* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)

Manitoba
Health, Seniors and Active Living

WEST NILE VIRUS INFECTION INVESTIGATION FORM — CASE FORM

*I. CASE IDENTIFICATION

subject > client details > personal information

1. *LAST NAME	2. *FIRST NAME	3. *DATE OF BIRTH (YYYY - MM - DD)
4. ALTERNATE LAST NAME	5. ALTERNATE FIRST NAME	

6. *SEX
○ FEMALE ○ MALE ○ INTERSEX ○ UNKNOWN

7. GENDER IDENTITY (VOLUNTARY, SELF-REPORTED)
○ CISGENDER (SAME AS SEX AT BIRTH) ○ TRANSGENDER MAN ○ DECLINED
○ TRANSGENDER WOMAN ○ TRANSGENDER PERSON ○ OTHER (SPECIFY IN BOX 8)

8. IF OTHER GENDER IDENTITY, SPECIFY

9. *REGISTRATION NUMBER (FORMER MHSC) (6 DIGITS)	10. *HEALTH NUMBER (PHIN) (9 DIGITS)	11. ALTERNATE ID (SPECIFY TYPE OF ID)
12. *ADDRESS AT TIME OF DIAGNOSIS ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY		13. *CITY/TOWN/VILLAGE
14. *PROVINCE/TERRITORY	15. *POSTAL CODE (A#A #A#)	16. *PHONE NUMBER (### - ### - ####)

17. RACIAL/ETHNIC IDENTITY (VOLUNTARY, SELF-REPORTED)
☐ AFRICAN ☐ BLACK ☐ CHINESE ☐ DECLINED
☐ FILIPINO ☐ LATIN AMERICAN ☐ NORTH AMERICAN INDIGENOUS ☐ OTHER (SPECIFY):
☐ SOUTH ASIAN ☐ SOUTHEAST ASIAN ☐ WHITE

18. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)
○ FIRST NATIONS ○ MÉTIS ○ INUIT
○ NOT ASKED ○ DECLINED

19. FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)
○ STATUS ○ NON-STATUS
○ NOT ASKED ○ DECLINED

MHSU USE ONLY

20. IMMIGRATION STATUS AT TIME OF ARRIVAL (VOLUNTARY - COMPLETE BOXES 25 AND 26 IF BORN OUTSIDE CANADA)
○ CANADIAN BORN CITIZEN ○ DECLINED
○ LANDED IMMIGRANT ○ NOT ASKED
○ REFUGEE ○ OTHER (SPECIFY BELOW)
○ STUDENT
○ VISITOR
○ WORK PERMIT

21. DATE ARRIVED IN CANADA (YYYY)

22. COUNTRY EMIGRATED FROM (SPECIFY)

23. ALTERNATE LOCATION INFORMATION (IF ANY)

II. INVESTIGATION INFORMATION

investigation > investigation details > investigation information
investigation > investigation details > resp. org/investigator

24. *INVESTIGATION DISPOSITION	○ FOLLOW-UP COMPLETE ○ UNABLE TO COMPLETE INTERVIEW ○ PENDING
25. *RESPONSIBLE ORGANIZATION (PRIMARY)	○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC
26. OTHER ORGANIZATIONS INVOLVED	☐ WRHA ☐ NRHA ☐ PMH ☐ SH-SS ☐ IERHA ☐ FNIHB ☐ CSC ☐ DND

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Health, Seniors and Active Living

III.*INFECTION INFORMATION (TO BE COMPLETED BY REGIONAL MOH)

Refer to disease protocol: https://www.gov.mb.ca/health/publichealth/cdc/protocol/wnvhumancaseprotocol2006.pdf

investigation > investigation details > disease summary

27. WNV SITE (PRESENTATION)	28. CASE CLASSIFICATION	29. LAB CRITERIA	30. CLINICAL CRITERIA
☐ ASYMPTOMATIC	☐ LAB CONFIRMED	CONFIRMED DIAGNOSTIC TEST	N/A
	☐ PROBABLE	PROBABLE DIAGNOSTIC TEST	N/A
☐ NEUROLOGICAL SYNDROME	☐ LAB CONFIRMED	CONFIRMED DIAGNOSTIC TEST	EXPOSURE AND RECENT ONSET OF NEUROLOGIC CONDITION
	☐ PROBABLE	PROBABLE DIAGNOSTIC TEST	EXPOSURE AND RECENT ONSET OF NEUROLOGIC CONDITION)
	☐ SUSPECT	ABSENCE OF OR PENDING	EXPOSURE AND RECENT ONSET OF NEUROLOGIC CONDITION AND NO OTHER CAUSE
☐ NON- NEUROLOGICAL SYNDROME	☐ LAB CONFIRMED	CONFIRMED DIAGNOSTIC TEST	EXPOSURE AND CLINICAL CRITERIA
	☐ PROBABLE	PROBABLE DIAGNOSTIC TEST	EXPOSURE AND CLINICAL CRITERIA
	☐ SUSPECT	ABSENCE OF OR PENDING	EXPOSURE AND CLINICAL CRITERIA AND NO OTHER CAUSE
☐ NOT A CASE			

