



Do not use for West Nile Virus disease or Yellow Fever

LHJ Use ID
Reported to DOH
LHJ Classification
Date
Confirmed
Probable
By: Lab Clinical
Epi Link

Outbreak-related
LHJ Cluster#
LHJ Cluster
Name:
DOH Outbreak #

Arboviral Disease

County

REPORT SOURCE

LHJ notification date
Investigation start date
Reporter (check all that apply)
Lab Hospital HCP
Public health agency Other

Reporter name
Reporter phone
Primary HCP name
Primary HCP phone

OK to talk to case? Yes No DK
Date of interview

PATIENT INFORMATION

Name (last, first)
Address
City/State/Zip
Phone(s)/Email
Alt. contact Parent/guardian Spouse Other
Name:
Zip code (school or occupation):
Phone:
Occupation/grade
Employer/worksite School/child care name

Birth date
Age
Gender F M Other Unk
Ethnicity Hispanic or Latino
Not Hispanic or Latino Unk
Race (check all that apply)
Amer Ind/AK Native Asian
Native HI/other PI Black/Afr Amer
White Other Unk

CLINICAL INFORMATION

Onset date:
Derived
Diagnosis date:
Illness duration: days

Type of arboviral disease: (Record in species/organism in PHIMS)

- Western equine encephalitis Eastern equine encephalitis
St. Louis encephalitis Japanese encephalitis
Dengue LaCrosse encephalitis
Chikungunya Zika
Other: Do not use this form for WNV or Yellow fever

Signs and Symptoms

- Asymptomatic
Fever # days: Highest meas'd temp: °F
Nausea or vomiting
Headache
Stiff neck
Retro-orbital pain
Muscle aches or pain (myalgia)
Joint pain (arthralgia)
Abdominal pain or tenderness
Rash

Predisposing Conditions

- Previous flavivirus infection (e.g., dengue, SLE)
Pre-existing conditions:
Diabetes High blood pressure
Chronic heart disease Obesity
Chronic obst. lung disease Chronic liver dis.
Chronic kidney disease Thyroid disease
Bone marrow transplant Organ transplant
Sickle cell disease Asthma
Hyperlipidemia Pregnant
Immunocompromising disease:

Clinical Findings

- Rash observed by health care provider
Conjunctivitis (red eyes)
Arthritis
Jaundice or hepatitis
Kidney (renal) abnormality or failure
Acute myocarditis

Clinical Findings continued on back side...

Vaccinations

Y N DK NA Japanese encephalitis or yellow fever vaccine in past Type: Date

Laboratory

P=Positive N=Negative I=Indeterminate O=Other NT=Not Tested

Specimen type
Collection date

P N I O NT

- Thrombocytopenia (<100K platelets/mm³)
Abnormal CSF profile: wbc (% lymph; % neutr) rbc prot gluc
Pleocytosis (increased WBC in CSF)
Dengue-specific labs:
Dengue: DENV IgM in serum
Dengue: Viral culture or PCR (clinical specimen)
Dengue: IgM seroconversion (acute <5 d; conv ≥5 d)
Dengue: IgG with ≥ 4-fold rise (serum pair)
Dengue: PRNT
Dengue: DENV IgM in CSF
Dengue: DENV antigen in autopsy tissue
Dengue: DENV NS1 antigen - serum immunoassay
Zika: culture from blood, body fluid, or tissue
Zika: ZIKV antigen or RNA in any specimen
Zika: ZIKV antigen by immunohistochemistry
Zika: ZIKV IgM in serum or CSF
Zika: PRNT

Other arbovirus labs

- Other: IgM in serum by EIA/MIA/IFA [Probable]
Other: IgM in CSF by EIA/MIA/IFA [Probable]
Other: Virus culture or PCR (serum, tissue; not CSF)
Other: Virus culture or PCR (CSF)
Other: ≥4-fold rise in quantitative titer (serum pair)
Other: PRNT
Other: Virus-specific IgM in CSF and negative IgM result for other arboviruses

Tested at: WAPHL CDC Other PHL Clinical lab Other

Clinical Findings (continued)

Clinical Findings (continued)

- Multiple organ failure
- Acute flaccid paralysis (neuroinvasive)**
- Other neuroinvasive:**
 - Altered mental status (disorientation, stupor)
 - Meningitis Encephalitis / meningoencephalitis
 - Limb weakness (documented by HCP)
 - Ataxia Abnormal reflexes Seizures (new)
 - Paresis Guillain Barré syndrome
 - Other acute abnormality: _____
- Hemorrhagic signs:** Positive tourniquet test
 - Petechiae Purpura/ecchymosis Epistaxis
 - Gum bleeding Blood in vomitus, stool, urine
 - Vaginal bleeding Nasal bleeding + urinalysis
- Plasma leakage or pleural effusion or ascites**
- Shock syndrome** (hypotension, clammy skin, rapid pulse)

- Congenital abnormalities (infant, Zika only)**
 - Microcephaly Intracranial calcification
 - Clubfoot or multiple joint contractures
 - Structural brain or eye abnormalities
 - Other congenital CNS abnormalities, Specify:** _____
- Complications, specify: _____
- Admitted to intensive care unit

Hospitalization

- Y N DK NA**
- Hospitalized at least overnight for this illness**
- Hospital name _____
- Admit date ___/___/___ Discharge date ___/___/___
- Died from illness** Death date ___/___/___
- Autopsy Place of death _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:	Exposure period	onset
	-15 -2	
Calendar dates:	<input type="text"/> <input type="text"/>	<input type="text"/>

EXPOSURE (Refer to dates above)

- Y N DK NA**
- Travel out of the state, out of the country, or outside of usual routine**
- Out of: County State Country
- Dates/Locations: _____
- Case knows anyone else with similar symptoms
- Epidemiologic link to a confirmed case**
 - Travel to dengue endemic country
 - Association in time and place with another case
- Insect or tick bite
 - Mosquito Tick Other: _____
 - Unknown insect or tick type
 - Location of exposure: _____
 - Date of exposure: ___/___/___
- Sexual contact with a person with laboratory confirmed or probable Zika infection
- Sexual contact with a person with recent travel to a country with known ZIKV transmission

- Y N DK NA**
- Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- Blood transfusion or blood products (e.g. IG, factor concentrates)
 - Date of receipt: ___/___/___
- Organ or tissue transplant recipient
 - Date of receipt: ___/___/___
- Infant
 - Birth mother had febrile illness
 - Birth mother lab evidence Zika or unspec.flavivirus
 - Birth mother lived or had travel to endemic area
 - Infected in utero Breast fed
- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor). Specify country: _____
- Occupational exposure
 - Lab worker Other: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details:

No risk factors or exposures could be identified Patient could not be interviewed

PUBLIC HEALTH ISSUES

- Y N DK NA**
- Neonatal; delivery location: _____
- Pregnant; estimated delivery date ___/___/___
- OB name, address, phone: _____
- Outcome: Full term Preemie Miscarriage Stillbirth Abortion
- Evidence of ZIKV infection in the fetus or neonate
- Did case donate blood products in the 30 days before symptom onset
 - Date: ___/___/___ Agency and location: _____
 - Specify type of donation: _____
- Did case donate organs or tissue (including ova or semen) in the 30 days before symptom onset. Agency and location: _____
 - Date: ___/___/___ Specify type of donation: _____

PUBLIC HEALTH ACTIONS

- Breastfeeding education provided
- Notify blood or tissue bank
- Other, specify: _____

Investigator _____ Phone/email _____

Investigation complete date ___/___/___

Local health jurisdiction _____