

Health

2007 WNV INTERIM REPORTING FORM

Reporting Process:

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

Step 1

- (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

30 days: Regional public health practitioners will forward the completed 12 page *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:	3. RHA:
4. Gender:	5. Date of Birth:
6. Date of onset of symptoms (YY/MM/DD):	
7. Status: (Check one): Never Hospitalized <input type="checkbox"/> Hospitalized and Discharged Home <input type="checkbox"/> Still Hospitalized <input type="checkbox"/> Deceased <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(s) of exposure if not in the RHA/municipality of residence (indicate municipality/RHA and dates): (Note: Please give priority to exposures between dusk and dawn) _____	
10. Did the individual experience fever? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Has the patient been advised that general (non-identifiable) information regarding their case may be reported in a public announcement?	
12. 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:	
13. Is there any association with blood or blood products, organ or tissue donation? Comments:	
14. Is there another possible route of exposure to WNV other than a mosquito bite? Yes <input type="checkbox"/> No <input type="checkbox"/> 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.