IV. SIGNS AND SYMPTOMS

investigation > signs and symptoms

31. **SYMPTOMS**
◯ ASYMPTOMATIC ◯ SYMPTOMATIC

32. **EARLIEST SYMPTOM ONSET DATE**
YYYY-MM-DD

33. **CHECK ALL SIGNS AND SYMPTOMS THAT APPLY IF SYMPTOMATIC**

☐ ALTERED LEVEL OF CONSCIOUSNESS	☐ LACK OF VOUNTARY MUSCLE COORDINATION (ATAXIA)	☐ PHOTOPHOBIA
☐ CEREBROSPINAL FLUID (CSF) ABNORMALITIES	☐ LYMPH NODES ENLARGED – GENERALIZED	☐ RASH
☐ CONFUSION, ALTERED MENTAL STATE	☐ MENINGITIS	☐ SEIZURES
☐ DIFFICULTY BREATHING	☐ MUSCLE JERKS (MYOCLONUS)	☐ STIFF NECK (NUCHAL RIGIDITY)
☐ ENCEPHALITIS/ ENCEPHALOMYELITIS	☐ MUSCLE PAIN (MYALGIA)	☐ TREMOR
☐ FEVER	☐ NAUSEA	☐ VISION, BLURRED
☐ GUILLAIN-BARRE SYNDROME	☐ PARALYSIS, ACUTE FLACCID	☐ VOMITING
☐ HEADACHE	☐ PERIPHERAL NERVE PALSY/ NEUROPATHY	☐ WEAKNESS (ASTHENIA)
☐ JOINT PAIN (ARTHRALGIA)		

☐ OTHER

SPECIFY SIGNS AND SYMPTOMS

V. *OUTCOMES

investigation > outcomes

☐ ER VISIT	☐ HOSPITAL ADMISSION	☐ HOSPITAL DISCHARGE	☐ ICU ADMISSION	☐ ICU DISCHARGE
YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD

34. **OUTCOME OF ILLNESS**
☐ DECEASED ☐ PENDING ☐ RECOVERED ☐ UNKNOWN ☐ SEQUELAE (SPECIFY)
(SPECIFY DATE OF DEATH)
YYYY-MM-DD

35.
SPECIFY SEQUELAE

VI. *IMMUNIZATION HISTORY (ENSURE ALL DOSES DOCUMENTED IN PHIMS)

Investigation > view client imms profile
Immunization > record & update imms

36. **JAPANESE ENCEPHALITIS VACCINE** RECORD AGENT AND DATE IMMUNIZED	◯ NO PREVIOUS IMMUNIZATION	YYYY – MM – DD	YYYY – MM – DD	YYYY – MM – DD
37. **YELLOW FEVER VACCINE** RECORD AGENT AND DATE IMMUNIZED	◯ NO PREVIOUS IMMUNIZATION	YYYY – MM – DD	YYYY – MM – DD	YYYY – MM – DD

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VII. RISK FACTOR INFORMATION

