State of California-Health and Human Services Agency

California Department of Public Health
Viral and Rickettsial Disease Laboratory
850 Marina Bay Parkway
Richmond, CA 94804

West Nile Virus (WNV) Infection Case Report
SUPPLEMENTAL INVESTIGATION FORM

Date Form Completed:___/___/____

Beginning in 2014, the Centers for Disease Control and Prevention (CDC) will collect surveillance data on patients with laboratory-confirmed WNV infection who lack a subjective or measured fever. Initial reports of WNV infections should be sent to the California Department of Public Health immediately after they have been confirmed. However, this supplemental investigation form is not time-sensitive and can be submitted at any time after a case has been reported.

Clinical signs and symptoms of patients with laboratory evidence of West Nile virus infection with no reported fever:

Patient Name (Last, First): ____ **DOB:**___/___/___

#	Symptom			
1.	**Fever**	☐ Yes	☐ No	☐ Unknown
2.	**Chills or rigors**	☐ Yes	☐ No	☐ Unknown
3.	**Rash**	☐ Yes	☐ No	☐ Unknown
4.	**Headache**	☐ Yes	☐ No	☐ Unknown
5.	**Fatigue or malaise**	☐ Yes	☐ No	☐ Unknown
6.	**Conjunctitivis**	☐ Yes	☐ No	☐ Unknown
7.	**Nausea or vomiting**	☐ Yes	☐ No	☐ Unknown
8.	**Diarrhea**	☐ Yes	☐ No	☐ Unknown
9.	**Myalgia**	☐ Yes	☐ No	☐ Unknown
10.	**Arthralgia**	☐ Yes	☐ No	☐ Unknown
11.	**Arthritis**	☐ Yes	☐ No	☐ Unknown
12.	**Paresis or paralysis**	☐ Yes	☐ No	☐ Unknown
13.	**Stiff neck**	☐ Yes	☐ No	☐ Unknown
14.	**Ataxia**	☐ Yes	☐ No	☐ Unknown
15.	**Altered mental status**	☐ Yes	☐ No	☐ Unknown
16.	**Parkinsonism or cogwheel rigidity**	☐ Yes	☐ No	☐ Unknown
17.	**Seizures**	☐ Yes	☐ No	☐ Unknown
18.	**Retro-orbital Pain**	☐ Yes	☐ No	☐ Unknown
19.	**Tourniquet Test Positive**	☐ Yes	☐ No	☐ Unknown
20.	**Leukopenia** ($<5,000/mm^3$)	☐ Yes	☐ No	☐ Unknown
21.	**Abdominal Pain Tenderness**	☐ Yes	☐ No	☐ Unknown
22.	**Persisting Vomiting** (>=3 times over 24 hrs)	☐ Yes	☐ No	☐ Unknown
23.	**Extravascular Fluid Accumulation**	☐ Yes	☐ No	☐ Unknown
24.	**Mucosal Bleeding**	☐ Yes	☐ No	☐ Unknown
25.	**Liver Enlargement** (>2 cm)	☐ Yes	☐ No	☐ Unknown
26.	**Increasing Hematocrit with Decreased Platelet Count**	☐ Yes	☐ No	☐ Unknown
27.	**Severe Plasma Leakage**[a]	☐ Yes	☐ No	☐ Unknown
28.	**Severe Bleeding**[b]	☐ Yes	☐ No	☐ Unknown
29.	**Severe Organ Involvement**[c]	☐ Yes	☐ No	☐ Unknown

[a] As evidenced by hypovolemic shock and/or extravascular fluid accumulation (e.g., pleural or pericardial effusion, ascites) with respiratory distress. A high hematocrit value for patient age and sex offers further evidence of plasma leakage
[b] Such as from the gastrointestinal tract (e.g., hematemesis, melena) or vagina (menorrhagia) and requiring medical intervention including intravenous fluid resuscitation or blood transfusion.
[c] Could include any of the following: Elevated liver transaminases: aspartate aminotransferase (AST) or alanine aminotransferase (ALT) C1,000 per liter (U/L); Impaired level of consciousness and/or diagnosis of encephalitis, encephalopathy, or meningitis; Heart or other organ involvement including myocarditis, cholecystitis, and pancreatitis.

Please include this form in the patient's CalREDIE electronic filing cabinet or fax to (510) 307-8599