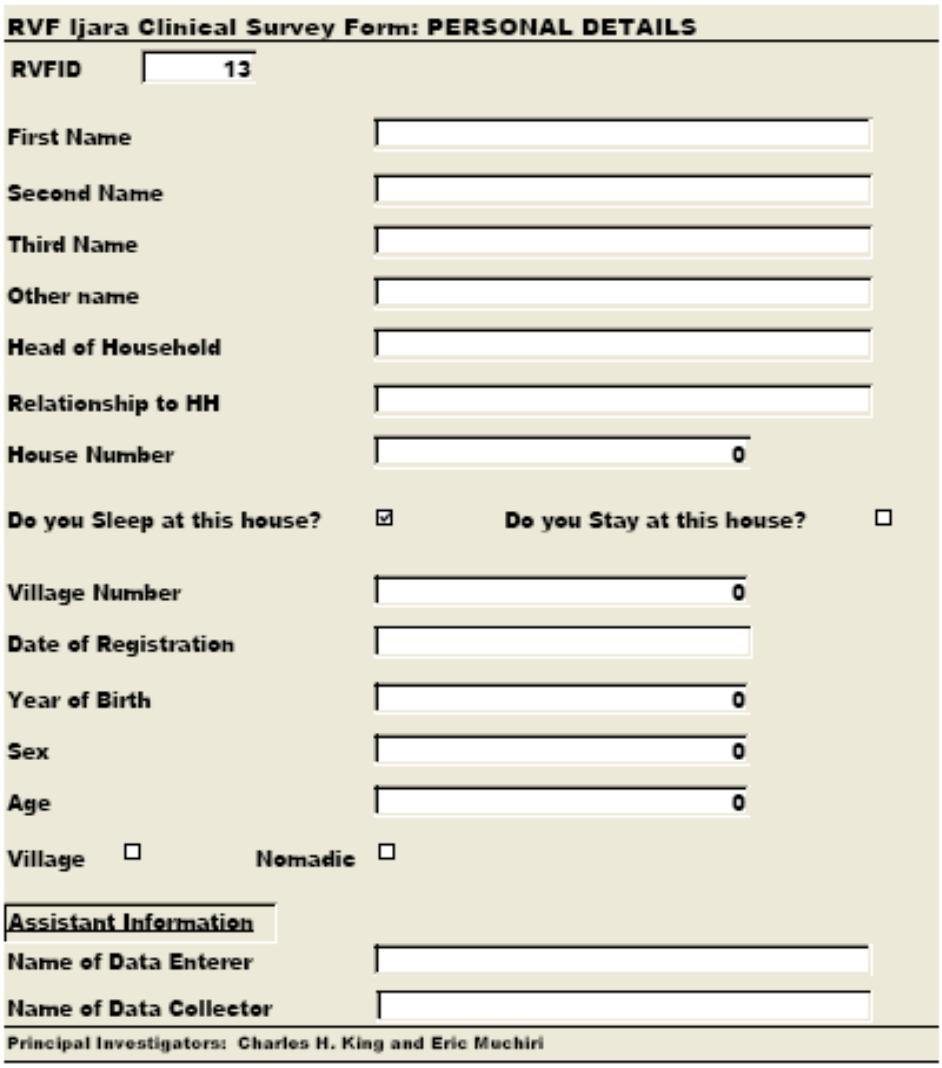
Interepidemic Rift Valley Fever Virus Seropositivity, Northeastern Kenya

Technical Appendix 1

Study participants received the following structured interview regarding housing, animal exposure, motor function, visual function, and recent or remote Rift Valley fever–related symptoms.



RVF Ijara Clinical Survey Form: PERSONAL DETAILS

RVFID 13

First Name

Second Name

Third Name

Other name

Head of Household

Relationship to HH

House Number 0

Do you Sleep at this house? ☑ Do you Stay at this house? ☐

Village Number 0

Date of Registration

Year of Birth 0

Sex 0

Age 0

Village ☐ Nomadic ☐

Assistant Information

Name of Data Enterer

Name of Data Collector

Principal Investigators: Charles H. King and Eric Muchiri

RVF Ijara Clinical Survey Form: EXPOSURES

RVFID 11000

Data Collector Name

Data Enterer Name

Non-Animal Exposures

What type of settlement do you live in?

