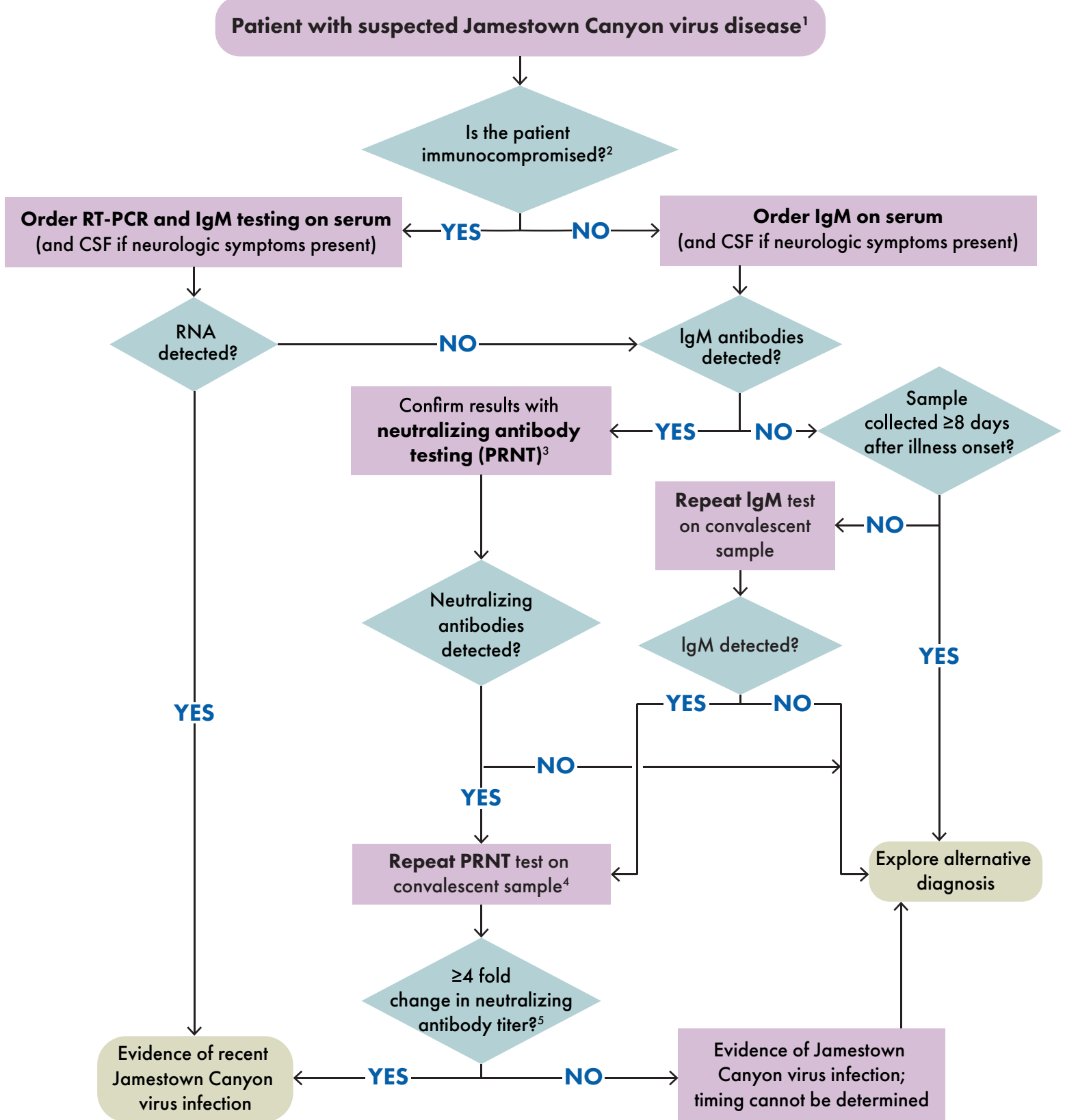


# Jamestown Canyon Virus Diagnostic Testing Algorithm



## Footnotes

<sup>1</sup>Patient presenting with febrile or neurologic illness and recent exposure (within 14 days) to mosquitoes, particularly during April–September.

<sup>2</sup>Immunocompromised refers to patients who are likely to have delayed or absent antibody response to infection due to various medical conditions, medications (particularly B cell-depleting monoclonal antibodies such as rituximab or ocrelizumab), or other therapies.

<sup>3</sup>Please consult your state or local health department to arrange for Jamestown Canyon virus plaque reduction neutralization test (PRNT). Simultaneous testing for another California serogroup virus, La Crosse virus, is typically done to distinguish between these closely related viruses.

<sup>4</sup>Because Jamestown Canyon virus antibodies are commonly found in asymptomatic persons and IgM antibodies can persist for >1 year, a single serum might not be adequate to confirm a recent infection. If the patient has a potential alternative diagnosis or atypical presentation, consider obtaining a convalescent serum to assess timing of infection.

<sup>5</sup>If the acute samples contained IgM and neutralizing antibodies, then need to see  $\geq 4$ -fold increase in titers on the same sample type (e.g., two serum or two CSF samples) to be considered a recent infection. If there are no IgM antibodies on the first samples but IgM and neutralizing antibodies on the second sample, this is considered to be seroconversion and evidence of a recent infection. Ideally seroconversion should be shown in the same sample type.