

West Nile Virus Human Case Investigation Form

This form is to be completed within <u>FIVE</u> business days after receipt of a positive lab result for *all* WNV cases (Asymptomatic, Non Neurological, and Neurological)

Reporting Process: Please forward this information by fax to (204) 940-2690

PLEASE NOTE WHETHER THIS IS AN:	□ Initial report □ Update	e to prev	ious rep	ort	
PATIENT INFORMATION					
Given Name		_ PH	IIN (9 digit	ts)	
Surname		MH	1 Number	(6 digits)	
Birth Date	(YYYY/MM/D	D) Co	untry of B	irth: Canada	□ Other (specify):
Sex: DM DF Dunkno	wn				
Status First Nations Yes No	□ Unknown	Ye	ar of arriva	al in Canada	
Occupation					
Has the patient been advised that general (no			r case ma	y be reported in a pu	blic announcement? ☐ Yes ☐ N
PLACE OF RESIDENCE (Civic Add	ress)				
Street Address					
			Pos	tal Code	
Municipality or First Nations Reserve					
					-
CLINICAL INFORMATION					
Chronic health conditions?					
Currently pregnant □ Yes □ No	□ Unknown				
Currently breastfeeding □ Yes □ No	□ Unknown				
f pregnant or breast feeding advise regional i					
, ,					
MMUNIZATIONS (Used to interpret lab	results: potential for cross react	ivity)			
Has individual <u>ever</u> been vaccinated against:	Japanese Encephalitis	□ Yes	□ No	□ Unknown	
_	Yellow Fever	□ Yes	□ No	□ Unknown	
	Other arboviruses	□ Yes	□ No	□ Unknown	
WNV EPISODE	Other disevilueses	_ 100	_ 110		
Physician name					
Physician telephone: ()					
Symptom onset date					
Vas lumbar puncture performed? □ Yes					
If yes, was CSF suggestive of neurologic disc		nown			
Previously diagnosed with West Nile Virus?					
f yes, date of previous diagnosis					
Did individual receive/donate blood/plasma/ce			to symptor	m onset?	
□ No □ Donated □ Received □ Donated	_			6.1.661.	
Date of donation/receipt		****			
f donated or received, has Canadian Blood S		annronris	ate Organi.	zation heen notified?	□ Yes □ No □ Unknown
Date of notification		approprie	no organiz	Ladon been nouned?	L 165 L NO L CHRICONI
f donated, was there a history of fever and/or		donation)	s I No I Union	OWD
achiatou, was there a history of level allu/of	nodddono in the week phot to t	Jonation	⊔ 1 <i>6</i> 3	, LINO LI OHNII	Own:

□ Fever	□ Respiratory failure		□ Joint pa	in
□ Headache	□ Enlarged lymph not	des	□ Stiff nec	k
□ Rash	☐ Muscle pain		□ Change	in level of consciousness
□ Respiratory symptoms	☐ Muscle weakness		□ GI Symp	otoms
Other				
NEUROLOGICAL MANIFESTATION	NS (CHECK ALL THAT API	PI Y)		
□ Encephalitis	☐ Acute demyelintating		□ Perinher	al neuropathies
□ Encephalomylitis	 ☐ Movement disorder 	•	□ Polyradi	·
☐ Poliomyelitis syndrome/Flaccid Paralysis			□ Optic ne	
☐ Guilain-Barre syndrome	☐ Sensory deficits	o) conditions	□ Stupor/c	
Other	•		_ C.upo ./o	
CURRENT STATUS				
□ Asymptomatic □ Hom	e, full recovery	☐ Hospital, stable		□ Unknown
	ie, other	☐ Hospital, other		□ Unsure
•	•		ever hospitali	zed? 🗆 Yes 🗆 No 🗆 Unknown
Date of death if individual is deceased		(YYYY/MM/DD)		
MODE OF TRANSMISSION			other □ Unsure s individual ever hospitalized? □ Yes □ No □ Unknown ——	
Most likely mode of transmission: □ Mosqui	ndividual seen in the emergency room only?			
If other specify type of transmission and activ				
in other, opeony type of transmission and deliv				
TRAVEL AND RESIDENCE HISTORY In the past 12 months have you lived or travel	ed outside Canada? □ Y	es □ No □ U	nknown	
	te, if travel was in the USA	1		Travel dates
Country (molade sta	ie, ii tiavei was iii tile 057	7)		Traver dates
MOST LIKELY LOCATION OF EXP				
Other than place of residence, are there addit locations where you spent a lot of time outdoor			he 15 days p	rior to the onset of symptoms, such as
Take into account all outdoor activities, amount			d dawn and l	ocation where you spent the majority
of the 15 days prior to the onset of symptoms.			a dawn, and i	ocation where you spent the majority
E	xposure location 1	Exposure locat	ion 2	Exposure loccation 3
Street address				
City/Town				
Prov/Territory				
Country				
Dates of travel/activity				
Activities: Types/ duration/Time of day				

Presence of mosquitos noted?

SYMPTOMS (CHECK ALL THAT APPLY)

ТО В	E COMPLETED BY	REGIONAL MEDICAL	OFFICER OF HEALTH:	
Case Classification (CHI	ECK ONE)			
Please consult the online WI	NV Public Health Investigat	ition Protocol for an explanatio	on of these categories.	
□ West Nile Virus <u>Asympto</u>	matic Infection			
□ West Nile Virus Non-Neu	urological Syndrome			
☐ West Nile Virus Neurolog	gical Syndromes			
□ Unknown Commen	ts:			
•	nation, please indicate a fir be where the individual spe	(YYYY/MM/DD) nal determination as to one me ent the most days outdoors be	ost likely location of exposure. tween dusk and dawn within th Exposure location 3	
Did exposure most likely occ	:ur outside Manitoba?	□ Yes □ No		
		rint name)		
	,			
Signature	,			