



2014 Arbovirus Management Protocol

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As during previous years, we will continue to confirm all presumptive positive laboratory results reported by physicians and private laboratories at the Wisconsin State Laboratory of Hygiene (WSLH). Case-patients testing positive at the WSLH will be reported to CDC as confirmed. Case-patients for whom specimens are unavailable for confirmatory testing at the WSLH will be reported to CDC as probable. Prompt notification of all IgM antibody test results to the DPH is essential in order for us to obtain specimens at commercial laboratories for confirmation.

The Dead Bird Reporting Hotline (1-800-433-1610) and dead bird testing for WNV will again be available for callers starting May 1, 2014 through October 31, 2014. The DPH will update its website with a listing of the number of cases and update the Wisconsin map for all WNV activities by county as new information are being received.

Important information for 2014:

- 1) The hotline staff at the USDA, Wildlife Services office, **Anita Nelson** will answer all questions regarding dead birds. Local health departments can call the Dead Bird Reporting Hotline at 1-800-433-1610. As soon as a county has **one** positive dead bird result, WNV testing of dead birds in that particular county will be discontinued for the remainder of the season.
***Please see the 2014 Bird surveillance instructions below for current procedure. Note that the shipping has been changed from FedEx to UPS shipping (refer to attachment C) since 2011; do not use old labels because the shipping company and the account number may change from year to year and the old account may no longer be active. UPS shipping labels can be mail or email to local health departments (LHDs) upon request as needed; the UPS account number is for internal use only and should not be given to the public.**
- 2) Avian data will continue to be entered into WEDSS, Animal Module.
- 3) Powassan virus (POWV), an uncommon tickborne arbovirus seen in Wisconsin, is reportable under the Wisconsin statutory mandates as part of the arbovirus group and is a nationally notifiable disease reportable to CDC. Currently, there are no commercial tests available for POWV, but testing is available at CDC. POWV test requests should be sent to the WSLH to be forwarded to CDC for testing. Wisconsin continues to perform enhanced surveillance for Powassan virus by requesting samples from patients that have compatible clinical signs and symptoms with a positive IgG or IgM result for an arbovirus agent for further testing at CDC.

Arbovirus Surveillance in Wisconsin

Arboviral infections may be asymptomatic or result in a febrile illness of variable severity, sometimes associated with neurologic symptoms ranging from headache to aseptic meningitis and encephalitis. Arboviral encephalitis cannot be distinguished clinically from infection with other neurotropic viruses. Symptoms include fever, headache, confusion or other alterations in sensory, nausea, or vomiting. Signs of severe illness may include evidence of elevated intracranial pressure, meningeal irritation, cranial nerve palsies, paresis or paralysis, altered reflexes or convulsions. Less common neurological syndromes can include cranial and peripheral neuritis/neuropathies, including Guillain-Barré syndrome.

Arboviruses may also cause non-neuroinvasive syndromes, most commonly manifesting as febrile illnesses. These are non-localized, self-limited illnesses with headache, myalgias, and arthralgias and sometimes accompanied by a skin rash or lymphadenopathy. Although rare, non-neuroinvasive syndromes caused by these viruses may also include myocarditis, pancreatitis or hepatitis. Laboratory confirmation of arboviral illnesses lacking a documented fever does occur, and overlap of the various clinical syndromes is common.

Arboviruses causing illnesses among Wisconsin residents include the following:

Mosquito-borne viruses occurring in the United States:

- West Nile virus (WNV)
- St. Louis encephalitis (SLEV)
- California serogroup viruses [serogroup includes La Crosse (LACV), Jamestown Canyon (JCV), Snowshoe Hare (SSHV), and California encephalitis (CEV)]
- Eastern equine encephalitis (EEEV)
- Western equine encephalitis (WEEV)

Tickborne virus occurring in United States:

- Powassan encephalitis virus (POWV)

Mosquito-borne viruses associated with traveling to an endemic country:

- Dengue virus (DENV)
- Japanese encephalitis virus (JEV)
- Chikungunya virus (CHIKV)

WISCONSIN CASE DEFINITION: An illness is classified as a case if it meets one or more of the following clinical criteria, **AND** one or more of the following laboratory criteria, **AND** occurred when and where there is a high likelihood of vector activity.

