**WA Japanese Encephalitis Case Investigation Form**

|  |
| --- |
| **SECTION 1: INTERVIEWER DETAILS & CASE CASSIFICATION** |
| Name of interviewer completing form:  |  |
| Affiliation: |  | Contact number: |  |
| Name of person interviewed *(if not case):* |  |
| Relation to case: |  | Contact number: |  |
| Is the case a:  | [ ]  Confirmed outbreak case [ ]  Probable outbreak case [ ]  Suspected outbreak case [ ]  Not an outbreak case |

|  |
| --- |
| **SECTION 2: CASE DETAILS** |
| **2.1 Basic Information** |
| Family name: |  | Given name(s): |  |
| Date of birth: |  / / | Age:  |  |
| Sex:  | [ ]  Male [ ]  Female [ ] Unknown [ ] Other  |
| Street address: |  | Suburb/ Town/ Community: |  |
| Postcode: |  |
| Home phone: |  | Mobile: |  |
| Email:  |  |
| Country of birth: | [ ]  Australia [ ]  Unknown [ ]  Other - specify: |
| Aboriginal status*(tick all that apply)* | [ ]  Not Aboriginal or Torres Strait Islander | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Unknown |
| **2.2 Doctor Details** |
| Family name: |  | Given name: |  |
| Medical Practice/ Hospital: |  | Contact number: |  |
| **2.3 Occupation** – *include part-time/ casual/ volunteer work* |
| Occupation (specify): |  | Name of workplace: |  |
| Address of workplace: |  | Contact number of workplace: |  |

|  |
| --- |
| **SECTION 3: LABORATORY DETAILS** |
| **3.1 Flavivirus serology** [ ]  **Not tested (no results)** |
| Flavivirus serology: | [ ]  IgM [ ]  IgG [ ]  Total Ab | Specimen type: | [ ]  Serum [ ]  Whole blood |
| Date: | First: / / | Second: / / |
| Result: | First: [ ]  Positive [ ]  Negative  | Second: [ ]  Positive [ ]  Negative [ ]  Not tested |
| Titre: | First: | Second:  |
| Date result reported: | First: / / | Second: / / |
| **3.2 JEV serology - IgM** |
| Specimen type | [ ]  Serum [ ]  Whole blood [ ] CSF |
| Date: | First: / / | Second: / / |
| Result: | First: [ ]  Positive [ ]  Negative [ ]  Not tested | Second: [ ]  Positive [ ]  Negative [ ]  Not tested |
| Titre: | First: | Second:  |
| Date result reported: | First: / / | Second: / / |

|  |
| --- |
| **3.3 JEV serology - IgG** |
| Specimen type: | [ ]  Serum [ ]  Whole blood [ ]  CSF  |
| Date: | First: / / | Second: / / |
| Result: | First: [ ]  Positive [ ]  Negative [ ]  Not tested | Second: [ ]  Positive [ ]  Negative [ ]  Not tested |
| Titre: | First: | Second: |
| Date result reported: | First: / / | Second: / / |
| **3.4 JEV specific total Ab** |
| Specimen type | [ ]  Serum [ ]  Whole blood [ ] CSF |
| Date: | First: / / | Second: / / |
| Result: | First: [ ]  Positive [ ]  Negative [ ]  Not tested | Second: [ ]  Positive [ ]  Negative [ ]  Not tested |
| Titre: | First: | Second:  |
| Date result reported: | First: / / | Second: / / |
| **3.5 JEV culture** |
| Specimen type | [ ]  Serum [ ]  Whole blood [ ] CSF [ ]  Urine |
| Date: |  / / | Date result reported: |  / / |
| Result: | [ ]  Positive [ ]  Negative [ ]  Not tested |
| **3.6 JEV PCR** |
| Specimen type | [ ]  Serum [ ]  Whole blood [ ] CSF [ ]  Urine [ ]  EDTA |
| Date: |  / / | Date result reported: |  / / |
| Result: | [ ]  Positive [ ]  Negative [ ]  Not tested |
| **3.7 Murray Valley Encephalitis (MVE)** |
| MVE positive IgM/ IgG/ Total Ab | [ ]  Yes [ ]  No | Specimen type: | [ ]  Serum [ ]  Whole blood [ ] CSF |
| Date of Specimen: |  / / | Date result reported: |  / / |
| Result: | [ ]  MVE IgM positive [ ]  MVE IgG positive [ ]  MVE total Ab positive |
| **3.8 West Nile Virus (WNV) / Kunjin** |
| WNV/ Kunjin positive IgM/ IgG/ Total Ab | [ ]  Yes [ ]  No | Specimen type: | [ ]  Serum [ ]  Whole blood [ ] CSF |
| Date:  |  | Date result reported: |  / / |
| Result: | [ ]  WNV/ Kunjin IgM positive [ ]  WNV/ Kunjin IgG positive [ ]  WNV/ Kunjin total Ab positive |
| **3.9 Dengue** |
| Dengue positive IgM/ IgG/ Total Ab | [ ]  Yes [ ]  No | Specimen type: | [ ]  Serum [ ]  Whole blood [ ] CSF |
| Date: |  / / | Date result reported: |  / / |
| Result: | [ ]  Dengue IgM positive [ ]  Dengue IgG positive [ ]  Dengue total Ab positive |

|  |
| --- |
| **SECTION 4: CLINICAL DETAILS** |
| Does the case have any underlying medical conditions? | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, please specify:  |
| Has the case ever been diagnosed with a mosquito borne disease? (e.g. Ross River Virus, Barmah Forest Virus, Murray Valley Encephalitis Virus, West Nile Virus/ Kunjin, Dengue, Japanese Encephalitis, Chikungunya, Zika, Yellow Fever) |
| [ ]  No [ ]  Unknown [ ]  Yes – specify condition and year: |
| Has the case experienced symptoms associated with the JEV infection? | [ ]  Yes [ ]  No (If no, please continue to section 7) |
| What was the first symptom? |  | Date of onset: |  / / |
| Were there any other symptoms? (please see list below) |
| Fever: | [ ]  Yes [ ]  No [ ]  Unknown | Headache: | [ ]  Yes [ ]  No [ ]  Unknown |
| Nausea: | [ ]  Yes [ ]  No [ ]  Unknown | Vomiting: | [ ]  Yes [ ]  No [ ]  Unknown |
| Diarrhoea: | [ ]  Yes [ ]  No [ ]  Unknown | Neck stiffness: | [ ]  Yes [ ]  No [ ]  Unknown |
| Muscle aches: | [ ]  Yes [ ]  No [ ]  Unknown | Disorientation: | [ ]  Yes [ ]  No [ ]  Unknown |
| Photophobia/ sensitivity to light: | [ ]  Yes [ ]  No [ ]  Unknown | Generalised weakness: | [ ]  Yes [ ]  No [ ]  Unknown |
| Neurological signs/ symptoms | [ ]  Yes [ ]  No [ ]  UnknownIf yes, please specify: | Other symptoms | [ ]  Yes [ ]  No [ ]  UnknownIf yes, please specify: |
| Did the case visit an emergency department for their illness? | [ ]  Yes [ ]  No  | Hospital name(s): |
| Date of visit: / / |
| Was the case admitted for the illness (i.e. overnight stay) | [ ]  Yes [ ]  No  |
| Date admitted: / / | Date discharged: / / |
| Was the case treated for their illness in ICU? | [ ]  Yes [ ]  No  |
| Case outcome: | [ ]  Alive [ ]  Dead  | Date of death: / / [ ]  Not applicable |
| Did the case die of the disease?  | [ ]  Yes [ ]  No [ ]  Unknown |

|  |
| --- |
| **SECTION 5: VACCINATION STATUS** |
| Has the case ever received a Japanese Encephalitis vaccine? |
| [ ]  Yes [ ]  No [ ]  Unknown (if no/ unknown, please move onto section 8) |
| If yes, what vaccine brand?  | [ ]  Imojev [ ]  JEspect [ ]  Unknown [ ]  Other – specify:  |
| Dose 1 date: |  / / | Vaccine validated? | [ ]  Yes [ ]  No [ ]  Unknown |
| Dose 2 date: |  / / | Vaccine validated? | [ ]  Yes [ ]  No [ ]  Unknown |
| Dose 3 date: |  / / | Vaccine validated? | [ ]  Yes [ ]  No [ ]  Unknown |
| Has the case ever received a Yellow Fever vaccination? | [ ]  Yes [ ]  No [ ]  Unknown |

|  |
| --- |
| **SECTION 6: TRAVEL EXPOSURES** |
| In the 21 days prior to the onset of illness date, did the case travel? (if asymptomatic, consider exposures since 1 December 2021) | [ ]  Within WA [ ]  Unknown[ ]  Overseas – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Interstate - [ ]  ACT [ ]  NSW [ ]  NT [ ]  VIC [ ]  QLD [ ]  SA [ ]  TAS |
| If yes, regions/ towns/ suburbs/ postcodes/ LGAs/ locations/ addresses of travel: |
| Date of departure: |  / / | Date of return: |  / / |

