



Ross River virus and Barmah Forest virus disease questionnaire

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 medical practitioner.

Ross River virus (RRV) and **Barmah Forest virus (BFV)** occur throughout the State. RRV is WA's most common mosquito-borne disease.

Infections with RRV or BFV can result in a range of symptoms that may last for weeks or even months. As there is currently 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/place of exposure to RRV and BFV only. The Environmental Health Directorate, WA Department of Health, uses this information to define high risk regions and direct mosquito management priorities throughout WA. Notification form and follow-up questionnaires for other mosquito-borne viruses found in WA can be found in [Notification of infectious diseases and related conditions](#).

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 directly by the patient, or during interview by Public Health Unit or local government Environmental Health staff. Please return the completed questionnaire by scanning or taking a clear high-resolution photo of the questionnaire and emailing to DOH.HumanMBDData@health.wa.gov.au

Further information

Please contact the Medical Entomology team by email DOH.HumanMBDData@health.wa.gov.au or phone (08) 9285 5500 if you have any queries. Further information can also be found in [mosquitoes](#).



Legend:

CDCD: Communicable Disease Control Directorate
LG EHO: Local government environmental health officer
ME: Medical Entomology
PHU: Public Health Unit

Patient sick with suspected RRV and/or BFV disease

Patient visits Medical Practitioner

Patient referred to laboratory for serology testing

RRV and/or BFV disease confirmed

No mosquito-borne disease detected

No notification – no follow-up required

Ross River virus and/or Barmah Forest virus disease notification

(Mandatory notification by laboratory and/or diagnosing medical practitioner)

Metropolitan case

Laboratory notification and/or infectious disease notification form by diagnosing medical practitioner sent to CDCD

Notification entered into WANIDD by CDCD and PHU completes mandatory data fields

Notification received by ME

ME sends laboratory and doctor-notified cases to LG EHO to complete follow-up questionnaire

LG EHO contacts patient and conducts follow up

LG EHO sends completed follow-up questionnaire to ME by email

Regional case

Laboratory notification and/or infectious disease notification form by diagnosing medical practitioner sent to PHU. Notification and data entered into WANIDD by PHU

PHU regularly updates LG EHOs
in regards to notification in LG areas and clusters of disease and decides one of the options below

PHU sends laboratory and doctor-notified cases to LG EHO to complete follow-up questionnaire

