Arboviral Disease

<table>
<thead>
<tr>
<th>Clinical Findings</th>
<th>Vaccinations</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N DK NA</td>
<td>Japanese encephalitis or yellow fever vaccine in past</td>
<td>P=Positive N=Negative I=Indeterminate O=Other NT=Not Tested</td>
</tr>
<tr>
<td>Y N DK NA</td>
<td>Japanese encephalitis or yellow fever vaccine in past</td>
<td>P=Positive N=Negative I=Indeterminate O=Other NT=Not Tested</td>
</tr>
</tbody>
</table>

**Type of arboviral disease:** (Record in species/organism in PHIMS)
- Western equine encephalitis
- Eastern equine encephalitis
- St. Louis encephalitis
- Dengue
- Chikungunya
- Other: ____________________

**Signs and Symptoms**
- N = No
- Y = Yes
- DK = Don’t Know
- NA = Not Applicable

- **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 obstr. lung disease
  - Chronic liver dis.
  - Chronic kidney disease
  - Thyroid disease
  - Bone marrow transplant
  - Organ transplant
  - Sickle cell disease
  - Asthma
  - Hyperlipidemia
  - Pregnant
  - Immuno-compromising disease: ____________________

- **Rash observed by health care provider**
- **Arthritis**
- **Jaundice or hepatitis**
- **Kidney (renal) abnormality or failure**
- **Acute myocarditis**
- **Multiple organ failure**
- **Acute flaccid paralysis (neuroinvasive)**

**Notes:**
- Do not use for WNV or Yellow Fever
- Derived
- Diagnosis date: ___/___/___
- Illness duration: _____ days

**Vaccinations**
- **Japanese encephalitis or yellow fever vaccine in past**
- **Type:** ______________ Date ___/___/___

**Laboratory**
- **Specimen type** ______________
- **Collection date** ___/___/___

- **P=Positive N=Negative I=Indeterminate O=Other NT=Not Tested**
- **Specimen type** ______________
- **Collection date** ___/___/___

- **Thrombocytopenia** (<100K platelets/mm³)
- **Abnormal CSF profile:**
  - wbc ____ (% lymph____; % neut____; rbc ____; prot ____; gluc ____)
- **Pleocytosis** (increased WBC in CSF)
- **Dengue-specific labs**
  - **Dengue:** IgM + (single serum)
  - **Dengue:** IgG with ≥ 4-fold rise (serum pair)
  - **Dengue:** IgG with ≥ 4-fold difference between dengue and other flaviviruses by PRNT (single conv. serum)
  - **Dengue:** IgM in CSF
  - **Dengue:** DENV antigen in autopsy tissue
  - **Dengue:** DENV NS1 antigen in clinical specimen
  - **Dengue:** DENV antigen in autopsy tissue
  - **Dengue:** DENV NS1 antigen by serum immunoassay

- **Other arbovirus labs**
  - **Other:** IgM in serum by EIA/MIA/IFA [Probable]
  - **Other:** IgM in serum by EIA/MIA/IFA [Probable]
  - **Other:** Virus culture or PCR (serum, tissue; not CSF)
  - **Other:** Virus culture or PCR (serum, tissue; not CSF)
  - **Other:** Virus culture or PCR (serum, tissue; not CSF)
  - **Other:** Virus-specific IgM in CSF and negative IgM result for other arboviruses
  - **Other:** IgM in serum with confirmatory assay (e.g., PRNT) in same or later specimen
  - **Other:** Virus-specific IgM in CSF and negative IgM result for other arboviruses

**DOH Outbreak #________**
**Clinical Findings (continued)**
- [ ] Other neuroinvasive:
  - [ ] Altered mental status (disorientation, stupor)
  - [ ] Meningitis □ Encephalitis / meningoencephalitis
  - [ ] Limb weakness (documented by HCP)
  - [ ] Ataxia □ Abnormal reflexes □ Seizures (new)
  - [ ] Paresis □ Guillain Barre 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)
- [ ] Complications, specify: ______________________

**Hospitalization**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized at least overnight for this illness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- [ ] Died from illness
  - [ ] Death date __/__/____

- [ ] Autopsy
  - [ ] Place of death __________________

**INFECTION TIMELINE**

**EXPOSURE (Refer to dates above)**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel out of the state, out of the country, or outside of usual routine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- [ ] Out of:
  - [ ] County □ State □ Country
  - [ ] Dates/Locations: ______________________

- [ ] Case knows anyone else with similar symptoms
- [ ] Epidemiologic link to a confirmed case (only applies to Dengue; for Suspect case definition)
  - [ ] 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:__/__/____

**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**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal; delivery location: ______________________</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- [ ] Pregnant; estimated delivery date __/__/____
  - [ ] OB name, address, phone: ______________________

- [ ] 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: ______________________

**NOTES**

- [ ] Barnett Disease

**Arboviral Disease**

**Answers are:** Yes, No, Unknown to case, Not asked /Not answered