

Appendix II (a): WNV Human Case Notification Fax to MOHLTC

WEST NILE VIRUS HUMAN CASE NOTIFICATION FAX (to Ministry of Health and Long-Term Care – Version May 6, 2005)

Prior to sending the fax, telephone the Call Centre anytime (24/7) to notify them that a fax will be sent. Fax this page to fax number below. Upon receiving the fax, the Call Centre will fax you a confirmation that your fax was received.

To: MOHLTC Call Centre **Date:** _____

Phone: 416-212-6361 **Fax:** 416-326-0694

From: _____

Phone: _____ **After-Hours:** _____

Fax: _____ **Health Unit:** _____

1. CASE INFORMATION:

First Initial: _____ **Last Initial:** _____ **Sex:** Male Female

Date of Birth ____/____/____ (yy/mm/dd) **Age** _____ years/ months/ weeks

Date of First Symptoms ____/____/____ (yy/mm/dd)

iPHIS Case ID _____

Traveled outside of Ontario in last 3 weeks? Yes No Unknown

Is it likely that the IgM titre is from an exposure in 2003/4? Yes No Unknown

2. CASE CLASSIFICATION:

(Please consult the most recent version of the Case Definition for explanation of these categories)

(Classification)	Probable Case	Confirmed Case
West Nile virus Neurological Syndrome (WNNS)	<input type="checkbox"/>	<input type="checkbox"/>
West Nile virus Non-Neurological Syndrome (WN Non-NS)	<input type="checkbox"/>	<input type="checkbox"/>
West Nile virus Asymptomatic Infection (WNAI)	<input type="checkbox"/>	<input type="checkbox"/>

Case pregnant

3. Has the patient donated/received blood, plasma, and/or tissue/organs within the last 8 weeks?
 Yes No Don't know/Unsure

Has the Health Unit contacted Canadian Blood Services?
 Yes No Don't know/Unsure