



# Mosquito-borne Disease

## Follow-up Questionnaire for human cases

### Background

All cases of mosquito-borne diseases that meet case definition criteria should be notified to the relevant Public Health Unit or Communicable Diseases Control Directorate of the WA Department of Health by the patient's GP.

**Ross River virus (RRV)** and **Barmah Forest virus (BFV)** diseases are the two most commonly spread by mosquitoes in Western Australia.

**Murray Valley encephalitis (MVE)** virus, although much rarer, can cause potentially fatal encephalitis in humans. It generally only occurs in the northern regions of WA.

Infections with RRV or BFV can result in a range of symptoms that may last for weeks or even months. Infections with MVE virus can be severe and potentially fatal. Since there is no vaccine or cure for any of these diseases, the only way to prevent illness is to reduce the potential for interaction between mosquitoes and people.

This questionnaire is designed to assist in identifying the most likely time and place of exposure to mosquito-borne diseases. The Environmental Health Directorate of the WA Department of Health uses this information to define high risk regions and direct mosquito management priorities throughout WA.

### Confidentiality

Information collected from this questionnaire will remain completely confidential. It will be used solely for the purpose of guiding the WA Department of Health to prevent the spread of mosquito-borne diseases. No information that identifies individuals will be made available outside the WA Department of Health.

### Return completed forms

This questionnaire can be completed by the patient, medical personnel or local government Environmental Health staff. Please return the completed questionnaire by email, fax or post to:

<p><b>Scan and Email:</b></p> <p><a href="mailto:medical.entomology@health.wa.gov.au">medical.entomology@health.wa.gov.au</a></p>	<p><b>Fax:</b></p> <p>(08) 9383 1819</p>	<p><b>Post:</b></p> <p>Medical Entomology          Environmental Health Hazards          Environmental Health Directorate          WA Department of Health          PO Box 8172          Perth Business Centre WA 6849</p>
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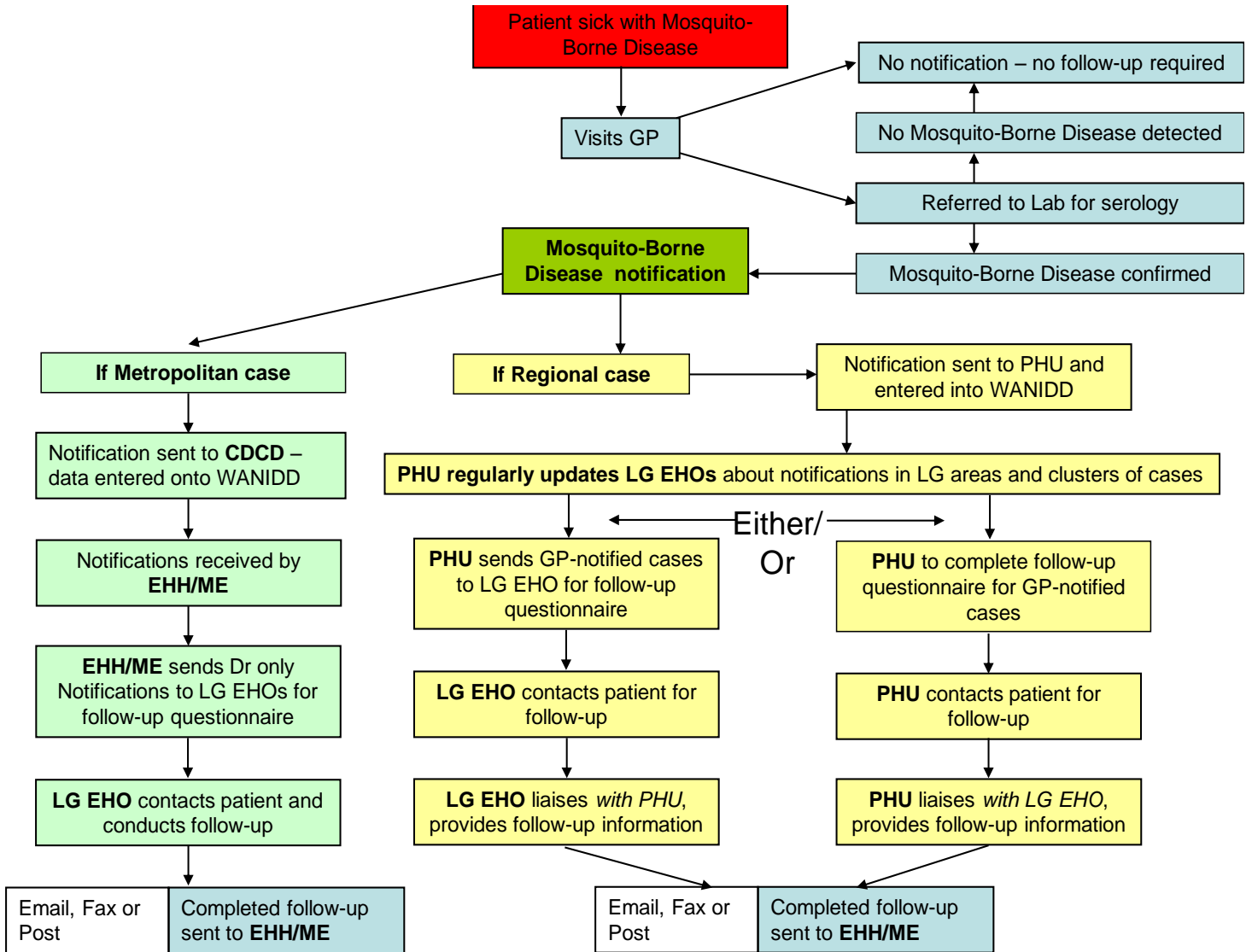
### Further information

