



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Filarial Infections

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

(____) - ____ - ____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Headaches

Chills

Body aches

Swollen lymph nodes

Edema

Swelling of genitalia

Larvae in the eye

Skin rashes

Lymphatic damage

TREATMENT

Treated with antifilarial or antiparasitic? Y N

Type of antifilarial or antiparasitic: _____ Date Started _____ Duration _____

1. _____ /____/____

2. _____ /____/____

3. _____ /____/____

Diethylcarbamazine citrate (DEC) is not approved by the FDA; obtain from CDC after confirmed positive lab results. Ivermectin, anti-parasitic, effective against the microfilariae of *W. bancrofti*, but has no effect on the adult parasite. Doxycycline (200mg/day for 4-6 weeks) to treat adult worm

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result	
Antibody	___/___/___	Serum Urine Other	Positive	Negative
Antigen	___/___/___	Serum Urine Other	Positive	Negative
PCR (DNA)	___/___/___	Serum Urine Other	Positive	Negative
Culture	___/___/___	Serum Urine Other	Positive	Negative
Screen	___/___/___	Serum Urine Other	Positive	Negative
Other <small>Describe below</small>	___/___/___	Serum Urine Other	Positive	Negative

Identification of microfilariae in a blood smear by microscopic examination; or serologic enzyme immunoassay tests, including antifilarial IgG1 and IgG4. See lab note below

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** infections before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|-------------------------------|---|---|-----|-----------------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | <i>(If yes)</i> Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/ | Y | N | Unk | | Vacation | Other: _____ |
- country clearance before recent out-of-country trip? *Incubation period: 3–6 months in *B. malayi*; 6-12 months in *W. bancrofti*

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

Notes on diagnostic testing:

1. Blood smear by microscopic examination
2. Serologic enzyme immunoassay tests, including antifilarial IgG1 and IgG4, provide an alternative to microscopic detection of microfilariae for the diagnosis of lymphatic filariasis.
3. Tissue specimens to visualize adult worms or microfilariae
4. Ultrasonography which allows visualization of adult worms