- A. **REPORTING CRITERIA:** Laboratory evidence with a compatible clinical illness.
 - Laboratories should report all positive test results.
 - Providers should report patient's demographic and clinical information, and onset date.
- B. **CLINICAL CRITERIA FOR DIAGNOSIS:** Clinical cases of arboviral diseases are classified according to the following criteria:

Neuroinvasive disease requires the presence of fever ($\geq 100.4^{\circ}\text{F}$ or 38°C) and at least one of the following signs and symptoms, as documented by a physician and in the absence of a more likely clinical explanation:

- Acutely altered mental status (e.g., disorientation, confusion, memory deficit, stupor, coma), OR
- Aseptic meningitis, encephalitis, OR
- Acute flaccid paralysis (AFP); AFP may result from anterior “polio” myelitis, peripheral neuritis, or post-infection peripheral demyelinating neuropathy (i.e., Guillain-Barre syndrome), OR
- Stiff neck, seizures, limb weakness, sensory deficits, abnormal reflexes, abnormal movements, cranial nerve palsies, OR
- Pleocytosis (increased white blood cell count) in cerebrospinal fluid (CSF) or abnormal neuroimaging.

Non-neuroinvasive disease requires the presence of documented fever ($\geq 100.4^{\circ}\text{F}$ or 38°C), as measured by the patient or clinician, the absence of neuroinvasive disease (above), and the absence of a more likely clinical explanation for the illness. Signs and symptoms may include, fever, headache, stiff neck, myalgias, arthralgias, rash, lymphadenopathy, nausea or vomiting.

C. **LABORATORY CRITERIA FOR CONFIRMATION:** Cases of arboviral disease are classified according to the following laboratory criteria:

Confirmed result:

- Isolation of virus from or demonstration of specific viral antigen or nucleic acid in tissue, blood, CSF, or other body fluid, OR
- Fourfold or greater change in virus-specific quantitative antibody titers between acute (within 2 weeks after onset date) and convalescent sample (2-4 weeks after onset date), OR
- Virus-specific immunoglobulin M (IgM) antibodies in serum by antibody-capture enzyme immunoassay (MAC-ELISA) or microsphere immunoassay (MIA) AND confirmed by demonstration of virus specific neutralizing antibodies (PRNT) in the same or later specimen by PRNT, OR
- Virus-specific IgM antibodies in CSF and a negative result for other arbovirus IgM antibodies in CSF endemic to the region where exposure occurred.

Probable result:

- Virus-specific IgM antibodies in CSF or serum, but with no other testing in the same or later specimen.

Arboviral transmission varies according to local climatic conditions and West Nile virus-specific IgM antibody can be detectable for more than a year following infection. Therefore, the importance of a recent travel history and thorough serologic testing cannot be overemphasized. IgG antibody can be detected throughout a person’s lifetime after an infection. Thus, a positive IgG and a negative IgM may indicate previous infection at some point in time or cross-reactive result.

2014 Laboratory Testing to Detect Human Infections

Positive results from a single serologic test can be misleading because serologic cross-reactivity often occurs between closely related arboviruses. It is therefore recommended that an arbovirus panel which includes testing for arboviruses occurring in Wisconsin (WN, SLE, LAC/CA, EEE, JC, and POW viruses) be requested when there is clinical suspicion of arboviral disease, rather than requesting individual tests.

Available diagnostic tests at the Wisconsin State Laboratory of Hygiene (WSLH) include IgM capture enzyme immunoassays (IgM CEIA) that will identify IgM antibodies in serum and cerebrospinal fluid (CSF) specific to LACV and EEEV. A microsphere immunoassay (MIA) is used to test serum and CSF for IgM specific to WNV and SLEV. Clinicians should also consider enterovirus PCR (WSLH test code VR01703) testing of the CSF for patients with apparent aseptic meningitis. Requests for testing for other arboviruses will be forwarded to CDC.

Confirmatory testing: Confirmatory testing for arboviruses using plaque reduction neutralization test (PRNT) will continue to be performed by the CDC. The decision to perform confirmatory testing will require approval of the Division of Public Health (DPH) or the WSLH.