Please contact Medical Entomology in the Environmental Health Hazards Unit by email [medical.entomology@health.wa.gov.au](mailto:medical.entomology@health.wa.gov.au) or phone (08) 9285 5500 for further information or to request an electronic version of this questionnaire (that can be completed online and emailed back).



## Mosquito-borne Disease Case Follow-up Questionnaire

### MBD Notification & Follow-up Process.



Legend:

- EHH/ME** = Environmental Health Hazards/ Medical Entomology
- CDCD** = Communicable Diseases Control Directorate
- LG EHO** = Local Gov't Environmental Health Officer
- PHU** = Population Health Unit



## Mosquito-borne Disease Case Follow-up Questionnaire

<b>Section 1 Patient Details</b>			Today's Date _____ / _____ / _____				
Name: _____	Notification ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Gender (tick box) <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: _____ / _____ / _____						
Home street address ( <b>not PO Box</b> ): _____							
Town / Suburb: _____	State: _____	Postcode: _____					
Please indicate who completed this form ( <i>tick box and provide further details where required</i> ):							
<input type="checkbox"/> Person with the illness							
<input type="checkbox"/> EHO ( <i>Name &amp; Local Govt</i> ) - _____							
<input type="checkbox"/> Other ( <i>Name &amp; position/relation to patient</i> ) - _____							
<b>The following questions relate to the patient</b>							
1) Which disease/s did you have ( <i>tick more than one box if you were diagnosed with more than one virus</i> )							
<input type="checkbox"/> Ross River virus ( <b>RRV</b> ) <input type="checkbox"/> Murray Valley encephalitis ( <b>MVE</b> ) virus							
<input type="checkbox"/> Barmah Forest virus ( <b>BFV</b> ) <input type="checkbox"/> Other (e.g. Kunjin virus) <i>please specify</i> - _____							
2) What is your occupation? _____							
3) Does your job (or usual daily routine if you do not work) require you to work mostly <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors							
4) Does your job (or usual daily routine) involve travel to regional Western Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5) Have you noticed mosquitoes at: <b>Home:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Work:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>The following questions relate to the patient's symptoms and possible exposure</b>							
6) Listed below are common symptoms. Please tick the boxes if you experienced any of these symptoms:							
Common <b>RRV / BFV</b> symptoms: <input type="checkbox"/> Headaches <input type="checkbox"/> Tiredness <input type="checkbox"/> Sore muscles <input type="checkbox"/> Nausea <input type="checkbox"/> Skin rash <input type="checkbox"/> Fever <input type="checkbox"/> Painful / swollen joints <input type="checkbox"/> Tingling in palms or soles of feet	Common <b>MVE</b> symptoms: <input type="checkbox"/> Nausea <input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Tiredness <input type="checkbox"/> Neck stiffness <input type="checkbox"/> Fever <input type="checkbox"/> Drowsiness, floppiness or irritability in children	Common <b>Kunjin</b> symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Joint pain <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Neck stiffness					
7) What was the approximate date you first noticed symptoms?							
_____ / _____ / _____		early / mid / late    _____ / _____					
Day      Month      Year		(circle)                      Month      Year					
8) Symptoms of RRV, BFV or MVE disease first appear between <b>3 days and 3 weeks</b> after being bitten by an infected mosquito. Knowing where you have been during these <b>3 weeks</b> , can help determine the most likely place where you were infected.							
Please indicate <b>all</b> suburbs or towns you visited in the <b>3 weeks before symptoms began</b> (e.g. Albany, Broome, Joondalup) and tick the appropriate box. <i>Note: More specific details about these locations are requested on the next page.</i>							
<b>Suburb / Town</b>	<b>Reside</b>	<b>Work</b>	<b>Visit</b>	<b>Suburb / Town</b>	<b>Reside</b>	<b>Work</b>	<b>Visit</b>
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Mosquito-borne Disease Case Follow-up Questionnaire

