

Physician Reporting Form for West Nile Virus

Report to public health within 48 hours* (see back for criteria for reporting)

Section A: Patient Information

Health card number (PHN): _____

Last name: _____ First name: _____

DOB: ____/____/____ (yyyy/mm/dd) Phone: (____) _____

Address: _____

Section B: Evidence of Infection

Laboratory evidence of West Nile Virus infection? No Yes

Indicate onset date for first sign/symptom: ____/____/____ (yyyy/mm/dd)

Symptoms: _____

Section C: Blood/Tissue Donor or Recipient

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

Has this individual donated blood in the 2 weeks prior to the onset of their symptoms? No Yes

Has this individual received a tissue in the 8 weeks prior to the onset of their symptoms? No Yes

Section D: Neuroinvasive Disease

Check the appropriate manifestation of West Nile Neuroinvasive Disease:

- Meningitis Encephalitis Acute Flaccid paralysis
 Other acute signs of central or peripheral neurologic dysfunction

Hospitalized? No Yes Where: _____

Deceased? No Yes Date of Death: ____/____/____ (yyyy/mm/dd)

Has a more likely explanation of illness has been ruled out (i.e. stroke)? No Yes

Physician (Please print or stamp)

Phone number

Date (yyyy/mm/dd)

Fax the completed form back to:

Saskatoon Health Region Communicable Disease Control 306-655-4723

An electronic version of the form can be obtained at:

www.health.gov.sk.ca/WNV-physician-reporting-form

Over→



The following form must be completed within 48 hours of receiving positive laboratory reports (eg. IgM, PCR) for WNV for either:

- Individuals with a history of:
 - Donation of blood or blood products to Canadian Blood Services in the 2 weeks prior to onset of symptoms;
 - Receipt of blood or blood products within the 8 weeks before onset of symptoms;
 - Receipt of tissue within the 8 weeks before onset of symptoms

OR

- Individuals with neuroinvasive disease and the absence of a more likely explanation