

Reporting and Follow-Up of West Nile Virus-Infected Blood Donors

West Nile virus (WNV) infection, including neuroinvasive disease, fever, and infections detected by blood banks, was made reportable in 2005. WNV positive donors detected by blood banks are reported directly to local health departments instead of to the California Health Department of Health Services (CDHS). The purpose of this document is to offer guidelines to local health departments on how to follow-up WNV positive blood donors and what to report to CDHS.

- A licensed blood collection agency that detects a WNV infection in a donor will report the infection within two weeks of donation directly to the local health department corresponding to the donor's residence. Blood collection agencies will report:
 - Confirmed WNV infections or
 - Presumptively positive donors (PVDs), who are donors that have two reactive nucleic acid-amplification tests (NAT) or an initial NAT that is reactive at a high signal/cut-off (S/CO).
- Local health departments should report blood donors who test positive for WNV to their local vector control district as soon as possible, so that enhanced mosquito surveillance and control can be conducted in the vicinity of the case's resident.
- Local health departments should report blood donors who test positive for WNV to the California Department of Health Services, Viral and Rickettsial Disease Laboratory (VRDL) since these infections are tracked as well (reporting form below).
- Donors who are confirmed viremic or NAT positive will not necessarily be ill, nor will they initially have positive IgM or IgG WNV tests.
- Local health departments should follow up with the donor after two weeks of the date of donation to assess if the patient subsequently became ill. The WNV case history form (below) may be used for this purpose.
 - If the donor did become ill as a result of WNV infection, the case history form should be sent to VRDL so that the case may be classified appropriately.
 - Additional serological testing is not required.
- In the event that a person is identified with WNV illness by the local health department, and the person donated blood in the two weeks prior to illness but was not previously identified by the blood bank as infected with WNV, the local health department needs to notify the appropriate blood collection facility so that the potentially infected blood products can be tracked.
- Questions about blood bank reporting issues should be directed to Jon Rosenberg, M.D., (510) 620-3427 or jrosenbe@dhs.ca.gov or Anne Kjemtrup, D.V.M., Ph.D. (916) 552-9746 or akjemtru@dhs.ca.gov.

Report of West Nile Virus-Positive Blood Donor to the California Department of Health Services

1. Blood Collection Facility:
 - a. Name: _____
 - b. Address: _____ Zip Code _____
 - c. Telephone number: (____) _____ - _____
 - d. Contact person: _____
2. Blood Unit Identification Number: _____
3. Date of Collection: ____/____/____
4. Donor's name: _____
5. Case identification number assigned by the blood center _____
(this tracking code should be different from the index blood unit identification number or other operational identification numbers. It is to be used to track the case investigation)
6. Donor's date of birth: __/__/____
7. Donor's gender: M/F
8. Donor's Address _____
ZIP code: _____ Tel: (____) _____
9. This test was confirmed: Y/N If Y, confirmatory test and result: _____
10. NAT #1 S/CO: _____
11. NAT #2 S/CO: _____ (if done)
12. Blood testing laboratory (optional): Name: _____
Address: _____
Phone: (____)____ - _____
13. Comments _____

West Nile Virus (WNV) Infection Case Report

Patient Information:

Last Name: _____ **First Name:** _____ **DOB:** ___/___/___ **Medical Rec #:** _____
Address: _____ **City:** _____ **Zip Code:** _____
Phone: Home (_____) _____ Work (_____) _____ **Occupation:** _____
Sex: Male Female Unknown **Ethnicity:** Hispanic Non-Hispanic Unknown
Race: White Black Unknown Asian/ Pacific Islander American Indian/Alaskan Native Other: _____

Physician Information (Mandatory):

Name: _____ **Facility:** _____
Pager/Phone: (_____) _____ **Fax:** (_____) _____ **Email:** _____

Date of first symptom(s): ___/___/___ Hospitalized or ER / Outpatient

If hospitalized, admit date: ___/___/___ **Discharge date:** ___/___/___ **If patient died, date of death:** ___/___/___

Clinical syndrome:

Encephalitis Yes No Unk
 Aseptic meningitis Yes No Unk
 Acute flaccid paralysis Yes No Unk
 Febrile illness Yes No Unk
 Asymptomatic Yes No Unk
 Other _____

Do the following apply anytime during current illness:

In ICU Yes No Unk
 Fever ≥38° Yes No Unk
 Headache Yes No Unk
 Rash Yes No Unk
 Stiff neck Yes No Unk
 Muscle pain/weakness Yes No Unk
 Altered consciousness Yes No Unk
 Seizures Yes No Unk

CSF Results	CBC Results
Date: ___/___/___	Date: ___/___/___
RBC: _____	WBC: _____
WBC: _____	%Diff: _____
%Diff: _____	HCT: _____
Protein: _____	Plt: _____
Glucose: _____	

Other lab results (MRI/CT, LFTs, etc.): _____

Past medical history:

Hypertension: Yes No Unk
 Diabetes Type _____ Yes No Unk
 Other: _____

Exposures/Travel within 4 wks of onset (specify details):

Mosquito bites/exposure: Yes No Unk
 Traveled outside of California: Yes No Unk
 Traveled outside the U.S.: Yes No Unk
 Ever traveled outside the U.S.: Yes No Unk

Other pertinent information (specify details):

Immunocompromised patient: Yes No Unk
 Yellow fever vaccination: Yes No Unk
 Date: ___/___/___
 Donated blood: Yes No Unk
 Date: ___/___/___
 Donated organ: Yes No Unk
 Date: ___/___/___
 Received blood: Yes No Unk
 Date: ___/___/___
 Received organ: Yes No Unk
 Date: ___/___/___
 Current pregnancy: Yes No Unk
 Week of gestation: _____
 If infant, breast fed? Yes No Unk

Knowledge of WNV prior to illness:

Did patient do anything to avoid mosquito bites? Yes No Unk
If yes,
 - used insect repellent? Yes No Unk
 - drained standing water near home? Yes No Unk

Other significant history (social, family, etc.):

For questions regarding testing or specimens, call Cynthia Jean (510) 307-8606
 Fax this form to (510) 307-8599 or mail to CDHS VRDL – West Nile Virus, 850 Marina Bay Parkway, Richmond CA 94804