Fee-exempt testing: Fee-exempt testing for arbovirus infection will be offered to clinicians whose patients meet one of the following criteria:

- Confirmatory testing of positive test results performed at laboratories other than the WSLH;
- The patient is over 65 years of age with signs and symptoms of meningitis (fever, headache and stiff neck) or encephalitis (fever, headache, and altered mental status ranging from confusion to coma) with no other laboratory diagnosis;
- The patient has a diagnosis of Guillain-Barré syndrome and no other laboratory diagnosis.
- The local health department or DPH request for fee-exempt testing during an investigation.

Fee-for-service: The WSLH will again provide fee-for-service testing for arbovirus infections. Meeting clinical criteria is **not** required to submit serum or CSF specimens to the WSLH for fee-for-service arboviral screening.

Collection and shipping of clinical specimens to the WSLH

- Specimens submitted to the WSLH for fee-exempt testing must include the WSLH **Attachment A- Enhanced Wisconsin Arbovirus Surveillance Form**.
- Specimens submitted for fee-for-service testing must use the **WSLH CDD Requisition Form B**.
- At least 3-7 mls of serum (SST tube) and/or ≥ 1 ml of CSF in sterile screw-capped vials should be submitted on cold packs. Please contact the WSLH-Clinical Stock Orders at 1-800-862-1088 or 608-265-2966 to order kits and to obtain WSLH CDD Requisition Form B.
- To facilitate testing, it is **essential** that the lab requisition forms be completed to include **the patient's name, address, date of birth, specimen type, submitting agency, collection date clinical signs and symptoms, and travel**.

2014 Positive Human Arbovirus Reporting and Follow-Up

- The WSLH reports positive human arboviral test results by electronic reporting (ELR) to DPH and reports all test results to the agency submitting the sample.
- The DPH will promptly report by phone all positive human arboviral test results to the LHD where the patient resides. Vice versa, the LHD should report any presumptive positive by phone to DPH or enter information into the Wisconsin Electronic Disease Surveillance System (WEDSS) within 24 hours so that we can quickly obtain specimens from the commercial labs for confirmation. Most commercial labs will throw out their samples after one week.
- If it is determined that the patient does not reside within the jurisdiction of the LHD, that health department is expected to forward the case to the appropriate LHD for follow up.
- The LHD should contact the physician and the submitting laboratory or hospital infection preventionists (IP) regarding these test results.
- The LHD should ensure the test results have been relayed to the healthcare provider, patient, or hospital IPs before any patient follow-up investigation.
- Once the follow-up has been completed and the paperwork returned to DPH, if the case definition is met then the case will be counted in the state total, the DHS WNV website will be updated to reflect the case, and the case will be reported to CDC.
- With the exception of the first human **confirmed case** of West Nile virus infection identified in the state for the season, an unusual outbreak of cases, or introduction of a new arbovirus into the state, any of which may prompt a statewide press release, the decision about releasing information on subsequent positive cases will be up to the LHD. The DPH can provide the LHD with a press release template if needed.
- The only information DPH will release regarding positive human cases includes acknowledgement of the positive case, the onset date of the illness, and county of residence of the positive individual. No patient demographic information (address, phone, physician, where patient is hospitalized, or illness status) will be released. Protection of an individual's privacy is of paramount concern when releasing information on human infections. The same criteria will apply should any individuals succumb to the disease.

2014 Bird Surveillance (WNV)

Corvid Surveillance (crows, blue jays, and ravens):

The DPH is requesting the report of **all** sick and dead corvids from May 1 to October 31, 2014 for WNV testing. Reporting of other dead/sick species is also encouraged.

