

2008 WNV SHORT REPORTING FORM

Reporting Process:

Please forward this information by fax (204-948-3044) or email Gwen Pruden (gwen.pruden@gov.mb.ca).

Step 1- Short reporting form to be completed for all WNV human cases (Asymptomatic, Non Neurological and Neurological)

- (a) **2 days:** for the first case in each RHA, please provide within 2 working days from receipt of the WNV positive laboratory referral to the CDC Unit the data elements on this form; **OR**
- (b) **5 days:** for subsequent cases in each RHA, please provide within 5 working days from receipts of the WNV positive laboratory referral to forward to the CDC Unit the data elements on this form.

Step 2 – Long reporting form to be completed for ALL WNV human cases.

30 days: Regional public health practitioners will forward the completed long *WNV Public Health Human Case Investigation Form* to the CDC Unit, within 30 days of having received the positive laboratory report.

1. Case ID Number assigned by CDC Unit:	
2. Municipality¹ or First Nations reserve of residence:	3. RHA:
4. Gender:	5. Date of Birth:
6. Date of onset of symptoms (yyyy/mm/dd):	
7. Status: (Check one): Hospital, stable <input type="checkbox"/> Hospital, other <input type="checkbox"/> Home, full recovery <input type="checkbox"/> Home, other <input type="checkbox"/> Deceased <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Don't know/unsure <input type="checkbox"/>	
8. Case Classification (Check one): WNV Non-NS <input type="checkbox"/> WNNS <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Don't Know/Unsure (Please comment below) <input type="checkbox"/> Comments:	
9. Most likely place of exposure : (Note: The most likely exposure location would be where the individual spent the most days outdoors between dusk and dawn within the 15 day incubation period prior to onset of symptoms.) Place of residence <input type="checkbox"/> Other: _____ Unknown <input type="checkbox"/> (indicate municipality/RHA and date)	
10. Has the patient been advised that general (non-identifiable) information regarding their case may be reported in a public announcement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Is there any reason to believe this case may not represent a new case of probable WNV infection (i.e. immigration/travel history, immunization history, or previous history of WNV infection)? Comments: Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Has the patient received or donated blood/plasma/cells/tissue and/or organs within the previous 8 weeks of WNV symptom onset? No <input type="checkbox"/> Donated <input type="checkbox"/> Received <input type="checkbox"/> Don't know/unsure <input type="checkbox"/>	
13. Was mosquito transmission the most likely mode of transmission? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify:	
General Comments (Optional)	

¹ In some situations, the community where the patient resides is a formal municipality, however in other situations, the community is not the same as the municipality or rural municipality (e.g. Carmen is its own municipality, not part of the RM of Dufferin, which surrounds it. Conversely, the community of Stony Mountain is not its own municipality, but is part of the RM of Rockwood.) Please ensure the formal municipality or rural municipality is listed so that accurate analysis can be completed using this field.