

# Arbovirus Investigation Form

## Part I - Clinical Investigation

1. PATIENT'S NAME: \_\_\_\_\_ 2. DATE OF BIRTH: \_\_\_\_\_  
Last First Middle

3. COUNTY: \_\_\_\_\_ 4. OCCUPATION: \_\_\_\_\_

5. Has the patient ever been immunized against yellow fever?

- No  
 Yes; date: \_\_\_\_\_

6. Did the patient received transfusion / organ transplantation in the 18 days prior to the onset of illness?

- No  
 Yes; describe: \_\_\_\_\_  
 \_\_\_\_\_

7. Has the patient given blood in the last 3 months?

- No  
 Yes; date/location: \_\_\_\_\_

8. Is the patient pregnant?

- No  
 Yes; months: \_\_\_\_\_

9. Is the patient breastfeeding?

- No  
 Yes

10. During the 3 to 15 day period prior to the onset of symptoms, was the patient involved in outdoor activities?

- No  
 Yes; give dates and locations: \_\_\_\_\_  
 \_\_\_\_\_

**Please complete the following travel history table. Include lifetime travel history to Dengue-endemic regions AND all travel during the 3-15 day period prior to onset of symptoms.**

11. Place	12. Date Arrived	13. Date Left

14. Please check ALL symptoms that apply.

15. Symptom onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> Meningitis* <input type="checkbox"/> Fever; degrees: _____ <input type="checkbox"/> Headache <input type="checkbox"/> Stiff Neck <input type="checkbox"/> Photophobia <input type="checkbox"/> Elevated WBC in CSF; WBC: _____	<input type="checkbox"/> Encephalitis** <input type="checkbox"/> Seizures <input type="checkbox"/> Confusion <input type="checkbox"/> Coma <input type="checkbox"/> Weakness <input type="checkbox"/> Elevated CSF protein; result: _____	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Rash; describe: _____ _____ <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Myalgia <input type="checkbox"/> Arthralgia <input type="checkbox"/> Other; specify: _____ _____
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16. Did the patient receive anti-viral treatment?  No  Yes

▶ If Yes, what type of treatment? \_\_\_\_\_

\*Meningitis means acute onset of fever and meningeal signs (headache, fever, stiff neck, photophobia, nausea and vomiting) **and** CSF white blood cell count (WBC) is elevated (>5 white blood cells).

\*\*Encephalitis means acute onset of fever and signs of brain involvement (includes seizures, weakness, confusion, cognitive impairment, coma, sensory disturbances, etc.). CSF white cell count and/or CSF protein are elevated.

**Clinical Investigator:** \_\_\_\_\_ **Date completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Part II - Environmental Investigation

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### Observations Regarding Environment around the home

17. Item of interest	18. Present? Y or N	19. Number present	20. Description (including a measurement of distance from the home):
Containers***			
Tires			
Standing Water (pools, puddles, ponds, etc.)			
Poorly draining gutters			
Plastic covers / tarps			
other:			

\*\*\*Any artificial container that collects standing water.

21. Is the home in or near a wooded area?     No             Yes  
     ➤ If Yes, type of trees:     Hardwoods     Evergreens     Other; Specify: \_\_\_\_\_  
     ➤ If Yes, distance of wooded area from the home: \_\_\_\_\_

### 22. Recommendations made to patient / family:

- Wear long sleeves and long pants; also wear hat and headnet if going into heavily infested areas.
- Use mosquito repellants containing DEET according to label.
- Get rid of tires, or any container outdoors that can hold standing water.
- Drain birdbaths, pots at least once a week.
- Maintain or drain swimming pools
- Use 'dunks' (*Bacillus thuringensis israelensis*) in standing water that cannot be drained.
- Clean gutters regularly
- Drill holes in bottom of trash cans / tires
- Fill ditches / make sure water flows freely
- other: \_\_\_\_\_

### 23. Location of Home in Latitude and Longitude (degrees, minutes, and seconds):

Latitude \_\_\_\_\_° Min \_\_\_\_\_ Sec \_\_\_\_\_ N Longitude \_\_\_\_\_° Min \_\_\_\_\_ Sec \_\_\_\_\_ W

Environmental investigator: \_\_\_\_\_

Date completed: \_\_\_/\_\_\_/\_\_\_

### COMPLETING THE CASE INVESTIGATION

Attach this supplemental investigation form to the WV BPH Confidential Reportable Disease Case Report ("yellow card") with copies of laboratory studies, including:

1. Serological studies of blood and/or CSF for arboviruses including eastern equine encephalitis, LaCrosse encephalitis, St. Louis encephalitis, and West Nile virus;
2. CSF cell count, differential, protein, and glucose;
3. Viral cultures, if done; and
4. Completed environmental investigation.