



West Nile Virus Disease

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
LHJ Classification Confirmed
 Probable
By: Lab Clinical
 Epi Link: _____

Outbreak-related
LHJ Cluster# _____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know

Investigation start date: ____/____/____

Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Birth date ____/____/____ **Age** _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other

CLINICAL INFORMATION

Onset date: ____/____/____ Derived **Diagnosis date:** ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
 Fever
 Headache
 Stiff neck
 Seizures new with disease
 Tremors or hand shakes
 Severe fatigue or malaise

Hospitalization

Y N DK NA
 Hospitalized for this illness
 Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Predisposing Conditions (CDC supplemental form)

Y N DK NA
 Previous flavivirus infection (e.g., dengue, SLE)
 Patient previously told that they had:
 Diabetes High blood pressure
 Heart attack Angina/coronary artery dis.
 Congestive heart failure Stroke
 Chronic obst. lung disease Chronic liver dis.
 Chronic kidney dis. Alcoholism
 Bone marrow transplant Organ transplant
 Immunocompromising disease: _____
 Current prescriptions or treatment
 Chemotherapy
 Hemodialysis
 Oral or injected steroids
 Insulin, other diabetes treatment
 Immune system suppressing treatment
 Pregnant if yes, weeks: ____ outcome: _____

Vaccinations

Y N DK NA
 Japanese encephalitis or yellow fever vaccination
 Type: _____ Date ____/____/____

Laboratory

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

Specimen type _____ Specimen type _____
 Collection date ____/____/____ Collection date ____/____/____
P N I O NT
 CSF obtained
 Profile: wbc ____ (% lymph ____ % neutr ____)
 rbc ____ prot ____ gluc ____
 WNV antibodies with single elevated titer or with ≤ 2-fold increase or WNV IgM by EIA without IgG confirmation (serum) [Probable]
 WNV IgM by EIA (CSF)
 WNV antibodies with ≥ 4-fold rise (serum pair)
 WNV-specific IgM by EIA and IgG by another assay (PRNT) (serum or CSF)
 WNV culture or PCR (tissue, blood, CSF)
Y N DK NA
 Tested at: WA PHL CDC Other PHL
 Commercial Other

Clinical Findings

Clinical syndrome: Encephalitis / meningoencephalitis
 Meningitis WNV fever Asymptomatic
 Other (e.g., flaccid paralysis) Unknown

Y N DK NA
 Presumptive viremic donor
 Altered mental status
 Acute flaccid paralysis
 Neurological abnormalities: _____

