ARBOVIRAL DISEASE

Disease name

Disease	Select the name of the disease from the list of options provided.

Basis of diagnosis

Clinical criteria

Fits clinical description	Select the 'Yes' option if the case fits the clinical description for the disease as provided in the Arboviral Diseases section of the latest Communicable Disease Control Manual. For Zika virus infection only, an asymptomatic case in a pregnant woman fits the clinical description.
Clinical features	Tick the appropriate clinical syndrome(s): • encephalitis: acute CNS disease with aseptic meningitis or encephalitis • fever with or without exanthem • arthritis and rash. Specify any other clinical feature of the disease that was present in the Clinical Comments section, including "asymptomatic" for pregnant women with Zika virus infection, if applicable.

Laboratory criteria

Meets laboratory criteria	Indicate if the case meets the laboratory criteria for the disease. If not, select the 'No' option. If not known or unavailable then select the 'Unknown' option The laboratory confirmation requirements are given below in the 'Classification' section.
Laboratory results	Indicate the status of each laboratory testing method. If the laboratory test results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out, select 'Not Done'. Specify any other tests that were carried out but are not listed.

Additional laboratory details

Serotype	Specify the serotype if identified.
Previous dengue infection	If the case has dengue fever, indicate whether there is evidence of previous dengue infection.

Classification

Classification	**Under investigation** - a case which has been notified but information is not yet available to classify it as probable or confirmed. **Probable** – a clinically compatible illness in a person who has had exposure during the incubation period in a country with known specific arbovirus activity and laboratory suggestive evidence. **Confirmed** – a clinically compatible illness that is laboratory confirmed.

	Laboratory definitive evidence **requires** at least one of the following: • detection of arbovirus specific nucleic acid (PCR) • specific arbovirus IgG seroconversion from negative to positive • significant increase in arbovirus specific IgG between acute and convalescent serum, when arbovirus IgM is detected in acute serum • detection of dengue virus specific antigen (NS-1 antigen) (for dengue fever only). Laboratory suggestive evidence **requires**: • detection of arbovirus-specific IgM. **Not a case** – a case that has been investigated, and subsequently found not to meet the case definition.

Risk factors

Overseas travel	Indicate whether the case was overseas during the incubation period for the disease. If 'Yes', record the date of arrival in New Zealand. List the countries/regions visited (up to three) from the most recent to the least recent. Record date of entry and departure in each country/region.
Country where arboviral disease acquired	From the countries/regions listed, specify where the disease was most probably acquired and also the specific location within that country.
Prior history of overseas travel	If the case has not been overseas recently, indicate whether any prior history of overseas travel might account for the infection. If 'Yes', record details of this travel. If not known or unavailable then select the 'Unknown' option.
Travel within New Zealand	Indicate whether the case had travelled within New Zealand during the 15 days before becoming ill. If 'Yes', specify where in New Zealand the case travelled. If not known or unavailable then select the 'Unknown' option.
Contact with imported goods	Indicate whether the case's occupation involves contact with imported goods, in particular tyres or machinery. This may include working at a seaport, airport or storage/distribution warehouse. If not known or unavailable then select the 'Unknown' option.
Other risk factor	Specify any other risk factors under surveillance for the disease if they were present.

Protective factors

Immunisation	Indicate whether the case had been immunised with the appropriate vaccine **at any time before** becoming ill. If there is no vaccine for the disease, select the 'NA' option. If not known or unavailable then select the 'Unknown' option. If 'Yes', specify the date of the last vaccination and indicate the source of the information - Patient/caregiver or Documented evidence
Precautions	Indicate how often the case took any of the precautions listed. Specify any other precaution taken against biting insects that is not listed.

Management

Pregnancy (Zika only)	For cases of Zika virus infection indicate whether the case is pregnant. For male cases select the 'NA' option. If not known or unavailable then select the 'Unknown' option. If 'Yes', specify the gestation at the time of onset of symptoms or at the date a clinical specimen was collected if the case was asymptomatic.