|  |
| --- |
| **SECTION 7: POTENTIAL EXPOSURES** |
| Does the occupation of the case require them to work mostly:  | [ ]  Indoors [ ]  Outdoors [ ]  Both |
| Does the occupation of the case involve travel to regional Western Australia? |
| [ ]  No [ ]  Yes - please specify: |
| Does the case report being bitten by a mosquito in the last 21 days? | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, where? | [ ]  Home [ ]  Work [ ]  Unknown [ ]  Elsewhere- specify: |
| In the 21 days prior to the onset of illness date, did the case have any of the following exposures?(If asymptomatic, consider exposures since 1 December 2021 |
| Exposure | Reason for exposure | Details (specify exposure/ name/ animal/ location/ description): |
| Animal exposure (e.g. farm, veterinary, pig abattoir, piggery, animal transport etc.) | [ ]  Work [ ]  Leisure [ ]  Both [ ]  Unknown |  |
| Outdoor exposure (e.g. camping, fishing, hunting, gardening, outdoor work, sports or recreation etc.) | [ ]  Work [ ]  Leisure [ ]  Both [ ]  Unknown |  |
| Other (e.g. laboratory work, mosquito management) please specify in description | [ ]  Work [ ]  Leisure [ ]  Both [ ]  Unknown |  |

|  |
| --- |
| **SECTION 8: MOST LIKELY PLACE OF EXPOSURE** |
| Please indicate the most likely place the case was bitten by mosquitoes in the 21 days prior to the onset of illness date. It is important to provide as much detail as possible to identify the location e.g. street or lot number or specific part of a recreational area: |
| If the street address of the location where the case was most likely bitten by mosquitoes is known: |
| House/ Lot No.: |  | Suburb/ town/ community: |  |
| Street address: |  |
| State: |  | Postcode: |  |
| If the street address of the location where the case was most likely bitten by mosquitoes is NOT known, please describe the geographical location: |
| Location description: |  |
| Nearest suburb/ town: |  | Postcode: |  |
| Nearest landmark/ street intersection/ geocode other detail (to help pinpoint the exposure location): |
| Approximate date(s) the case was at above location: |
| Was the majority of time at the above location spent: | [ ]  Indoors [ ]  Outdoors [ ]  Both |
| Did the case notice mosquitoes at the above location? | [ ]  Yes [ ]  No  |
| Does the case remember being bitten by mosquitoes at the above location? | [ ]  Yes [ ]  No  |

|  |
| --- |
| **SECTION 9: SECOND MOST LIKELY PLACE OF EXPOSURE** |
| Please indicate the second most likely place the case was bitten by mosquitoes in the 21 days prior to the onset of illness date. It is important to provide as much detail as possible to identify the location e.g. street or lot number or specific part of a recreational area: |
| If the street address of the location where the case was most likely bitten by mosquitoes is known: |
| House/ Lot No.: |  | Suburb/ town/ community: |  |
| Street address: |  |
| State: |  | Postcode: |  |
| If the street address of the location where the case was most likely bitten by mosquitoes is NOT known, please describe the geographical location: |
| Location description: |  |
| Nearest suburb/ town: |  | Postcode: |  |
| Nearest landmark/ street intersection/ geocode other detail (to help pinpoint the exposure location): |
| Approximate date(s) the case was at above location: |
| Was the majority of time at the above location spent: | [ ]  Indoors [ ]  Outdoors [ ]  Both |
| Did the case notice mosquitoes at the above location? | [ ]  Yes [ ]  No  |
| Does the case remember being bitten by mosquitoes at the above location? | [ ]  Yes [ ]  No  |

|  |
| --- |
| **SECTION 10: MOSQUITO PROTECTIVE ACTIVITES** |
| In the 21 days prior to the onset of illness date, did the case: |
| Wear a chemical-based insect repellent? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Wear a natural-based insect repellent? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Wear insect repellent when outside? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Wear insect repellent when there were mosquitoes about? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Wear protective clothing when outside? (e.g. long sleeves/ pants) | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Use mosquito nets (i.e. face, swag, bed net etc)? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Ensured windows/ doors were adequately screened? | [ ]  Always [ ]  Sometimes [ ]  Rarely [ ]  Never [ ]  Unknown |
| Other mosquito protective actions taken: | [ ]  Yes [ ]  No [ ]  UnknownIf yes, please specify: |

|  |
| --- |
| **SECTION 11: CONTACT TRACING INFORMATION** |
| **1.1 Contact one** |
| Family name: |  | Given name(s): |  |
| Date of birth: |  / / | Age:  |  |
| Relationship to case (e.g. mother, friend) |  |
| Street address: |  | Suburb/ Town/ Community: |  |
| State: |  |
| Postcode: |  | Country: |  |
| Home phone: |  | Mobile: |  |
| **1.2 Contact two** |
| Family name: |  | Given name(s): |  |
| Date of birth: |  / / | Age:  |  |
| Relationship to case (e.g. mother, friend) |  |
| Street address: |  | Suburb/ Town/ Community: |  |
| State: |  |
| Postcode: |  | Country: |  |
| Home phone: |  | Mobile: |  |

|  |
| --- |
| **SECTION 12: ADDITIONAL COMMENTS** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |