**BASIS OF DIAGNOSIS**

### CLINICAL DATA

- **Symptomatic** □ Y □ N □ ?
- **first symptoms** ______/_____/____
- **first fever** ______/_____/____
- **first joint pain** ______/_____/____
- **fever ≥38.5°C (101.3°F)** □ Y □ N □ ?
- **fever ≥38.5°C (101.3°F) for 2–7 days** □ Y □ N □ ?
- **arthritis** □ Y □ N □ ?
  - if yes, where
    - hands □ Y □ N □ ?
    - ankles □ 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 □ ?
  - # days with symptoms ______________________
  - Ongoing symptoms at interview □ Y □ N
    - if yes, describe ____________________________

### ASSOCIATED SIGNS

- **unable to walk** □ Y □ N □ ?
- **thrombocytopenia** □ Y □ N □ ?
  - (platelets <100k)
- **leukopenia** □ Y □ N □ ?
  - (WBC <5000)
  - 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.

<table>
<thead>
<tr>
<th>days from onset</th>
<th>30</th>
<th>15</th>
<th>7</th>
<th>3</th>
<th>1</th>
<th>EXPOSURE PERIOD</th>
<th>COMMUNICABLE</th>
<th>onset</th>
<th>1week</th>
</tr>
</thead>
<tbody>
<tr>
<td>calendar dates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ask about exposures between these dates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Y   N   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 ____________________

Y   N   MEDICAL CONDITIONS

☐ joint disorder

☐ rheumatologic disorder

☐ muscular disorder

☐ diabetes

☐ cardiovascular disease

☐ immunosuppressed

☐ obesity

☐ respiratory disorder

☐ other ____________________

Y   N   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/Have 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?  ☐ Y  ☐ N

If yes, get contact information, onsets, etc.

case name ____________________ age ______ sex ______ relation to case ______

fever/joint pain  ☐ Y  ☐ N  ☐ ?  onset ______ education provided  ☐ Y  ☐ N  ☐ ?  comment

☐ ☐ ☐  ___/___/___  ☐ ☐ ☐  ___/___/___

☐ ☐ ☐  ___/___/___  ☐ ☐ ☐  ___/___/___

☐ ☐ ☐  ___/___/___  ☐ ☐ ☐  ___/___/___

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  ORPHEUS JULY 2014

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

Completed by ____________________  Date ___/___/___  Phone ____________________  Investigation sent to OHA on ___/___/___

Case report sent to OHA on ___/___/___