

Instructions for completing the arboviral case report form

Diagnosis- Check the appropriate disease classification at the top of the page.

The term “West Nile Neuroinvasive” disease encompasses both encephalitis and/or meningitis. If the patient has neurological symptoms they should be categorized as West Nile Neuroinvasive. The term “West Nile Fever” excludes neurological symptoms.

Identifying data- All identifying data needs to be filled out in full.

County- The county of residence unless transmission occurred elsewhere. If transmission occurred elsewhere please inform that jurisdiction. The reporting county should be the county in which the most likelihood of transmission occurred.

Merlin case #- Information gathered after reporting to the Merlin surveillance system

Name- Last, First, MI (optional)

Date of birth- Month/ day/ year

Home address- Include street, city, state, and zip code if no home address is available because person is of transient nature, enter the closest address to current place of occupancy and check yes for homeless.

Home phone- Enter area code followed by 7 digit number or if cell phone given please indicate by writing cell phone.

Employer/School- If the patient is in high school or below enter name, address, and zip code of school or daycare, if patient has graduated and has an employer please list name, address, and zip code if neither apply please just write N/A.

Race- Mark the box that the individual specifies as their race

Hospitalization- If the patient was hospitalized for this recent illness please check the yes box and enter the hospital name, physician seen during the hospital stay, physician phone number, date of admission (month/ day/ year) and date of discharge (month/ day/ year). If no hospitalization simply check the no box and continue with clinical symptoms.

Clinical Symptoms

Date Onset of Illness- Month/ day/year that symptoms started, if patient is unsure or you are unable to contact the patient, please enter the first positive laboratory date and indicate that it is a laboratory date and not an onset date.

Definition of clinical symptoms:

Fever- Documented cases of 101°F or above and indicate highest temperature monitored (if known)

Tremor- Involuntary repetitive movements of opposing muscle groups

Confusion- A mental state of being bewildered or perplexed

Disorientation- Unable to orientate oneself

Delirium- An altered state of mind often resulting in illusions and hallucinations

Lethargy- A state of deep and prolonged unconsciousness from which one can be aroused but into which one immediately relapses

Stupor- A state of impaired consciousness in which only continual stimulation arouses the individual

Coma- A state of impaired consciousness in which one cannot be roused

Hyperreflexia- A condition in which the deep tendon reflexes are exaggerated

Rigidity- Stiffness or inflexibility

Cranial Nerve Palsy- Paralysis, usually unilateral, of the facial muscles

Rash- Cutaneous eruption (please specify part of the body)

Convulsion- Violent spasm or series of jerking of the face, trunk, or extremities

Paralysis- Loss of power of voluntary movement in a muscle

Hemorrhage- An escape of blood through ruptured or unruptured vessel walls

Outcome- Check outcome at time of investigation. If death occurred put month/ day/ year of expiration.

Laboratory data- Begin with the earliest laboratory test and continue down the column to the most recent laboratory test available.

Serum or CSF- Indicate specimen type and acute or convalescent.

Acute specimens are those specimens that are collected within 14 days of symptom onset.

Convalescent specimens are those specimens that are collected 10 days to 4 weeks after the acute specimen.

Date collected- Month/day/year of specimen collection

Laboratory Name- Where the test was performed (if private lab indicate name of lab)

Test type- Example: HI, ELISA, PRNT, PCR, or other (specify)

Lab Report Date- Date of laboratory report (month/day/year)

Results- Example: WN, EEE or SLE IgM or IgG positive

* **YOU MUST ATTACH LAB REPORTS WITH THIS CASE REPORT FORM**

Risk factor information-

Does the primary residence have screens on all of the operable windows?

Does the patient remember being bitten by a mosquito if so, when and where?

Does the patient smoke and if so, do they smoke outdoors?

Does the patient spend time outdoors (example: do they garden, fish, hunt, camp, etc.). If they do, do they practice any of the 5 D's?

Dusk and Dawn- avoid being outdoors during these times

Dress- wearing long sleeved clothing or long pants

DEET- use a mosquito repellent containing DEET

Drain- standing water from around their home.

Use this time to educate!

Does the patient have a travel history outside of the county, state or country within the last 2 weeks?

Does the patient have any underlying medical conditions (Example: Diabetes, heart disease, etc.)

Blood Donation/Transfusion/Transplant History and Pregnancy

Has the patient received a transplant or received or donated blood products?

If the patient is female, is she currently pregnant? If yes, ask for the weeks pregnant and an expected due date. Also ask if she is breastfeeding or planning to breastfeed? If yes, provide education or refer her to her physician for advice on the possible transmission of the virus through breast milk.

Vaccine information

Circle yes, no or unknown and provide a date if applicable for vaccination with yellow fever, Japanese encephalitis, or Central European encephalitis.

Comments- Please add any other comments in the comment field and feel free to add additional sheets if necessary.

Date of investigation (month/day/year), Investigator's name, and a phone number with area code where the investigator can be reached.

**After completion of the case report form please fax or mail a copy along with the laboratory results to FAX 850-922-8473 or mail to the Bureau of Community Environmental Health (HSEC), Dept. of Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1712. Before faxing please call (850)245-4444 x2437 or SC 205-4444 x2437 to let us know that you are sending confidential information.