

HTLV-1 case investigation form

Case ID | _____ |

A Investigator

Name of investigator	Phone	Setting/team	Date of investigation
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B Reporter

Name of reporter	Phone	Health facility	Date of reporting
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C Treating/Family physician

Name	Phone	Health facility	Country
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C Patient identity

Patient name		Gender	Date of birth	Age
Nationality	Type of residence <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Worker <input type="checkbox"/> Refugee	Residence: caza	Locality	Phone

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D Clinical diagnosis

Motif of diagnosis	Date of onset	Date of diagnosis
<input type="checkbox"/> Symptomatic, specify: <input type="checkbox"/> ALT Adult T-cell Leukemia/lymphoma <input type="checkbox"/> HAM/TSA HTLV1-Associated Myelopathy / Tropical Spastic Paraparesis <input type="checkbox"/> Polymyositis <input type="checkbox"/> Chronic arthropathy <input type="checkbox"/> Infective dermatitis <input type="checkbox"/> Panbronchiolitis <input type="checkbox"/> Uveitis <input type="checkbox"/> Other:		
<input type="checkbox"/> Asymptomatic, specify: <input type="checkbox"/> Blood donor screening <input type="checkbox"/> Family screening <input type="checkbox"/> Other:		

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E Laboratory diagnosis for HTLV1

Dates	Test ¹	Type of test	Laboratory	Result

⁽¹⁾ Screening tests: Enzyme-linked immunoassay (EIA), particle agglutination (PA)

Confirmatory test: PCR, Western Blot (WB), immunofluorescence assay (IFA), radioimmunoprecipitation assay (RIPA)

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F Risk factors: blood transfusion - Receiver

Dates	Place: Country	Received products ²	Health facility	Donor identity

⁽²⁾ Whole blood, red blood cells, platelets

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G Risk factors: blood transfusion – Donor

Dates	Place: Country	Products	Blood Bank	Notes

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H Risk factors: Blood contact

Health profession	<input type="checkbox"/> Yes, specify:	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Working in health facility	<input type="checkbox"/> Yes, specify:	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Exposed to blood accident(s)	<input type="checkbox"/> Yes, nb:	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

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I Risk factors: Drug usage

Are you drug-user?	<input type="checkbox"/> Yes, now	<input type="checkbox"/> Yes, in the past	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did you use intravenous drugs?	<input type="checkbox"/> Yes, now	<input type="checkbox"/> Yes, in the past	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did you share needles?	<input type="checkbox"/> Yes, now	<input type="checkbox"/> Yes, in the past	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
How do you qualify yourself?	<input type="checkbox"/> Occasional user	<input type="checkbox"/> Regular user (past/now)	<input type="checkbox"/> Non-user	<input type="checkbox"/> Unknown

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J Risk factors: Family

	Nb (all)	Nb of currently alive	Known HTLV1 status	HTLV1- diseases, specify if yes
Father	1			
Mother	1			
Siblings				
Spouse(s)				
Children				
Did you breast fed from your mother?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Did you breast fed from other women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

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K Risk factors: Sexual intercourse

	Nb regular partners	Nb irregular partners	Protective measures			
With males			<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
With females			<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
With sexual workers (M/F)			<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

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L Risk factors: Travel to HTLV1 endemic countries³

Date(s)	Country	Stay period(s)	Risky behavior			
			<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Drugs	<input type="checkbox"/> Sex	<input type="checkbox"/> Other
			<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Drugs	<input type="checkbox"/> Sex	<input type="checkbox"/> Other
			<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Drugs	<input type="checkbox"/> Sex	<input type="checkbox"/> Other
			<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Drugs	<input type="checkbox"/> Sex	<input type="checkbox"/> Other
			<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Drugs	<input type="checkbox"/> Sex	<input type="checkbox"/> Other

⁽³⁾ HTLV1 endemic countries: Caribbean, Parts of Africa, Japan and Central and South America, Iran

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Notes: