

Mosquito-Borne Illness Case Investigation

Diagnosis: (For DSHS Austin use only)

Yellow Fever	Dengue
St Louis Encephalitis	California Encephalitis
Eastern Equine Encephalitis	Western Equine Encephalitis
West Nile Neurologic Disease	Venezuelan Equine Encephalitis
West Nile Fever	
Other _____	

Case is: (Circle one) Lab confirmed Epi-linked

PATIENT	Last Name _____ First Name _____ MI _____ (_____) _____ Patient's Phone Number _____			
	Street Address _____		City _____	County _____ Zip _____
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____			Hispanic: Yes No Unknown

COURSE	Date of Onset: _____ Was patient hospitalized? YES NO If YES, which hospital? _____
	Date of admission: _____ Date of discharge: _____ Discharge diagnosis: _____
	Recovered? YES NO Died? YES NO Date of death: _____ Sequelae? YES NO If Yes, explain in comment's section
	Attending Physician: _____ (_____) _____ (_____) _____ (Name) (Phone 1) (Phone 2) Address: _____

Were any of the following documented in the medical record?		Meningitis	Encephalitis	Meningo-encephalitis	None
Circle Response (Yes, No, Unknown):	Respiratory symptoms	Y N U	Y N U	Y N U	Y N U
Fever	Urinary symptoms	Y N U	Y N U	Y N U	Y N U
Max temp: _____ °F	Conjunctivitis	Y N U	Y N U	Y N U	Y N U
Chills	Altered taste	Y N U	Y N U	Y N U	Y N U
Headache	Abnormal reflexes	Y N U	Y N U	Y N U	Y N U
Anorexia	Ataxia	Y N U	Y N U	Y N U	Y N U
Retro-orbital pain	Stiff neck	Y N U	Y N U	Y N U	Y N U
Severe malaise	Cranial nerve palsies	Y N U	Y N U	Y N U	Y N U
Lymphadenopathy	Tremor	Y N U	Y N U	Y N U	Y N U
Cough	Muscle twitch	Y N U	Y N U	Y N U	Y N U
Nausea/vomiting	Severe muscle weakness	Y N U	Y N U	Y N U	Y N U
Diarrhea	Asymmetric flacid paralysis	Y N U	Y N U	Y N U	Y N U
Abdominal pain	Rash	Y N U	Y N U	Y N U	Y N U
Shortness of breath	describe _____				

OTHER EPIDEMIOLGY	Does the patient have a history of: (Circle if yes, and describe in comment's section):
	Diabetes Hypertension Major surgical procedure in last 3 months Immunosuppression drug therapy in past 30 days
	Occupation: _____ (Give exact job, type of business or industry, work shift, and % of time spent outside while at work)
	Average number of hours spent outdoors each day (in last 30 days): Less than 2 2-4 5-8 >8
	When outdoors, what percentage of the time do you use mosquito repellent? Always 75% 50% 25% Never
	Does the patient have a history of travel outside of home county within 15 days of onset? YES NO (If yes, document in Comments section)
	Has the patient donated or received any blood, blood products, organs or tissues in the 30 days prior to onset? YES NO If yes, document date and name of blood bank, in comment's section
	If patient is female, was she: Pregnant Y N U Breastfeeding within two weeks of onset? Y N U
	Case acquired: (Circle one response) Naturally Transplantation Transfusion Transplacental Breastfeeding Occupationally Unknown (If other than naturally acquired, document in comment's section)
	Is case thought to be imported? Yes No Unknown If yes, from where? _____

Patient's Name: _____

S E R O L O G I C T E S T S	Specimen Date	Tested for:	Type of Test	Results	Laboratory Name
C U L T U R E	Specimen date	Specimen type		Results	Laboratory Name
O T H E R L A B	Test	Specimen date	Results	Specimen Date	Results
	WBC				
	Diff				
	Platelets				
	AST				
	ALT				
	Aldolase				
	CK				
	CSF: WBCs				
	CSF: glucose				
CSF: protein					
C O M M E N T S	In the month prior to onset, what activity do you think was the one most likely to result in exposure to mosquitoes?				
	Have any household members experienced similar symptoms recently? YES NO (If yes, document below)				

Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____