



# 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](mailto:DOH.HumanMBDData@health.wa.gov.au)

## Further information

Please contact the Medical Entomology team by email [DOH.HumanMBDData@health.wa.gov.au](mailto: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

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

OR



## Mosquito-borne Disease Case Follow-up Questionnaire

<b>Section 1 Patient Details</b>		Today's Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Name: <input style="width: 95%;" type="text"/>	Notification ID: <b>WA-</b> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>	
Sex at birth (tick box): <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	YYYY - <input style="width: 15%;" type="text"/> 1234567
Home street address ( <b>not PO Box</b> ): <input style="width: 95%;" type="text"/>		
Town/Suburb: <input style="width: 35%;" 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> )		
Person with the illness ( <i>as above</i> )	<input style="width: 95%;" type="text"/>	
EHO (Name and Local Govt):	<input style="width: 95%;" type="text"/>	
Medical practitioner or other ( <i>Name and position/relation to patient</i> )	<input style="width: 95%;" type="text"/>	
<b>The following questions relate to the patient</b>		
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 ( <b>RRV</b> )	<input type="checkbox"/> Barmah Forest virus ( <b>BFV</b> )	
2) What is your occupation? <input style="width: 95%;" type="text"/>		
3) Does your job (or usual daily routine) require you to work mostly	Indoors	Outdoors
4) Does your job (or usual daily routine) involve travel to regional Western Australia?	Yes	No
5) Have you noticed mosquitoes at	<b>Home:</b> Yes No	<b>Work:</b> Yes No
<b>The following questions relate to the patient's symptoms and possible exposure</b>		
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 <b>first noticed symptoms</b> ? ( <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: 20%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 20%;" type="text"/>	<b>OR</b>	<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"/>
Day / Month / Year		early/mid/late      Month / Year
7) Symptoms of RRV and BFV disease first appear between <b>3 days and 3 weeks</b> 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 <b>all</b> suburbs/towns you visited in the <b>3 weeks before symptoms</b> 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>		
1) <input style="width: 20%;" type="text"/>	Reside	Work
2) <input style="width: 20%;" type="text"/>	Reside	Work
3) <input style="width: 20%;" type="text"/>	Reside	Work
4) <input style="width: 20%;" type="text"/>	Reside	Work
5) <input style="width: 20%;" type="text"/>	Reside	Work
6) <input style="width: 20%;" type="text"/>	Reside	Work





### 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)*

<b>16) Was the majority of your time spent at the above location:</b>	Indoors	Outdoors	Both
<b>17) Did you notice mosquitoes at the above location?</b>	Yes	No	
<b>18) Do you remember being bitten by mosquitoes at the above location?</b>	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