



MEDICAL HEALTH OFFICERS UPDATE

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- **CALIFORNIA SEROGROUP VIRUSES**

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Reporting of Encephalitis and Meningitis: Supporting Surveillance for California Serogroup Viruses

California serogroup (CSG) viruses, including Jamestown Canyon virus and Snowshoe Hare virus, are mosquito-borne viruses that can, in rare cases, cause neuroinvasive disease, including meningitis and encephalitis.

In 2024, CSG virus caused a small cluster of pediatric encephalitis infections in Vancouver Coastal Health. Following this investigation, the Office of the Provincial Health Officer made CSG viruses reportable in BC. Historically, meningitis and encephalitis are also reportable illnesses. Very sporadic, locally acquired CSG virus infections occur within Interior Health, the most recent occurring in 2026.

To support case finding and surveillance, Interior Health is notifying health care workers of the reportability of CSG infections, with a reminder that meningitis and encephalitis are reportable, including clinical presentations where infectious cause is not known. To report, please contact the CD Unit Monday to Friday at 1-866-778-7736 or the MHO after hours at 1-866-457-5648.

Mode of Transmission & Prevention

CSG viruses are transmitted by infected mosquitoes. There is no known person to person transmission in households or health care settings. Preventing mosquito bites is the best measure to reduce the risk of mosquito-borne infections. Please share prevention information with your patients and clients, including the following resource:

[Mosquito Prevention Strategies](#)

Clinical Presentation

A clinician's guide to CSG viruses was published in the BC Medical Journal in May 2025 and provides information on the clinical presentation of CSG virus infections and the recommended testing approaches. [What you need to know about California serogroup viruses | British Columbia Medical Journal](#)

Most CSG virus infections are asymptomatic. When illness does occur the incubation period is typically 3-7 days. Early symptoms are nonspecific, usually lasting from 1-4 days, and may include fever, chills, nausea, vomiting, headache, lethargy, and/or abdominal pain.

TO VIEW PREVIOUS MHO UPDATES:

<https://www.interiorhealth.ca/information-for/medical-staff/tools-and-resources/mho-updates>

Neuroinvasive presentations are rare and cannot be differentiated from other pathogens clinically. Therefore, CSG virus infection should be considered in the differential diagnosis of patients presenting with meningitis or encephalitis during months where mosquitos are circulating.

Testing

During mosquito transmission season (April to October), CSG virus infections should be considered in patients with compatible clinical presentations when conventional first-line CSF testing (including culture and meningoencephalitis PCR panel) is negative. Diagnostic testing is available through the BCCDC Public Health Laboratory.

When considering CSG virus infection, serology is the preferred test for all specimen types (i.e., serum, clotted blood, CSF). CSF serology must be accompanied by a valid serum sample for interpretation. BCCDC accepts acute serum and CSF specimens on acute and convalescent serum specimens collected 14 days apart.

For more information on testing and ordering, refer to:

- Interior Health Microbiology Laboratory Test Directory found online at:
<https://www.interiorhealth.ca/sites/default/files/PDFS/microbiology-guide-to-specimen-ordering-collection-and-transport-information.pdf>
- Interior Health Ordering pathway for Microbiology testing on adult patients with suspected meningoencephalitis.
https://www.interiorhealth.ca/sites/default/files/PDFS/Ordering_pathway_for_microbiology_testing_on_adult_patients_with_suspected_meningoencephalitis.pdf

If you have questions related to testing, please contact the IH Medical Microbiologist on call.