Was your home ever flooded? ☐
When was it flooded?

Have you ever been displaced by a flood? ☐
When were you displaced?

Do you use a mosquito net? ☐
How often do you use the net?

Do you use fire? ☐
How often do you use fire?

Do you use other forms of mosquito control?
Have you had a recent mosquito bite? ☐

Have you had any personal illness? ☐
When were you ill?

Have you had an ill family member? ☐
When was your family member ill?

Have you had contact with a dead human body? ☐
When was your contact with a dead body?

Animal Exposures

Please check any animal contact. Sheep contact ☐ Cow contact ☐
Goat contact ☐ Camel contact ☐

Have you sheltered livestock in your home? ☐
camel ○ sheep ○ goat ○ cow ○ Other

Have you killed an animal? ☐
camel ○ sheep ○ goat ○ cow ○ Other

Have you butchered an animal? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you skinned an animal? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you cooked with meat? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you milked an animal? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you ever drank raw animal milk? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you ever cared for birthing animal? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Have you ever disposed of an aborted animal fetus? ☐

camel ○ sheep ○ goat ○ cow ○ Other

Symptoms Have you ever had any of the following symptoms? If yes, please indicate when.

Fever	☐	Red eyes	☐	Hard to arouse	☐
Sick Feeling	☐	No appetite	☐	Coma	☐
Muscle aches	☐	Flushing	☐	Neck stiffness	☐
Chills	☐	Nausea	☐	Poor vision	☐
Backache	☐	Vomiting	☐	Nosebleeds	☐
Eye pain	☐	Painful eyes to light	☐	Vomiting Blood	☐
Headache	☐	Confusion	☐	Bloody stool	☐
Rash	☐	Spinning	☐	Bruising	☐

Principal Investigators: Charles H. King and Eric Muchiri

RVF Ijara Clinical Survey Form: PHYSICAL EXAM

RVFID 0 Weight 0 Height 0

General Wasted ☐

Head

Eyes

Scleral hemorrhages ☑ Scleral Icterus ☐

Ears

Nose

Throat

Neck

Normal movement ☐

Chest

Heart

Murmur ☐

Abdomen

Hepatomegaly ☐ Splenomegaly ☐

GU

Neuro

Skin

Jaundice ☐ Petechiae ☐ Purpura ☐ Ecchymosis ☐

Lymphadenopathy

Cervical ☐ Axillary ☐ Inguinal ☐

Other

Name of Medical Doctor

Name of Data Enterer

Principal Investigators: Charles H. King and Eric Muchiri

RVF Ijara Clinical Survey Form: OPHTHALMOLOGIC EXAM

RVFID: 0

Visual Acuity-OS: 0

Visual Acuity-OD: 0

Anterior Chamber-OS:

Anterior Uveitis-OS ☐

Anterior Chamber-OD:

Anterior Uveitis-OD ☐

Posterior Chamber-OS:

Vitreous reaction-OS ☐

Posterior Chamber-OD:

Vitreous reaction-OD ☑

Retina-OS:

Retinitis-OS ☐ Macular-OS ○ Paramacular-OS ○

Retinal Hemorrhage-OS ☐

Zone-OS:

Area-OS:

Optic disc edema-OS ☐

Retinal vasculitis-OS ☐

RVF Related Disease-OS ☐

Retina-OD:

Retinitis-OD ☐ Macular-OD ○ Paramacular-OD ○

Retinal Hemorrhage-OD ☐

Zone-OD: 0

Area-OD:

Optic disc edema-OD ☐

Retinal vasculitis-OD ☐

RVF Related Disease-OD ☐

Comments:

Ophthalmologist Name:

Data Enterer Name:

Principal Investigators: Charles H. King and Eric Muchiri