

## Reporting and Follow-Up of West Nile Virus-Infected Blood Donors

West Nile virus (WNV) infection, including neuroinvasive disease, fever, and asymptomatic infections detected by blood banks, was made reportable in 2005 per Title 17 of the California Code of Regulations, Section 2505. 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 a presumptively viremic donor (PVD) that meets at least one of the following criteria:
  - One reactive NAT with a signal-to-cutoff (S/CO) ratio  $\geq 17$ , or
  - Two reactive NATs
- Donors who are confirmed viremic or NAT positive will not necessarily be ill, nor will they initially have positive IgM or IgG WNV tests.
- Additional serological testing is not required.
- 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.
- WNV infections should be reported via CalREDIE or by FAX (510) 307-8599. Case report forms (below) may also be faxed to (510) 307-8599 for jurisdictions not participating in CalREDIE.
- Asymptomatic WNV PVDs that are reported through CalREDIE and meet the following criteria will be included in CDPH case counts and reports, as well as reported to the CDC via the ArboNET reporting system:
  - Process Status: Closed by LHD
  - Disease: West Nile virus – Asymptomatic
  - Resolution Status: Confirmed
  - WNV laboratory results must be included in the case report.
- 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.
- 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 Maria Salas, MPH (510) 307-8606 [Maria.Salas@cdph.ca.gov](mailto:Maria.Salas@cdph.ca.gov) or Diana Singh (510) 307-8608 [Diana.Singh@cdph.ca.gov](mailto:Diana.Singh@cdph.ca.gov).



KAREN L. SMITH, MD, MPH  
Director and State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



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/E
  
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 \_\_\_\_\_  
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