

West Nile Virus

Problem Report of suspect case of West Nile Virus (WNV) in patient with fever, rash, meningitis or encephalitis.

Action

1. Obtain name, DOB, address of the patient
2. Obtain name, telephone number of reporting party.
3. WNV testing is recommended on individuals with the following:
 - A. Encephalitis
 - B. Aseptic meningitis (individuals ≥ 18 years of age)
 - C. Acute Flaccid Paralysis/Atypical Guillain-Barre Syndrome/Transverse Myelitis
 - D. Febrile illness: Compatible with West Nile fever and lasting ≥ 7 days, must be seen by health care provider
1. Symptoms include headache, fever ($T \geq 38C$), rash swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.
2. Specimens required: Acute serum ≥ 2 cc serum collected ≤ 7 days after onset, cerebral spinal fluid (1-2 cc) *if lumbar puncture is performed.*
3. A WNV Case History Form must accompany any specimens.

Form: [West Nile Case History Form](#)