Physician Reporting Form for Human West Nile Virus Cases

SECTION A. PATIENT INFORMATION:

1. **Health Services Number (HSN):** ___ ___ ___ ___ ___ ___ ___ ___ ___

2. **Last name** _____ 3. **First name** _____

SECTION B. CLINICAL INFORMATION:

4. **Onset date for first sign/symptom** ____/____ / _____ **(dd/mm/yyyy)**

5. **Hospitalized?** □ No □ Yes 6. **Deceased?** □ No □ Yes

7. **Has this individual received a blood transfusion/blood product in the 8 weeks prior to the onset of their symptoms?** □ No □ Yes

8. **Has this individual donated blood in the 8 weeks prior to the onset of their symptoms?** □ No □ Yes

9. **Has this individual received or donated an organ/tissue in the 8 weeks prior to the onset of their symptoms?** □ No □ Yes

Check all signs and symptoms related to the WNv infection and record the onset date for each sign/symptom in the section below.

	Onset Date (dd/mm/yyyy)		**Onset Date (dd/mm/yyyy)**
□ Fever (≥38°C or 100°F)	_____	□ Viral meningitis	_____
□ Headache	_____	□ Encephalitis	_____
□ Myalgia or muscle weakness	_____	□ Rhabdomyolysis	_____
□ Arthralgia	_____	□ Peripheral neuropathy	_____
□ Maculopapular rash	_____	□ Polyradiculopathy	_____
□ Fatigue/Sleepiness	_____	□ Movement disorders (e.g. tremor, myoclonus)	_____
□ Lymphadenopathy	_____		
□ Optic neuritis	_____	□ Acute demyelinating encephalomyelitis (ADEM)	_____
□ Facial paralysis	_____		
□ Parkinsonism or Parkinson–like (e.g. cogwheel rigidity, postural instability)			_____
□ Other neurological syndromes (e.g. acute neuromuscular respiratory failure, severe (Polio-like), non-transient prolonged muscle weakness, confusion, coma, cranial nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions and abnormal movements). *Please specify:*_____			_____
□ Acute flaccid paralysis (specify if GBS or Polio-like) ---------->		□ Poliomyelitis-like Syndrome	_____
		□ Guillain Barré-like Syndrome (GBS)	_____

If died, how did West Nile virus relate to the **cause of death**

__ Underlying cause of death
__ West Nile virus contributed to the death, but was not the underlying cause
__ West Nile virus did not contribute to the death, and was an incidental finding
__ Unknown.

_____ _____

Physician Signature Date

Fax the completed form back to PHS at 655-4723