**WA Japanese Encephalitis Case Investigation Form**

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| **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 | | | |

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| **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: |  |

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| **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: / / | |

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| **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 | | | |

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| **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  Unknown  If yes, please specify: | | Other symptoms | | Yes  No  Unknown  If 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 | | | |

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| **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 |

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| **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: | / / |

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| **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 |  | |

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| **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 | | | |

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| **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 | | | |

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| **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  Unknown  If yes, please specify: |

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| **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: |  |

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| **SECTION 12: ADDITIONAL COMMENTS** |
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