Easter	n Equine Enceph	FOR STATE USE ONLY			
		(_,	Status: Confirmed Probable	☐ Suspect ☐ Not a case
Investigator: Agency:	Phone	number:		Reviewer initials: Referred to another state	
CASE				Referred to another state	
CASE					
Last name: First and middle		Date of Birth:	1 1	Estimated? Age:	
		_ Gender: [☐ Female ☐ Male	Other	
Maiden name:	Suffix:	=	Yes No Unk	date:	1 1
Address line:				Parent with partner ☐ V Separated	Vidowed
Zip:	City:	_	☐ American Indian or A ☐ Black or African Ame		Inknown Vhite
	County:	_	☐ Hawaiian or Pacific Is	slander	sian
Long-term care resident:	☐ Yes ☐ No ☐ Unknown	, -	☐ Hispanic or Latino	☐ Not Hispanic or Latino	Unknown
Facility name:		Parent/Guardian name:			
Facility phone:	() Type:	Parent/Guardian phone:()	Туре:	
EVENT					
Onset date: /	Diagnosis / date: / /		Last name:		
Event outcome:	☐ Survived this illness ☐ Died from this ☐ Died unrelated to this illness ☐ Unknown	illness	First name:		
Outbreak related:	Yes No Unknown	=	ovider type: ARNP	D MD □ NP	□ PA
Outbreak name:		r in Fa	cility name:		
Exposure setting:		wide Add			
Epi-linked:	☐ Yes ☐ No ☐ Unknown	9. Add			
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting state	thcar	Zip code:		y:
doquirou.	☐ Outside USA ☐ Unknown	Heal	· <u></u>	<u>.</u>	y:
	State: Country:		Phone : ()-	- Typ	
LABORATORY F			There: _()		··
	Specimen			☐ Serology (ELIS	SA)
Laboratory:	source:			type: PCR Oth	ner
Accession #:	Result date:	/ /	Result	□ Negative □	☐ Final Equivocal
Collection date:	 -	☐ Convalescent	□ IgG		Indeterminate
Date received:	/ / Organism:	Eastern Equine virus	s	Туре:	
Laboratory:	Specimen source:		Test	Serology (ELIStype: PCR Oth	
Accession #:	Result date:	/ /	Result	type:	☐ Final
Collection date:	/ / Test type:	☐ Acute ☐ Convalescent	☐ IgM ☐ IgG		Equivocal Indeterminate
Date received:	Organism:	Eastern Equine virus	s į	Туре:	
Laboratory:	Specimen source:		Toot	Serology (ELIStype: PCR Oth	SA)
			Result	<u> </u>	☐ Final
Accession #:	Toot type:	Acute	☐ IgM R		Equivocal
•	/ / Organism:	☐ Convalescent Eastern Equine virus	∐ IgG	☐ Positive ☐ Type:	Indeterminate

CONFIDENTIAL PATIENT NAME: _____

OCCUPATIONS										
Interpret 'occupat	tion' very lo	osely and	l conside	er every perso	n to have a	at least one 'o	ccupation'			
Occupation type: Worked after					Job title:					
symptom onset:		☐ No	Unkno	own Fac	ility name:					
Date worked from:	/	1			Address:					
Date worked to: Removed from		1			Zip code:					
duties:		☐ No	Unkno	own	City:		State:		_ County	y:
Date removed:	/	1			Phone:	()-	- Type:			
Attend or provide	nd school:	☐ Yes ☐ Yes	No No No No	☐ Unknown ☐ Unknown ☐ Unknown ☐ Unknown		Direct pa	ealth care setting: atient care duties: care worker type:	_		☐ Unknown ☐ Unknown
Occupation type:					loh title:					
Worked after symptom onset:		□No								
Date worked from:		/ 		owii Fac						
Date worked to:		1								
Removed from duties:		/	□ Unkno	014/2			State			
		/		OWII	•					y:
Date removed:	andle food:	Yes	■ No	Unknown	Filone.		- Type:			
Attend or provide Atte	child care: nd school:	☐ Yes ☐ Yes	□ No □ No	☐ Unknown ☐ Unknown			ealth care setting:	☐ Yes		☐ Unknown
Work in a l	ab setting:	Yes	☐ No	Unknown			care worker type:			
HOSPITALIZATIO										
			. –							
Was the case hosp	oitalized?									
Was the case hosp	oitalized? □			Isola	ated at entr] No □ Unk		ype (entry)	
Was the case hosp	oitalized? □			Isola] No □ Unk		, , , , ,	
Was the case hosp Hospital: Admission date: Currently isolated:	oitalized?	/		Isola		e:			, , , , ,	
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO &	oitalized? / / Yes	/ No] Unk	lsola Dis Current is	charge date	e:	/		ospitalized	:
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO & Physician diagnosis:	oitalized?	/ No S is] Unk	Isola	scharge date	e:	/ nemorrhagic	Days h	, , , , ,	
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO & Physician diagnosis:	italized? / Yes DIAGNOS Encephalit Meningitis Meningoer	/ No S is ncephalitis cid paralysi ental state	Unk As He Ot S I F	Dis Current is symptomatic epatitis/jaundiculti-system org	e an failure	e: /	/ nemorrhagic	Classi	ospitalized Clinical fication:	:Neuroinvasive
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO & Physician diagnosis: Symptoms: Pre-existing Co Before your West Diabetes High blood pres Heart attack (m Angina or coror Before WNV info	pitalized? / Yes DIAGNOS Encephalit Meningitis Meningoer Fever Acute flacc Altered me Anorexia Coma Confusion Cranial ner Cranial ner Cranial ner Conductions Nile virus Surre (hyper Cryocardial intery artery dection, did 1	/ No Sis is incephalitis is incephalitis is incephalitis intal state in the state i	Unk As He Ot S Ection, di Cong Strok Chro	Current is Symptomatic epatitis/jaundic ulti-system org ther Double vision Eye pain Eatigue Eever Gait/balance di d a health car gestive heart face nic obstructive nic liver diseas	e an failure cifficulty re provider allure	Dengue h fever/ Dengu Headache Joint pain Muscle pain Nausea Photophobia Rash ever tell he/sh	nemorrhagic ue shock Stiff neck Swollen lyr Tremors Vertigo Vomiting Other sym ne had any of the Kidney Bone n D) Alcoho	classion classion classion classion classion classion classion classion classion classical class	Clinical fication: medical c failure splant	Neuroinvasive Non-neuroinvasive Non-neuroinvasive
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO & Physician diagnosis: Symptoms: Pre-existing Co Before your West Diabetes High blood pres Heart attack (m Angina or coror Before WNV info	Poitalized? Yes Yes DIAGNOS Encephalit Meningitis Meningoer Fever Acute flace Altered me Anorexia Coma Confusion Cranial nei Cranial nei Cranial nei Coma Confusion Cranial nei Coma Cranial nei Cranial nei Comparison Cranial nei Cran	/ No Sis is incephalitis is incephalitis is incephalitis intal state in the state i	Unk As He Ot S Ection, di Cong Strok Chro	Current is Symptomatic epatitis/jaundic ulti-system org ther Double vision Eye pain Fatigue Eever Gait/balance di d a health car gestive heart fate inic obstructive inic liver diseas	e an failure cifficulty re provider ailure pulmonary se	Dengue refever/ Dengue refererererererererererererererererere	nemorrhagic le shock Stiff neck Swollen lyr Tremors Vertigo Vomiting Other sym He had any of the Kidney Bone n Alcoho Case h	classing the classing the classing the classing the classing the classic transition of the class	Clinical fication: medical c failure splant	Neuroinvasive Non-neuroinvasive Non-neuroinvasive
Was the case hosp Hospital: Admission date: Currently isolated: CLINICAL INFO & Physician diagnosis: Symptoms: Pre-existing Co Before your West Diabetes High blood pres Heart attack (m Angina or coror Before WNV info	Poitalized? Yes / Yes DIAGNOS Encephalit Meningitis Meningoer Fever Acute flace Altered me Anorexia Coma Confusion Cranial net Coma Cranial net Coma Confusion Cranial net Coma Company C	/ No Sis is is is is is is is is is id paralysi ental state In the paralysi farction isease in transplan isease in transplan	Unk As He Ot S S S S S S S S S S S S S S S S S S	Current is Symptomatic epatitis/jaundic ulti-system org ther Double vision Eye pain Fatigue Eever Gait/balance di d a health car gestive heart fate inic obstructive inic liver diseas	e an failure ifficulty re provider ailure pulmonary se	Dengue he fever/ Dengue	memorrhagic ue shock Stiff neck Swollen lyn Tremors Vertigo Vomiting Other sym Me had any of the Kidney Bone n Alcoho Case h Organ was transp	classing cla	Clinical fication: medical c failure splant	Neuroinvasive Non-neuroinvasive Non-neuroinvasive
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CONFIDENTIAL PATIENT			va Department of Public Health
	lf y	/es, are you currently being treated for cancer:] Yes □ No □ Unk
Before WNV infection, did the case any medical condition that lir			
his/her ability to fight infect	tion? Yes No Unk	If yes, what condition:	
At the time WNV infection was diagn Chemotherapy Other treatments for cancer Hemodialysis Other treatments for kidney disease	osed, was the case taking any of the fo Oral or injected steroids Inhaled steroids Insulin or other medications to treat Medications to treat high blood pres	☐ Medications to treat cor ☐ Medications to treat cor diabetes ☐ Medications that suppre	onary artery disease gestive heart failure
INFECTION TIMELINE			
Enter onset date in dark-line	EXPOSURE PERIOD	COMMUNICAE	LE PERIOD
box. Enter dates for start of exposure period and start and end of communicable period.	The incubation period for EEE is 3 to 14 days.	No direct person to person transmission	
RISK FACTORS/TRAVEL	***************************************		
If yes, list MOST RECENT vaccinatio			
Disease: ☐ Yellow feve	Disease: ☐ Yellow ☐ JE	fever	
Date vaccinated:	Date vaccinated: /	1	
Lot #:	Lot #:		
Vaccine type:	Vaccine type:		
Manufacturer:	Manufacturer:		
Number of vaccinations:			
Traveled within U.S.? ☐ Yes ☐ No ☐ Unk State:		Departure date: / / Departure date: / /	Return date: / / Return date: / /
In the 15 days prior to onset of s Traveled within lowa? City in ☐ Yes ☐ No ☐ Unk Iowa: Traveled within U.S.? ☐ Yes ☐ No ☐ Unk State: Traveled outside U.S.?		date: / / / Departure	date: / / Return
In the 15 days prior to onset of s Traveled within lowa? City in ☐ Yes ☐ No ☐ Unk Iowa: Traveled within U.S.? ☐ Yes ☐ No ☐ Unk State: Traveled outside U.S.?	City:	date: / / Departure date: / / Departure	date:
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