

Arbovirus Investigation Form Instructions

The purpose of this form is to gather information on cases of arboviral disease in West Virginia. Investigation of these cases is important for determining the route of exposure, clinical picture and risk factors for those affected by arboviral disease.

Part 1: Clinical Investigation

1. **Patient's Name:** Write the last name, first name, middle name or initial of the case.
2. **Date of Birth:** Enter the date of birth (MM/DD/YYYY) of the case.
3. **County:** Write the county of residence of the case.
4. **Occupation:** Write in the occupation of the case. If the case is a student, write in "student." If the case is unemployed or retired write in "unemployed." or "retired".
5. **Immunized against yellow fever:** Check the appropriate box to indicate the yellow fever vaccination status of the case. If the patient has ever received a vaccination for yellow fever, enter the date vaccinated (MM/YYYY). If the patient has received multiple yellow fever vaccinations, write in the date of most recent vaccination.
6. **Transfusion/organ transplantation in the last 18 days:** Check the appropriate box to indicate if the patient received any blood components or organ transplants in the 18 days prior to the onset of illness. If yes, give the date (MM/DD/YYYY) and describe the type of transplant or blood transfusion and where the patient received the donation.
7. **Given blood in the last 3 months:** Check the appropriate box to indicate if the patient has donated any blood components in the 3 months prior to today's date. If yes, give the date and place the patient donated blood. *It is important to follow-up and make sure that any donated blood components are removed from circulation.*
8. **Pregnant:** Check the appropriate box to indicate if the patient is pregnant. If yes, indicated the number of months pregnant.
9. **Breastfeeding:** Check the appropriate box to indicate if the patient is currently breastfeeding or has breastfed during the 18 days prior to the onset of illness.
10. **Outdoor activities:** Check the appropriate box to indicate if the patient was involved in any outdoor activities in the 3 to 15 days before symptoms began. If yes, list the dates and locations of the activities.

Travel (11-13)

If the case has traveled in the 3 to 15 days before symptoms began or at anytime to a dengue-endemic region, enter: the place traveled, the date of arrival, and the date of departure.

Note: *Dengue-endemic regions include tropical and sub-tropical areas in each of the following: South and South-East Asia, Central and South America, India, Africa, Carribean, the Middle East, Central and South Pacific, and Australia.*

11. **Place:** Enter the place traveled by the patient.
12. **Date Arrived:** Enter the date (MM/DD/YYYY) the patient arrived at each place.
13. **Date Left:** Enter the date (MM/DD/YYYY) the patient left each place.
14. **Check ALL symptoms that apply:** In the box below, indicate all symptoms that the patient has experienced since symptoms began. Also, write in additional information where indicated.
15. **Symptom onset:** Enter the date (MM/DD/YYYY) that symptoms **first** began. *(This is not usually the same date that the patient sought treatment)*
16. **Anti-viral treatment:** Check the appropriate box to indicate if the patient received anti-viral treatment. If yes, indicate the type of treatment received.

Part II: Environmental Investigation

The environmental investigation section should be done during a visit to the patient's home. For the observations regarding the environment around the home, indicate whether each item is present, the number present, and give a brief description.

17. **Item of interest:** This section provides a list of potential mosquito breeding sites around the home. There is a space in the last row to write in other observations that the investigator deems important.
18. **Present:** For each item, write in "Y" for yes, if it is present around the home and "N" for no if it is not present around the home.
19. **Number present:** For each item, write in the number present around the home.
20. **Description:** Write a brief description of each item. The description may include size of the item, condition of the water, etc. In addition, supply a measure of the distance of each item from the home and indicate the units used to take the measurement.
21. **Near a wooded area:** Check the appropriate box to indicate if the home is near a wooded area. If yes, check the type of trees in the wooded area near the home. Also, supply the distance of the wooded area from the home and indicate the units used to take the measurement.
22. **Recommendations made to the patient / family:** Use this check list to give prevention messages to the patient or family when appropriate. Check off each recommendation given.
23. **Location of the home:** Use the county road map grid or GPS unit to give the exact latitude and longitude location of patient's home in degrees, minutes and seconds.