The following section relates to the most likely place the patient was exposed to mosquitoes in the **3 weeks before symptoms** began

- Please indicate the **most likely place where you were bitten by mosquitoes** in **Section 2** (below);
- If there was more than one place, use **Section 3** (next page) to indicate another place of exposure to mosquitoes;
- Complete Part A if you know the street address of the location where you were most likely bitten by mosquitoes (e.g. *Lot 47 Thompson Road, Baldivis*); **OR**
- Complete Part B to describe the location if you do not know the street address (e.g. *southern side of Thompson Lake in Thompson Park, near Johnson Street, Carnarvon WA*);
- It is **important** that you provide **as much detail as possible**. We need to **identify the location** to a street or lot number or a particular part of a recreational area.

### Section 2 Most likely place of exposure

(Please answer Part A **OR** Part B and questions 8-12)

#### Part A - Known street address

House / Lot N<sup>o</sup>: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb /Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**OR**

#### Part B - Geographical location

Location description: \_\_\_\_\_

Nearest Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearest Landmark / Street intersection / Other detail etc to help us pin-point the exposure location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9)** Please indicate approximate **date/s** you were at the above location in the **3 weeks before** you became ill (e.g. *1<sup>st</sup> week of January; 6-10<sup>th</sup> April*): \_\_\_\_\_

**10)** Was the majority of your time spent at the above location:  Indoors  Outdoors

**11)** Did you notice mosquitoes at the above location?  Yes  No

**12)** Do you remember being bitten by mosquitoes at the above location?  Yes  No

**13)** Were you participating in any of the following recreational activities at this location?

Caravanning/Camping

Gardening

Fishing

Undertaking a physical activity/sport

Visiting a beach/wetland/river/lake

Other:

Please specify \_\_\_\_\_

**14)** Which personal protection measures did you use whilst at this location?

Application of a chemical-based repellent

Application of a natural-based repellent

Wore protective, long-sleeved clothing

Used mosquito nets (i.e. face, swag, bed net, etc.)

Ensured window/doors were adequately screened

Other:

Please specify \_\_\_\_\_



## Mosquito-borne Disease Case Follow-up Questionnaire

### Section 3 Second most likely place of exposure

(Please answer Part A **OR** Part B and questions 14-19)

#### Part A - Known street address

House / Lot N<sup>o</sup>: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb /Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**OR**

#### Part B - Geographical location

Location description: \_\_\_\_\_

Nearest Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearest Landmark / Street intersection / Other detail etc to help us pin-point the exposure location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14)** Please indicate approximate **date/s** you were at the above location in the **3 weeks before** you became ill (e.g. 1<sup>st</sup> week of January; 6-10<sup>th</sup> April): \_\_\_\_\_

**15)** Was the majority of your time spent at the above location:  Indoors  Outdoors

**16)** Did you notice mosquitoes at the above location?  Yes  No

**17)** Do you remember being bitten by mosquitoes at the above location?  Yes  No

**18)** Were you participating in any of the following recreational activities at this location?

- Caravanning/Camping
- Gardening
- Fishing
- Undertaking a physical activity/sport
- Visiting a beach/wetland/river/lake
- Other:

Please specify \_\_\_\_\_

**19)?** Which personal protection measures did you use whilst at this location?

- Application of a chemical-based repellent
- Application of a natural-based repellent
- Wore protective, long-sleeved clothing
- Used mosquito nets (i.e. face, swag, bed net etc)
- Ensured window/doors are adequately screened
- Other:

Please specify \_\_\_\_\_

### Other information

Please use the following space to add any further details that may help us in defining the location where you may have been infected or as extra lines for previous answers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Mosquito-borne Disease Case Follow-up Questionnaire

\*\*\*Important note: This section is only required for severe mosquito-borne disease cases such as MVE. You do not need to complete this section for RRV or BFV cases.

### Section 4 **MVE ONLY** – Contact tracing information

Please complete the following for any relatives, friends, work colleagues or other persons known to you, who were with you and may have been exposed to biting mosquitoes in the three weeks leading up to the onset of your illness. This will enable the Department of Health to ensure that other individuals who may have been exposed at the same time are advised about signs and symptoms of serious diseases, such as MVE, and to seek medical attention quickly in the event that they develop such symptoms.

#### Contact Details

1 Name: \_\_\_\_\_  
Gender (tick box):  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

2 Name: \_\_\_\_\_  
Gender (tick box):  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

3 Name: \_\_\_\_\_  
Gender (tick box):  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

4 Name: \_\_\_\_\_  
Gender (tick box):  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

5 Name: \_\_\_\_\_  
Gender (tick box):  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**Note: Please attach additional pages for any further contacts.**