



# 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 Western Australia.

Infections with RRV or BFV can result in a range of symptoms that may last for weeks or even months. Infections with MVE 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:

<b>Scan and Email:</b> <a href="mailto:mosquito@health.wa.gov.au">mosquito@health.wa.gov.au</a>	<b>Fax:</b> (08) 9383 1819	<b>Post:</b> Mosquito-Borne Disease Control Environmental Health Hazards Environmental Health Directorate WA Department of Health PO Box 8172 Perth Business Centre WA 6849
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## Further information

Please contact Mosquito-Borne Disease Control in the Environmental Health Hazards Unit on email [mosquito@health.wa.gov.au](mailto:mosquito@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).

# MBD Notification & Follow-up Process.

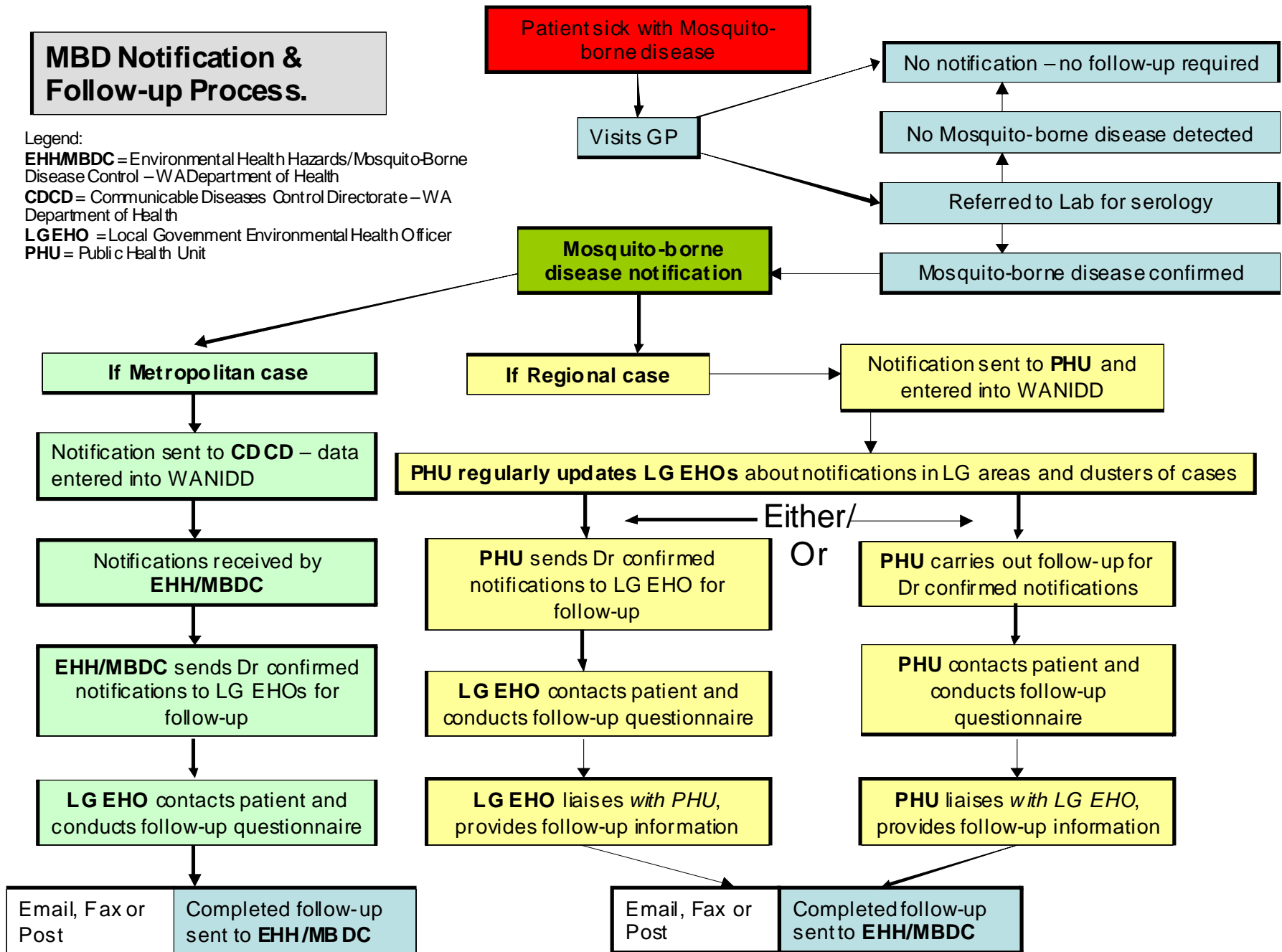
Legend:

**EHH/MBDC** = Environmental Health Hazards/Mosquito-Borne Disease Control – WA Department of Health

**CDCD** = Communicable Diseases Control Directorate – WA Department of Health

**LGEHO** = Local Government Environmental Health Officer

**PHU** = Public Health Unit





# Mosquito-borne Disease Case Follow-up Questionnaire

## Section 1 Patient Details

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Notification ID:  -

Gender (tick box)  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home street address (not PO Box): \_\_\_\_\_

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

Please indicate who completed this form (tick box and provide further details where required):

- Person with the illness
- EHO (Name & Local Govt) - \_\_\_\_\_
- Other (Name & position/relation to patient) - \_\_\_\_\_

### The following questions relate to the person with the illness

1) Which disease/s did you have (tick more than one box if you were diagnosed with more than one virus)

- Ross River virus (RRV)  Murray Valley encephalitis (MVE)
- Barmah Forest virus (BFV)  Other (e.g. Kunjin) please specify - \_\_\_\_\_

2) What is your occupation? \_\_\_\_\_

3) Does your job (or usual daily routine if you do not work) require you to be mostly:  Indoors  Outdoors

4) Have you noticed mosquitoes at: Home:  Yes  No Work:  Yes  No

### The following questions relate to the patient's symptoms and possible exposure

5) What was the approximate date you first noticed symptoms? (For common symptoms please see next question)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR early / mid / late \_\_\_\_ / \_\_\_\_  
Day Month Year (circle) Month Year

6) Listed below are common symptoms. Please tick the boxes if you experienced any of these symptoms:

Common RRV / BFV symptoms:		Common MVE symptoms:		Common Kunjin symptoms:	
<input type="checkbox"/> Headaches	<input type="checkbox"/> Tiredness	<input type="checkbox"/> Nausea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fever	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Sore muscles	<input type="checkbox"/> Nausea	<input type="checkbox"/> Headache	<input type="checkbox"/> Tiredness	<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea
<input type="checkbox"/> Skin rash	<input type="checkbox"/> Fever	<input type="checkbox"/> Neck stiffness	<input type="checkbox"/> Fever	<input type="checkbox"/> Neck stiffness	
<input type="checkbox"/> Painful / swollen joints		<input type="checkbox"/> Drowsiness, floppiness or irritability in children			
<input type="checkbox"/> Tingling in palms or soles of feet					

7) Symptoms of RRV, BFV or MVE disease first appear between **3 days and 3 weeks** after being bitten by an infected mosquito. Knowing where you have been during these **3 weeks**, can help determine the most likely place where you were infected.

Please indicate **all** suburbs or towns you visited in the **3 weeks before symptoms began** (e.g. Albany, Broome, Joondalup) and tick the appropriate box. Note: More specific details about these locations are requested on the next page.

Suburb / Town	Reside	Work	Visit	Suburb / Town	Reside	Work	Visit
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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8)** 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*): \_\_\_\_\_

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

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

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

**12) Please provide further details if appropriate** [e.g. *Do you know of other persons who have been to the same place who have become ill? What activities were you doing (camping etc)? Where did you notice mosquitoes - indoors/outdoors, near waterbodies/in the bush, etc*]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Mosquito-borne Disease Case Follow-up Questionnaire

## Section 3 Second most likely place of exposure

(Please answer Part A **OR** Part B and questions 13-17)

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13)** 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): \_\_\_\_\_

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

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

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

**17) Please provide further details if appropriate** [e.g. Do you know of other persons who have been to the same place who have become ill? What activities were you doing (camping etc)? Where did you notice mosquitoes - indoors/outdoors, near waterbodies/in the bush, etc]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other information

Please Add any further details that may help us in defining an 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.**

