



**SYMPTOMS** (CHECK ALL THAT APPLY)

- Fever
- Headache
- Rash
- Respiratory symptoms
- Respiratory failure
- Enlarged lymph nodes
- Muscle pain
- Muscle weakness
- Joint pain
- Stiff neck
- Change in level of consciousness
- GI Symptoms

Other \_\_\_\_\_

**NEUROLOGICAL MANIFESTATIONS** (CHECK ALL THAT APPLY)

- Encephalitis
- Encephalomyelitis
- Poliomyelitis syndrome/Flaccid Paralysis
- Guillain-Barre syndrome
- Acute demyelinating syndrome
- Movement disorders
- Parkinsonism (or like) conditions
- Sensory deficits
- Peripheral neuropathies
- Polyradiculopathy
- Optic neuritis
- Stupor/convulsions

Other \_\_\_\_\_

**CURRENT STATUS**

- Asymptomatic
- Deceased
- Home, full recovery
- Home, other
- Hospital, stable
- Hospital, other
- Unknown
- Unsure

Was individual seen in the emergency room only?  Yes  No  Unknown      Was individual ever hospitalized?  Yes  No  Unknown

If yes, which hospital \_\_\_\_\_

Date of death if individual is deceased \_\_\_\_\_ (YYYY/MM/DD)

**MODE OF TRANSMISSION**

Most likely mode of transmission:  Mosquito bite       Other

If other, specify type of transmission and activity involved \_\_\_\_\_

Does individual ever use personal insect repellent when outside/outdoors?  Always  Most of the time  Sometimes  Never

**TRAVEL AND RESIDENCE HISTORY**

In the past 12 months have you lived or traveled outside Canada?  Yes  No  Unknown

Country (include <u>state</u> , if travel was in the USA)	Travel dates

**MOST LIKELY LOCATION OF EXPOSURE**

Other than place of residence, are there additional likely locations of exposure to mosquitoes within the 15 days prior to the onset of symptoms, such as locations where you spent a lot of time outdoors especially between dusk and dawn?

Take into account all outdoor activities, amount of time spent doing these activities between dusk and dawn, and location where you spent the majority of the 15 days prior to the onset of symptoms. (ATTACH ADDITIONAL PAGES IF NECESSARY)

	Exposure location 1	Exposure location 2	Exposure location 3
Street address			
City/Town			
Prov/Territory			
Country			
Dates of travel/activity			
Activities: Types/ duration/Time of day			
Presence of mosquitos noted?			

**REPORTING INFORMATION**

Initial Investigation Date \_\_\_\_\_ (YYYY/MM/DD)

Investigation Form Submission Date \_\_\_\_\_ (YYYY/MM/DD)

Form completed by (please print) \_\_\_\_\_

Position \_\_\_\_\_

Organization/Health Unit/Regional Health Authority \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**TO BE COMPLETED BY REGIONAL MEDICAL OFFICER OF HEALTH:**

**Case Classification (CHECK ONE)**

Please consult the online WNV Public Health Investigation Protocol for an explanation of these categories.

- West Nile Virus Asymptomatic Infection
- West Nile Virus Non-Neurological Syndrome
- West Nile Virus Neurological Syndromes
- Unknown      Comments: \_\_\_\_\_

**Is this a CBS identified case?**       Yes     No

If yes, date of donation: \_\_\_\_\_ (YYYY/MM/DD)

**Most likely exposure**

Based on all exposure information, please indicate a final determination as to one most likely location of exposure.

Most likely exposure would be where the individual spent the most days outdoors between dusk and dawn within the 15 day incubation period. (CHECK ONE)

- Place of Residence       Exposure location 1       Exposure location 2       Exposure location 3       Unknown

Did exposure most likely occur outside Manitoba?       Yes     No

**Reviewed by** \_\_\_\_\_  
(Print name)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ (YYYY/MM/DD)