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**Reporting West Nile Virus-Positive Blood Donors
to Local Health Departments, 2005**

West Nile Virus (WNV) became established in California during the summer of 2004, as expected. 830 West Nile virus infections were reported from 23 counties in California in 2004, of those 28 were fatalities. Sixty-six of the WNV infections were initially detected in asymptomatic individuals through screening done at blood banks- 15 of these individuals later became symptomatic. In 2 counties blood donors were the first detected human infections.

As in 2004, The California Department of Health Services (CDHS) is requesting that each licensed blood collection agency that receives results from their testing laboratory report donors residing in California who test positive after confirmatory testing has been completed or within two weeks of the donation, whichever comes first. When reporting prior to confirmatory testing, only presumptive viremic donors (PVDs) should be reported, based on either a second reactive nucleic acid-amplification test (NAT) or an initial NAT that is reactive at high signal/cut-off (S/CO).

However, since a number of local health jurisdictions have made WNV infection reportable, and WNV infection will be made reportable by laboratories to local health departments on a statewide basis later this year, **we are requesting that all presumptive viremic donors be reported to the local health department corresponding to the donor's residence and not to CDHS.** Questions about these reporting issues should be directed to Jon Rosenberg M.D., (510) 540-2566 or jrosenbe@dhs.ca.gov.

In addition, persons with WNV illness who donated blood in the two weeks prior to illness onset may be identified. We are asking local health departments notify the appropriate blood collection facility that one of their donors subsequently developed a suspected WNV illness.

A temporary form to use for reporting to local health departments follows.

Report of West Nile Virus-Positive Blood Donor to Local Health Department

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: ____/____/____

2. Donor's name: _____

3. 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)

4. Donor's date of birth: __/__/____

5. Donor's gender: M/F

6. Donor's Address _____
_____ ZIP code: _ _ _ _ _

7. This test was confirmed: Y/N If Y, confirmatory test and result: _____

8. NAT #1 S/CO: _____

9. NAT #2 S/CO: _____ (if done)

10. Blood testing laboratory (optional): Name: _____
Address: _____
Phone: (____)____ - ____

11. Comments _____

