

Department of Health Security

National monitoring of tick-borne encephalitis (TBE)**Symptom and exposure survey**

This form is intended for use by healthcare professionals. The form can be filled in with existing information in advance and supplemented during the interview with the infected person. The form asks for dates, including the TBE vaccination date. Always write down the dates of all events if the interviewee can tell them. If the date is not known, enter the most accurate estimate of the time in the open field of the question.

Tell the interviewee about TBE monitoring if necessary:

In Finland, all TBE virus antibody findings are reported to the National Infectious Diseases Register. Based on the notifications, persons who have fallen ill are interviewed by telephone. On the basis of the Communicable Diseases Act, the contact details are obtained from the unit that cared for the sick person. All information will be treated confidentially.

The main purpose of the interview is to determine the most likely place of infection of tick-borne encephalitis. By monitoring the places of infection, risk areas for tick-borne encephalitis are defined and national vaccination recommendations are issued.

1. Interviewer

Name _____

Location _____

2. Interview date: _____._____._____**3. Personal data of the infected person**

Name _____

Personal identity code _____

Home address _____

Home municipality _____

Phone number _____

Department of Health Security

4. Gender

Tick the appropriate option in the empty box

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>

5. Informant (if not the infected person)

Name _____

Relationship with the infected person (e.g. close relative/guardian of a person aged under 18)

Phone number _____

Tick-borne encephalitis is typically a two-stage disease. The first symptoms usually occur approximately a week after the tick bite, but the time may vary between 4 and 28 days. After the asymptomatic phase (3-21 days), some patients develop the second stage of the disease, the actual encephalitis.

6. What was the **first symptom of TBE?**

7. When did the first symptom occur? (Date or estimated date in the question 8)

_____-_____-_____

8. Most accurate estimation of the date when the first symptom **occurred.**

9. What other symptoms of tick-borne encephalitis did the patient experience? List the symptoms indicated by the interviewee in the table. Make sure that a response is selected for each option.

	Yes	No	Not known
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department of Health Security

Headache			
Nausea			
Neck stiffness			
Light sensitivity			
Convulsions			
Visual disorder			
Consciousness disorder			
Speech disorder			
Paralysis			

- 10.** Any other symptoms? (Ask if the infected person had any other symptoms that have not yet been mentioned and write them down in the open text box.)

- 11.** Was the patient treated at the hospital for tick-borne encephalitis?

Tick the appropriate option in the empty box

Treatment	Yes	No	Not known
In inpatient ward			
In intensive care unit			

- 12.** What is the TBE vaccination status of the infected person?

Tick the appropriate option in the empty box

Not vaccinated	
1 dose of the basic series	
2 doses of the basic series	
Full basic series (3 doses)	
Basic series + booster(s)	
Vaccination status unknown	

- 13.** When did the infected person get the **latest** TBE vaccine? (Date or estimated date in the question 14)

_____ - _____ - _____

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- 14.** Most accurate estimation of the date when the infected person got the latest TBE vaccine.
-

Information about exposure

- 15.** Did the infected person notice a tick **attached** to their skin?

Tick the appropriate option in the empty box

Yes	
No	
Not known	

- 16.** When did they notice the tick? (date or estimated date in the question 17)

____-____-_____

- 17.** Most accurate estimation of the date when the infected person noticed a tick attached to their skin.
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- 18.** Where was the tick most likely attached?

Indicate the location as accurately as possible (street, forest or shore area, yard, etc. For example, if the tick was acquired in a summer cottage, indicate the municipality of the cottage, address or any other relevant information)

Department of Health Security

Ask the infected person to consider the following questions **for four weeks (28 days) before** any symptoms occurred (carefully consider the questions, especially if the person has not noticed a tick attached to their skin or they are uncertain where the tick was acquired).

- 19.** Activities in the outdoors **in home municipality** 4 weeks before symptoms occurred, (for example, in home yard, while doing some activity, activities in forest, such as berry or mushroom picking, hunting etc. camping or being in the summer cottage or perhaps walking a dog?

Tick the appropriate option in the empty box

Yes	
No	

- 20.** If yes, **where and when?** Indicate the location as accurately as possible, for example, address, forest or shore area and time

Travelling

Ask the infected person whether they have travelled in Åland, elsewhere in Finland or abroad within **four weeks(28 days)** before the symptoms occurred.

- 21.** Has the infected person travelled to **Åland** 4 weeks before symptoms occurred?

Tick the appropriate option in the empty box

Yes	
No	

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22. If yes, **where and when?** Indicate the location as accurately as possible, for example, address, forest or shore area and time

23. Has the infected person travelled **elsewhere in Finland** 4 weeks before symptoms occurred?

Tick the appropriate option in the empty box

Yes	
No	

24. If yes, **where and when?** Indicate the location as accurately as possible, for example, address, forest or shore area and time

25. Has the infected person travelled **abroad** 4 weeks before symptoms occurred?

Tick the appropriate option in the empty box

Yes	
No	

26. If yes, **where and when?** Indicate the location as accurately as possible, for example, address, forest or shore area and time

Department of Health Security

Other information about exposure

27. Does the infected person have pets or other contact with animals? Make sure that a response is selected for each option.

	Yes	No	Not known
A dog			
A cat			
They live on a farm			
Other contacts, through a hobby or friends			
No animal contacts			

28. More information about animal contacts, if needed:

29. Has the infected person drunk unpasteurised or raw milk or eaten products made from it?

Yes	
No	
Not known	

30. If yes, what products have they eaten or drunk?

31. When and where did they eat/drink the products?

32. Ask the interviewee if they remember any other relevant information they would like to share.

Thank you for your cooperation!