OR

PHU to complete follow-up questionnaire for laboratory and doctor-notified cases

LG EHO contacts patient to complete follow-up

PHU contacts patient to complete follow-up

LG EHO provides PHU and ME follow-up information by email

PHU provides LG EHO and ME follow-up information by email



Mosquito-borne Disease Case Follow-up Questionnaire

Section 1 Patient Details				Today's Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name: <input style="width: 90%;" type="text"/>			Notification ID: WA- <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>		
Sex at birth (tick box): <input type="checkbox"/> M <input type="checkbox"/> F			Date of birth: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> YYYY - 1234567 <div style="text-align: center; font-size: small;">Day Month Year</div>		
Home street address (not PO Box): <input style="width: 95%;" type="text"/>					
Town/Suburb: <input style="width: 80%;" type="text"/>		State: <input style="width: 20%;" type="text"/>		Postcode: <input style="width: 20%;" type="text"/>	
Please indicate who completed this form (<i>tick box and provide the individual's full name, where required</i>)					
<input type="checkbox"/> Person with the illness (<i>as above</i>) <input style="width: 50%;" type="text"/>					
<input type="checkbox"/> EHO (Name and Local Govt): <input style="width: 50%;" type="text"/>					
<input type="checkbox"/> Medical practitioner or other (<i>Name and position/relation to patient</i>) <input style="width: 50%;" type="text"/>					
The following questions relate to the patient					
1) Which disease/s have you been diagnosed with (<i>tick more than one box if you were diagnosed with more than one virus</i>)					
<input type="checkbox"/> Ross River virus (RRV) <input type="checkbox"/> Barmah Forest virus (BFV)					
2) What is your occupation? <input style="width: 90%;" type="text"/>					
3) Does your job (or usual daily routine) require you to work mostly					
				Indoors	Outdoors
				Both	
4) Does your job (or usual daily routine) involve travel to regional Western Australia?					
				Yes	No
5) Have you noticed mosquitoes at					
		Home:	Yes	No	Work:
					Yes
					No
The following questions relate to the patient's symptoms and possible exposure					
Common symptoms of mosquito-borne disease include any of these symptoms: (<i>tick all that apply</i>):					
painful/swollen joints sore muscles aching tendons skin rashes fever tiredness headaches					
swollen lymph nodes. Less common symptoms may include sore eyes sore throat nausea					
tingling in the palms of the hands or soles of the feet. If you have other symptoms, please specify:					
6) What was the approximate date you first noticed symptoms ? (<i>Note: This may be days/months before visiting a medical practitioner or receiving a diagnosis. If you do not know the exact date, please provide an approximate timing.</i>)					
<input style="width: 100%;" type="text"/>					
Day / Month / Year		OR		<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	
				early/mid/late	
				Month / Year	
7) Symptoms of RRV and BFV disease first appear between 3 days and 3 weeks after being bitten by an infected mosquito. Knowing where you have been during this time can help determine the most likely place where you were infected. (<i>referring to travel logs, diaries, time stamps on digital photos, friends, relatives may be helpful</i>). Please indicate all suburbs/towns you visited in the 3 weeks before symptoms began (eg. Albany, Broome, Joondalup) and whether you reside, work or visited there. <i>Note: More specific details about these locations are requested on the next page.</i>					
Suburb/Town		Reside	Work	Visit	
1)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4)
2)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5)
3)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6)
	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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 9 - 14)

PART A: Known street address

House/Lot No: _____ Street Name: _____

Suburb: _____ State: _____ Postcode: _____

PART B: Geographical Location

Location Description:

Nearest Suburb/Town: _____ State: _____ Postcode: _____

Nearest Landmark/Street intersection/Other detail (To help pinpoint the exposure location):

9) Please indicate approximate date/s you were at the above location in the 3 weeks before you became ill
(see 1st and 2nd pages of 12/11/17)

(eg. 1st week of January, 6 - 10th April)

10) Was the majority of your time spent at the above location:	Indoors	Outdoors	Both

11) Did you notice mosquitoes at the above location?	Yes	No
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12) Do you remember being bitten by mosquitoes at the above location?	Yes	No
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13) Were you participating in any of the following recreational activities at this location?	14) Which personal protection measures did you use whilst at this location?
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Caravanning/camping	Application of a chemical-based repellent
Gardening	Application of a natural-based repellent
Fishing	Wore protective, long-sleeved clothing
Undertaking a physical activity/sport	Used mosquito nets (ie. face, swag, bed net etc)
Visiting a beach/wetland/river/lake	Ensured windows/doors are adequately screened
Other (specify):	Other (specify):



Section 3 Second most likely place of exposure

(Please answer Part A OR Part B and questions 15 - 20)

PART A: Known street address

House/Lot No:

Street Name:

Suburb:

State:

Postcode:

PART B: Geographical Location

Location Description:

Nearest Suburb/Town:

State:

Postcode:

Nearest Landmark/Street intersection/Other detail (To help pinpoint the exposure location):

15) Please indicate approximate date/s you were at the above location in the 3 weeks before you became ill

(eg. 1st week of January, 6 - 10th April)

16) Was the majority of your time spent at the above location:

Indoors

Outdoors

Both

17) Did you notice mosquitoes at the above location?

Yes

No

18) Do you remember being bitten by mosquitoes at the above location?

Yes

No

19) Were you participating in any of the following recreational activities at this location?

Caravaning/camping

Gardening

Fishing

Undertaking a physical activity/sport

Visiting a beach/wetland/river/lake

Other (specify):

20) Which personal protection measures did you use whilst at this location?

Application of a chemical-based repellent

Application of a natural-based repellent

Wore protective, long-sleeved clothing

Used mosquito nets (ie. face, swag, bed net etc)

Ensured windows/doors are adequately screened

Other (specify):

Other information

Please use the following space to add any further details that may help us define the location where you may have been infected or as extra space to expand on previous answers