- The USDA, Wildlife Services office will continue to manage the Wisconsin Dead Bird Reporting Hotline 1-800-433-1610. Please contact the USDA office, Anita Nelson at the dead bird reporting hotline at 1-800-433-1610 to report all sick and dead corvids, request shipping kits prior to shipment, notify them when you are ready to ship a dead bird for testing, and request new UPS shipping labels.
- *Bird data entry.* The Public Health Information Network (PHIN) is no longer available for bird reporting. We are relying on assistance from LHDs as well as other local entities including animal control staff to enter dead birds (collected for testing) information on the Wisconsin Electronic Disease Surveillance System (WEDSS), animal module. The USDA office will also be entering into WEDSS any dead or sick bird reported, but with no sample collected for testing. This will provide data entry and tracking capabilities for reporting sick and dead birds, printing reports, and accessing summaries of dead bird reporting and testing. LHDs should not send bird reporting forms to DPH, WVDL, or USDA for WEDSS data entry.
- *WEDSS access, Animal Module.* Please have your Local Health Officer or Local WEDSS Administrator send an email to DHSWEDSS@wi.gov with a complete list of individuals at that health department needing access to the Animal Module. Please make sure to indicate which individuals already have WEDSS access, and which do not. Users that do not currently have WEDSS access will need to fill out a user security agreement to be kept on file at the Local Public Health agency (LPHA) and will be provided some additional instructions from the WEDSS program. Once you have access, you can log into WEDSS Reporter to look up or enter data at <https://wedss.wisconsin.gov/webvcmr/pages/login/login.aspx>.
- *LHD procedure for collecting birds for testing.* When a citizen calls the WI Dead Bird Reporting Hotline to request testing on a collected dead bird, the USDA office will instruct the person to call the local health department (LHD) where he/she resides to report. The LHD should collect bird information and enter into WEDSS. Since the **Attachment D- Sick/Dead Bird reporting form** required fields have been programmed into WEDSS, you can print the completed form and include it with the bird sample for shipping to the WVDL instead of filling out the hard copy of the form. When one WNV positive bird is detected within a county, corvid specimens from that county will no longer be accepted for testing.
- *New 2014 UPS shipping labels.* Before shipping the bird sample and form, please call the Dead Bird Reporting Hotline (1-800-433-1610) to let them know that you are sending out the shipment and the WEDSS number for the sample. If you have multiple birds collected at the same time and are using the same box for shipping, each bird and form should be given their own WEDSS number and should be packaged in a separate zip-lock bag. **The USDA office will give you a new 2014 UPS shipping** for transporting dead birds to WVDL for testing

(see attachment C for complete collection and shipping information). **Old UPS labels should be discarded.** USDA will send you a UPS shipping label by mail or email with the UPS account number to be used internally and not to be shared with the public. **All bird samples sent without a copy of the Attachment D – Sick/Dead Bird reporting form may be discarded.** The required reporting form can be filled out manually and information can be entered into WEDSS or enter information directly into WEDSS and then print out the form from WEDSS (see attachment below).

- *Bird shipping location.* Birds that are suitable for testing outlined in **Attachment C- 2014 West Nile Virus Corvid Collection/Shipment Instructions** should be shipped to the Wisconsin Veterinary Diagnostic Laboratory (WVDL), Attention: Dr. Kathy Kurth, WNV, 445 Easterday Lane, Madison, Wisconsin 53706. WVDL will test dead birds for WNV using PCR performed on a skin biopsy.
- All WNV test results from corvid bird surveillance will be posted to WEDSS, animal module, by the WVDL and will be available to LHDs as the tests are completed.
- DPH will promptly report only WNV positive bird(s) and WEDSS number by phone or email to the respective LHD. For other birds' information, LHDs may access WEDSS for all reported birds.
- We request that the LHD contact the bird submitter (i.e., resident, DNR, animal control officer or veterinarian) to inform them of positive test results.
- With the exception of the first WNV birds identified in the state, which may be a statewide news event, the LHD will decide whether to release information to the public on subsequent positive cases. A press release template is available from the DPH.
- Once the LHD is informed of positive test results, WNV positive birds will be posted to the WNV surveillance activity map on the DPH website at <http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm>.

**Non-Corvids, Significant Mortality in Birds, and Mammals Surveillance.
Wisconsin Department of Natural Resources (WDNR) West Nile Virus Non-Corvid
Surveillance Plan for 2014:**

Reports of sick/dead non-corvid birds should be referred to the local DNR office/Wildlife Biologist or the WI Dead Bird Reporting Hotline (1-800-433-1610). As part of the ongoing collaboration in avian surveillance, the WI Dead Bird Reporting Hotline will relay any die-off (5 or more sick/dead wildlife) reports to the WDNR. Reports of sick/dead mammals should be referred to the local DNR office/Wildlife Biologist.

Equine Surveillance (WNV)

- The Wisconsin Veterinary Diagnostic Laboratory (WVDL) and the Department of Agriculture Trade Consumer and Protection (DACPT) will continue to notify DPH of positive results.
- The DPH will forward, either by phone or by FAX, basic information on the animal and the test results to the LHD where the animal or animal owner resides. Specific information on individual cases can be requested from the DPH. Please be aware that equine information related to arboviral surveillance held by LHD staff **is not** protected by medical confidentiality. Past requests to LHDs for equine information resulted in health departments being legally obligated to provide the information requested.
- Once the LHD, veterinarian, and horse owner are informed of the test results, information on WNV positive horse cases will be posted to the DPH WNV website and reported to the CDC. Information posted will only identify a positive horse and the county where it resides.

Attachments:

1. **Attachment A:** WSLH Enhanced Wisconsin Arbovirus Surveillance Form (rev04/14). This form should be used to order human arbovirus testing, enclosed with the samples, and sent to the WSLH.
2. **Attachment B:** Arbovirus Infection Follow-up Form, CDES 103 (rev7/10).
3. **Attachment C:** West Nile Virus Corvid Collection/Shipment Instructions (rev04/14).
4. **Attachment D:** Wisconsin West Nile Virus Surveillance- Sick/Dead Bird Reporting Form (rev04/14).

Attachment A: Enhanced Wisconsin Arbovirus Surveillance (rev04/14)
WISCONSIN STATE LABORATORY OF HYGIENE

Patient Name (Last, First) _____ Patient Address _____ Patient City _____ Patient Phone _____ Patient State if not Wisconsin _____ Age or Date of Birth: _____ Patient Sex: M / F	SUBMITTING AGENCY: (Name & Address) _____ _____ Physician's Name _____ Agency Telephone #: _____ SLH Agency#: _____ Bill to: 609 Study: Arbo Surv
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Specimen Type: ___ CSF ___ Acute Serum ___ Convalescent Serum
(Note: Both CSF and serum are recommended in acute cases Transport with cold packs.)

Collection Date: _____ **Illness Onset Date/symptoms:** _____

Hospitalized? Yes No **Traveled destination/dates:** _____

Reason for Testing:

(Note: The request must meet one of the following criteria to qualify for fee-exempt testing)

- Confirmatory testing of positive test results performed at laboratories other than the WSLH
- The patient is over 65 years old with signs and symptoms of meningitis (fever, headache and stiff neck) or encephalitis (fever, headache, and altered mental status ranging from confusion to coma) with no other laboratory diagnosis
- The patient is diagnosed with Guillain-Barre' syndrome with no other laboratory diagnosis
- Approved by local health department/DPH

WSLH Test Names & Codes

Commercial lab arboviral positive test results:

- | | |
|--|---------------------|
| <input type="checkbox"/> Eastern Equine encephalitis IgM CEIA Ab (SS02211) | CDC request: |
| <input type="checkbox"/> La Crosse encephalitis IgM CEIA Ab (SS02231) | |
| <input type="checkbox"/> West Nile Virus/ St. Louis encephalitis IgM (SS02241) | |
| <input type="checkbox"/> Arbovirus IgM Panel (SS02201) | |

Specimen Shipping Instructions: CSF and serum must be shipped with cool-pack; SLH kit #22 or equivalent may be used.

Specimens should be shipped to: Wisconsin State Laboratory of Hygiene, 465 Henry Mall, Madison, WI 53706
 (Note: Separate specimens and forms should be submitted if other testing is desired.)

Attachment B: Wisconsin Arbovirus Infection Follow-up Form

Department of Health Services
Division of Public Health

CDES # 103 (07/10)

Wisconsin Arbovirus Infection Follow-up Form

Patient / Physician Information				
Patient's Name: _____		Patient Phone: _____		
Street Address: _____		County of Residence: _____		
City: _____		State: _____		Zip Code: _____
Agency Reporting (name and address): _____				
Physician (name and address): _____			Physician Phone: _____	
LHD Reporting: _____		Date reported to HD: ___/___/___		Date Rec'd at LHD: ___/___/___
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of birth: ___/___/___	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown
Was the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Admission date: ___/___/___	Patient died from this illness? <input type="checkbox"/> Yes ___/___/___ <input type="checkbox"/> No <input type="checkbox"/> Unk	
Arbovirus Infection				
<input type="checkbox"/> West Nile virus		<input type="checkbox"/> La Crosse		<input type="checkbox"/> Dengue
<input type="checkbox"/> Eastern Equine Encephalitis (EEE)		<input type="checkbox"/> Western Equine Encephalitis		<input type="checkbox"/> St. Louis Encephalitis
<input type="checkbox"/> Chikungunya		<input type="checkbox"/> Powassan		<input type="checkbox"/> Other: _____
Laboratory Testing				
	Collection Date	Specimen Source (e.g. serum, CSF)	Test Method (e.g. PCR, EIA)	Arbovirus test (agent/antibody)
				Results (positive, negative, or equivocal and index/titer)
1				
2				
3				
4				
Laboratory performing test: <input type="checkbox"/> WSLH <input type="checkbox"/> CDC <input type="checkbox"/> Commercial Laboratory (please specify) _____				
(Note: IgM+ results from commercial labs must be verified at the WSLH or CDC. A positive IgG and negative IgM usually indicates past infection.)				
Clinical Information				
Signs and Symptoms: Date of Onset: ___/___/___ <input type="checkbox"/> Asymptomatic				
<input type="checkbox"/> Fever	<input type="checkbox"/> Chills	<input type="checkbox"/> Rash	<input type="checkbox"/> Headache	<input type="checkbox"/> Photophobia
<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Stiff Neck	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Confusion	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Coma	<input type="checkbox"/> Tremors	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Fatigue/Weakness <input type="checkbox"/> Muscle Aches				
<input type="checkbox"/> Disorientation <input type="checkbox"/> Memory deficit				
<input type="checkbox"/> Seizures <input type="checkbox"/> Gait/balance difficulty				
<input type="checkbox"/> Other (please specify): _____				
Was meningitis, encephalitis, or acute flaccid paralysis (AFP) documented? <input type="checkbox"/> Meningitis <input type="checkbox"/> Encephalitis <input type="checkbox"/> AFP				
If DENGUE , did the patient have any of the following during their illness? Previous history of dengue: year _____				
<input type="checkbox"/> Petechiae	<input type="checkbox"/> Purpura/Ecchymosis	<input type="checkbox"/> Vomit with blood	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> Bleeding in gums	<input type="checkbox"/> Blood in urine	<input type="checkbox"/> Vaginal bleeding	<input type="checkbox"/> Pleural or abdominal effusion	
<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Body pain	<input type="checkbox"/> Pallor or cool skin	<input type="checkbox"/> Jaundice	
<input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> Rapid, weak pulse	<input type="checkbox"/> Narrow pulse pressure	<input type="checkbox"/> Eye pain	
<input type="checkbox"/> Plasma leakage				
<input type="checkbox"/> Other (please specify): _____				
Risk of Exposure				
1. During the 30 days prior to the onset of illness, did the patient do any of the following:				
<input type="checkbox"/> Receive blood or blood products (transfusion) Date of transfusion ___/___/___				
<input type="checkbox"/> Receive organ transplant Date of transplant ___/___/___				
2. During the 14 days prior to the onset of illness did the patient travel (excluding normal travel)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes: Start date: ___/___/___ End date ___/___/___ Location: _____				
3. Did the patient have a known history of mosquito exposure and/or bites within the 14 days prior to the onset of illness?				
<input type="checkbox"/> Yes, bites <input type="checkbox"/> Yes, exposure only <input type="checkbox"/> No exposure <input type="checkbox"/> Unknown				
4. Did the patient have a known history of tick exposure and/or bites within the 14 days prior to the onset of illness?				
<input type="checkbox"/> Yes, bites <input type="checkbox"/> Yes, exposure only <input type="checkbox"/> No exposure <input type="checkbox"/> Unknown				
5. Does the patient use mosquito/tick repellent that contains DEET when outdoors for <u>more than 30 minutes</u> :				
<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never				
6. During the 30 days prior to the onset of illness, did the patient do any of the following:				
<input type="checkbox"/> Donate blood or blood products Date ___/___/___ Identified by donor screening: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<input type="checkbox"/> Donate organs Date ___/___/___				
Agency and contact information: _____				
If WEST NILE VIRUS				
7. Was the patient infected in utero? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
8. Was the patient breastfeeding at the time of symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

**Attachment C: WEST NILE VIRUS
CORVID COLLECTION/SHIPMENT INSTRUCTIONS (rev04/14)**

1. Collect freshly dead, non-scavenged crows, blue jays, and ravens. The corvid carcass should be intact and skin must be present. ***
2. Live sick birds should be humanely euthanized by injection of barbiturate euthanasia solution or by cervical dislocation.
3. Wear rubber gloves when handling sick or dead birds. If you have no gloves, insert your hand into a clean plastic bag, pick up the bird with the bagged hand, invert the bag over the bird and seal the bag.
4. Freeze birds as soon as possible after collection.
5. Place each bird in an individual plastic bag and seal. If more than one bird is shipped, each bag must be identified. Double bag the individual carcasses as a group.
6. For each bird or group of birds submitted from one location, complete an “Attachment D- Wisconsin West Nile Virus Surveillance: Sick/Dead Bird Reporting Form”. Include a copy of this form with each submitted bird. Information needed for each bird must include:
 - a. species
 - b. date collected
 - c. location (e.g. street address/city/zip code, or township/section/range)
 - d. found dead or euthanized
 - e. additional history as requested on the Sick/Dead Bird Reporting Form*Cooperators (who have access) may enter the information on the WEDSS and then include the printout of the reporting form.
7. Birds can be shipped in Styrofoam or plastic coolers placed inside a cardboard box as the final shipping container. Insert newspaper or other fill into the space between the sides of the box and the cooler to prevent breakage or leakage. Line the cooler with a large plastic bag and pack the carcasses in the cooler with ice packs. Place crumpled newspaper or similar absorbent material into the cooler with the bagged carcasses to fill unused space, keep the ice packs in contact with the carcasses, and provide insulation. Tape the cooler or box shut with strapping tape.
8. Place the “Sick/Dead Bird Reporting Form” in a Ziploc bag and place the Ziploc bag in the shipping container with specimen.

9. Notify the Dead Bird Reporting Hotline at the USDA office 1-800-433-1610 that you have a shipment and the WEDSS number. They will give you a new UPS label, **do not use old labels**. Arrange shipment via UPS for delivery to WVDL. **DO NOT SHIP PACKAGES ON FRIDAYS!**
 - a. Fill out the date, your name, company/agency, address, and telephone number.
 - b. Check to make sure the recipient's information on the label is correct with the following information:

**WI Veterinary Diagnostic Laboratory
Attention: Dr. Kathy Kurth, WNV
445 Easterday Lane
Madison, WI 53706**

10. Styrofoam boxes, coldpaks, and shipping labels for shipping birds can be sent to you upon request. Please contact the Dead Bird Hotline staff at 1-800-433-1610 to request containers for corvid shipments.

***** For other bird species, contact the Dead Bird hotline or local DNR office to find out whether it can be tested for WNV or other diseases by the DNR.**

Attachment D: Wisconsin West Nile Virus Surveillance- Sick/Dead Bird Reporting Form

Wisconsin Veterinary Diagnostic Laboratory

For Office use only:

WEDSS # : _____

Rev04/2014

Wisconsin West Nile Virus Surveillance:
Sick/Dead Bird Reporting Form

Person Completing Form:

Name: _____ Reported date: ____/____/____

Agency: _____ Phone: _____

Dead Corvid (crow, blue jay, raven) Information:

Species: _____ Date Bird found: ____/____/____

Bird mortality (check one): found dead _____ euthanized _____

Location where dead bird was found:

Address/Location: _____ City: _____

County: _____ State: _____ Zip Code: _____

- 1) Were other sick/dead birds found near this bird? Yes____ No____
- 2) Describe sick bird behavior _____
- 3) Other information _____

Is this bird being submitted for WNV testing? Yes _____ No _____

Date collected: ____/____/____ Date shipped: ____/____/____

Lab Information (to be completed by lab staff only - please check all samples collected)

Sample collected: Skin
 Brain

Bird Age (indicate fledging or adult): _____

TO SHIP A DEAD CORVID: When shipping a bird for WNV testing, include a copy of this form with the carcass.

TO ONLY REPORT A DEAD CORVID: With prior approved access, enter this information into the WEDSS, animal module, FAX, or phone this information to Dead Bird Hotline staff. FAX: 608-837-6754 or PHONE: 1-800-433-1610.