subject > risk factors

COMPLETE THE FOLLOWING AS APPLICABLE AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
ANIMAL CONTACT (BIRDS) BEFORE ONSET SPECIFY DETAILS	○	○	○	○	○
BLOOD/TISSUE DONATION (E.G. BLOOD, PLASMA, ORGANS, BREAST MILK) IN 12 WEEKS PRIOR TO ONSET SPECIFY IF HISTORY OF FEVER AND/OR HEADACHE IN WEEK PRIOR TO DONATION SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	○	○	○	○	○
BLOOD/TISSUE RECIPIENT (E.G. BLOOD, PLASMA, TISSUE, ORGANS) IN 12 WEEKS PRIOR TO ONSET SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	○	○	○	○	○
BORN TO INFECTED MOTHER	○	○	○	○	○
BREASTFEEDING	○	○	○	○	○
EXPOSURE SETTING/LOCATION: OUTDOORS - SPECIFY RECREATIONAL ACTIVITIES (I.E. GARDENING, GOLFING, HIKING, HUNTING, MOUNTAIN BIKING, ETC.) SPECIFY	○	○	○	○	○
EXPOSURE SETTING/LOCATION: OTHER COMMUNITY IN MANITOBA WITHIN 15 DAYS PRIOR TO ONSET SPECIFY LOCATION AND DATES YYYY – MM – DD TO YYYY – MM – DD	○	○	○	○	○
EXPOSURE SETTING/LOCATION: OTHER PROVINCE IN CANADA WITHIN 15 DAYS PRIOR TO ONSET SPECIFY PROVINCE AND DATES YYYY – MM – DD TO YYYY – MM – DD	○	○	○	○	○
EXPOSURE SETTING/LOCATION: OUTSIDE CANADA IN PAST 12 MONTHS SPECIFY COUNTRY AND DATES YYYY – MM – DD TO YYYY – MM – DD	○	○	○	○	○
HISTORY OF INFECTION (WNV OR OTHER ARBOVIRUS INFECTIONS -E.G. DENGUE, YF, JE, CHIKUNGUNYA, POWASSEN, ZIKA, RIFT VALLEY FEVER) SPECIFY DIAGNOSIS AND DATE	○	○	○	○	○
INSECT REPELLANT USE ☐ ALL OF THE TIME ☐ NEVER ☐ SOME OF THE TIME SPECIFY TYPE	○	○	○	○	○
OCCUPATIONAL EXPOSURE (E.G. OUTDOOR, LABORATORY, ANIMAL HANDLER) SPECIFY TYPE AND DATE	○	○	○	○	○
PREGNANT AT TIME OF DIAGNOSIS SPECIFY EDC: YYYY-MM-DD	○	○	○	○	○
UNDERLYING ILLNESS SPECIFY	○	○	○	○	○
OTHER RISK FACTOR SPECIFY	○	○	○	○	○

VIII. INTERVENTIONS

investigation > treatment and interventions > intervention summary

☐ EDUCATION – TRANSMISSION AND PREVENTIVE MEASURES	☐ PUBLIC HEALTH ADVISORY (CLIENT ADVISED OF ANNOUNCEMENT)
☐ NOTIFICATION OF CANADIAN BLOOD SERVICES	☐ REFERRAL TO INFECTIOUS DISEASES
☐ OTHER (SPECIFY)	

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IX.*ACQUISITION EXPOSURE

(POTENTIAL EXPOSURE SETTINGS DURING INCUBATION PERIOD)

investigation > exposure summary > create acquisition event

SETTING TYPE	EXPOSURE SETTING		
1. AGRICULTURAL LOCATIONS	FARM	PETTING ZOO	OTHER
2. HOUSEHOLD EXPOSURE (RESIDENCE)			
3. LABORATORY			
4. RECREATIONAL FACILITIES	CAMPGROUND COMMUNITY CENTER/ARENA FORESTED AREA	PARK RIVER/LAKE/OCEAN	SPLASH PAD/WADING POOL SWIMMING POOL/WATER PARK OTHER
5. TRAVEL	TO OTHER COMMUNITIES IN MB	TO OTHER PROVINCE IN CANADA	OUTSIDE CANADA
6. OTHER SETTING			
7. UNKNOWN			

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE BEEN EXPOSED TO MOSQUITOS WITHIN 15 DAYS PRIOR TO ONSET OF SYMPTOMS, INCLUDING THEIR PLACE OF RESIDENCE. E.G. LOCATIONS WHERE TIME SPENT OUTDOORS, ESPECIALLY BETWEEN DUSK AND DAWN.

SET-TING #	38. SETTING TYPE (FROM ABOVE TABLE)	39. EXPOSURE SETTING (FROM ABOVE TABLE)	40. EXPOSURE SETTING DETAILS (NAME/LOCATION)	41. POTENTIAL MODE OF ACQUISITION	42. *EXPOSURE START DATE/TIME YYYY-MM-DD HH:MM	43. EXPOSURE END DATE/TIME YYYY-MM-DD HH:MM	44. MOST LIKELY SETTING
				☐ MOSQUITO ☐ OTHER (SPECIFY)			☐
				☐ MOSQUITO ☐ OTHER (SPECIFY)			☐
				☐ MOSQUITO ☐ OTHER (SPECIFY)			☐
				☐ MOSQUITO ☐ OTHER (SPECIFY)			☐
				☐ MOSQUITO ☐ OTHER (SPECIFY)			☐

X. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

(PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

45. FORM COMPLETED BY (PRINT NAME)	46. SIGNATURE	47. FORM COMPLETION DATE YYYY-MM-DD
48. FORM REVIEWED BY (PRINT NAME)	49. FORM REVIEWED DATE YYYY-MM-DD	REPORTER USE ONLY
50. INVESTIGATION STATUS ◯ ONGOING ◯ CLOSED TO THE REGION	51. ORGANIZATION ◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC	STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH
AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT
http://www.gov.mb.ca/health/publichealth/surveillance/forms.html

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT
http://www.gov.mb.ca/health/publichealth/surveillance/forms.html

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