

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 Department of Public Health (CDPH). 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 CDPH.

- 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 signal/cut-off (S/CO) ratio ≥ 17 .
- 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 Public Health (CDPH) 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.
 - If the donor did become ill as a result of WNV infection, the case history form should be sent to CDPH 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 Cynthia Jean Yen (510) 620-3987 Cynthia.Yen@cdph.ca.gov or Anne Kjemtrup, DVM, MPVM, PhD (916) 552-9746 Anne.Kjemtrup@cdph.ca.gov



RON CHAPMAN, MD, MPH
Director

EDMUND G. BROWN JR.
Governor

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

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 _____

