

Chikungunya -draft

ORPHEUS

- confirmed
- presumptive
- suspect
- no case

Name _____
LAST, first, initials (a.k.a.)

COUNTY _____

Address _____
Street City Zip

Phone number _____ / _____
home (H), work (W), cell (C), message (M) special housing home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message (M)

DEMOGRAPHICS

DOB / /
m d y

if DOB unknown, AGE _____

SEX Female Male

LANGUAGE _____

COUNTRY OF BIRTH _____

worksites/school/day care center _____

Occupation/grade _____

RACE (check all that apply)

White

Black

Asian

Pacific Islander

American Indian/Alaska Native

unknown

refused

other _____

Hispanic Y N
 Unknown Declined

PROVIDERS, FACILITIES AND LABS

Reporter _____ Type (circle one)
name and phone number PMD Lab-fax MDx Lab-phone ER Lab-other ICP HCP Lab-ELR

Reporter _____ Type (circle one)
name and phone number PMD Lab-fax MDx Lab-phone ER Lab-other ICP HCP Lab-ELR

Ok to contact patient (only list once)

Local epi_name _____

Date report received by LHD / /

LHD completion date / /

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic Y N ?

first symptoms / /

first fever / /

first joint pain / /

fever $\geq 38.5^{\circ}\text{C}$ (101.3 $^{\circ}\text{F}$) Y N ?

fever $\geq 38.5^{\circ}\text{C}$ (101.3 $^{\circ}\text{F}$) for 2-7 days Y N ?

arthritis Y N ?
 if yes, where

hands Y N

feet Y N

ankles Y N

other Y N

if yes, describe _____

arthralgia Y N ?

periarticular edema (swollen joints) Y N ?

skin rash Y N ?
 if yes, describe _____

ASSOCIATED SYMPTOMS

myalgia Y N ?

back pain Y N ?

head ache Y N ?

nausea Y N ?

vomiting Y N ?

weakness Y N ?

conjunctivitis Y N ?

mucosal bleeding Y N ?

meningoencephalitis Y N ?

other _____

days with symptoms _____

Ongoing symptoms at interview Y N
 if yes, describe _____

ASSOCIATED SIGNS

unable to walk Y N ?

thrombocytopenia (platelets <100k) Y N ?

leukopenia (WBC <5000) Y N ?

other _____

PRIVATE LAB DATA

Specimen collected / /

Lab _____

serology IgM pos neg
 titer _____ date of result / /

serology IgG pos neg
 titer _____ date of result / /

RT-PCR pos neg date of result / /

viral isolation pos neg date of result / /

PUBLIC HEALTH LAB DATA

Specimen collected / / Sent to PHL Y N

PHL specimenID _____

serology IgM _____ pos neg
 titer _____ date of result / /

serology IgG pos neg
 titer _____ date of result / /

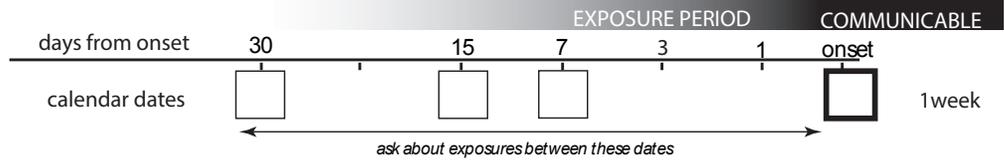
RT-PCR pos neg date of result / /

viral isolation pos neg date of result / /



INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period.



INTERVIEW SOURCES

- case (or family proxy) could not be interviewed no risk factors identified exempt (part of already recognized outbreak, etc.)
- Interviewees case parent physician other HCP _____ Interview date(s) _____

Provide ancillary details (names, locations, dates) about possible sources and risk factors checked below.

POTENTIAL SOURCES

- any mosquito bite(s) within 30 days prior to illness onset
if yes, when _____
- use of insect repellent during travel
if yes, did it contain DEET Y N
- use of bed nets nightly while travelling
- wear long sleeves while travelling
- receive any blood products or transplant in past 30 days. If yes, what and when _____

MEDICAL CONDITIONS

- joint disorder
- rheumatologic disorder
- muscular disorder
- diabetes
- cardiovascular disease
- immunosuppressed
- obesity
- respiratory disorder
- other _____

TRAVEL (last 30 days)

- outside U.S. to _____
- outside Oregon to _____
- within Oregon to _____
- Provide details about all travel; see Orpheus.
- departure ___/___/___ return ___/___/___
- Travel as part of a group
if yes, Group name _____
- Group contact _____
- Contact telephone _____

FOLLOW UP

Did you/Are you/Were you...

- take time off work or school? Y N ?
if yes, how many days? _____
- see a doctor or other clinician? Y N ?
if yes, whom/when? _____ / ___ / ___
- visit an ER? Y N ?
if yes, name/date _____ / ___ / ___

- hospitalized overnight? Y N ?
- hospital name _____
- admission ___/___/___ discharge ___/___/___
- Outcome survived died ? date of death ___/___/___
- Cause of death _____
- Notes:

EPI LINKS

Does the case know about anyone else with a similar illness?				<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, get contact information, onsets, etc.			
name	age	sex	relation to case	fever/joint pain	onset	education provided	comment	
				Y N ?		Y N ?		
_____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	
_____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	
_____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	

Specify linked cases; other details as needed

Case appears to be...

- sporadic part of a household cluster part of a multi-household outbreak OutbreakID _____
- acquired outside of Oregon if yes, where _____

SUMMARY OF FOLLOW-UP AND COMMENTS Provide details as appropriate.

- avoid mosquito exposure while febrile or first week of illness mosquito bite prevention education given confirmatory CDC testing ordered
- Other Notes:

ADMINISTRATION

Remember to copy patient's name to the top of this page.