Jim Doyle
Governor

Kevin R. Hayden
Secretary

State of Wisconsin

Department of Health and Family Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhfs.wisconsin.gov

April 27, 2011

To: Local, Tribal and Regional Health Officials, Infection Preventionists, Physicians and other Health Care Providers, Hospital and Laboratory Staff

From: Diep (Zip) Hoang Johnson
Vectorborne Disease Coordinator
Wisconsin Division of Public Health (DPH)

Subject: Guidelines for Arbovirus surveillance, 2011

As previous years, we will continue to confirm all presumptive positive laboratory results reported by physicians and private laboratories at the Wisconsin State Laboratory of Hygiene (WSLH). Case-patients testing positive at the WSLH will be reported to CDC as confirmed. Case-patients for whom specimens are unavailable for confirmatory testing at the WSLH will be reported to CDC as probable. Prompt notification of all IgM antibody test results to the DPH is essential in order for us to obtain specimens at commercial laboratories for confirmation.

The Dead Bird Reporting Hotline (1-800-433-1610) and dead bird testing for WNV will again be available for callers starting May to October. The DPH will update its website with a listing of the number of cases and updating the map for all WNV activities by county as new information is being received.

New important information for 2011:

1) The hotline staff at the USDA, Wildlife services office, Barbara Bodenstein will answer all questions regarding dead birds. Local health departments can call the Dead Bird Reporting Hotline at 1-800-433-1610. As soon as a county has **one** positive dead bird result, testing for dead bird in that particular county will not be continued for the rest of the season.

*** Please note the shipping has been changed from FedEx to UPS for 2011 (refer to attachment C)**

2) Starting Monday 5/2/11, The Health Alert Network (HAN) application will be moved to a new server. The new HAN URL is https://phin.wisconsin.gov/han
The West Nile Bird Reporting system within the HAN will also be moved to a new URL https://phin.wisconsin.gov/westnile

   On April 29, 2011, the HAN application will be taken down at 6:00 p.m. on Friday 4/29 and will not be available until early Monday 5/2. Any attempt to access West Nile Bird Reporting application at its old location will be forwarded to the new location with a pop-up

screen as a reminder to update your bookmarks to the new URL. There should not be any changes to West Nile Bird Reporting application in its new location. If you experience any problems with the new URL site, please follow report to the WI IT Help Desk at 608-261-4400.

3) The WI Arbovirus Follow-up Form (CDES-103 revised 7/10) PDF is attached to this email.

4) Dengue (not endemic in US) and Powassan (a rare tick-borne arbovirus seen in WI) have always been reportable under the Wisconsin statutory mandates as part of the Arbovirus group and are nationally notifiable diseases reportable to CDC. Current CDC health advisory recommends Dengue IgM testing for anyone ill with arbovirus-like symptoms returning from endemic countries.

5) DPH continues to collaborate with the UW-Madison, Department of Entomology to perform mosquito surveillance throughout Wisconsin.

6) WNV educational materials can be ordered directly from the DHFS Forms Center:
   a. Use the link to access the order form:
   http://dhs.wisconsin.gov/forms/PrintFormsOnline.htm

   b. Follow the instructions to fill out the form F-80025A (for up to 15 different brochure types) or F-80025B (>15 different brochure types) and email the form to:
   Cris Caputo @ (608)267-9054 - dhsfmdphpph@dhs.wi.gov

Available WNV materials:

1) Form/Publication #DPH-P42107 - "Fight the Bite" West Nile Virus in Wisconsin.
2) Form #DPH-P42166 - Mosquito-borne Pocket Card: "Use Protection, Avoid Infection".
3) Form #DPH-P9460- West Nile Virus is Something You Can Do Something About with a Few Simple Steps, CDC-998593, English.
4) Form #DPH-P49460S- West Nile Virus is Something You Can Do Something About with a Few Simple Steps, CDC-998593, Spanish.
5) Form #DPH-P00203- West Nile Virus and Transplant Recipients, CDC-99-9919.

The Wisconsin DPH WNV information web page surveillance data and other resource material can be found at http://www.dhs.wisconsin.gov/communicable/westNilevirus/
For further questions, please contact Diep (Zip) Hoang Johnson at 608-267-0249 or email at diep.hoangjohnson@wi.gov.

SURVEILLANCE FOR ARBOVIRUS INFECTIONS

Laboratory Testing Capability (Humans)

Available diagnostic tests at the Wisconsin State Laboratory of Hygiene (WSLH) include IgM capture enzyme immunoassays (IgM CEIA) that will identify IgM antibodies in serum and cerebrospinal fluid (CSF) specific to La Crosse (LAC) encephalitis virus, and Eastern Equine encephalitis (EEE) virus. A microsphere immunoassay is used to test serum and CSF for IgM specific to WNV and St. Louis encephalitis (SLE) virus. Clinicians should also consider enterovirus PCR and culture testing of the CSF (WSLH test code 1507 pcr) for patients with apparent aseptic meningitis.

Confirmatory testing: The WSLH will no longer perform the Plaque Reduction Neutralization assay (PRNT) on equivocal results, but will send them to CDC for confirmation. The decision to perform confirmatory testing will require approval of the Division of Public Health (DPH) or the WSLH. Confirmatory testing for other arboviruses (LAC, EEE, SLE, POW, and DEN) will continue to be performed by the CDC.

Fee-exempt testing: Fee-exempt testing for arbovirus infection will be offered to clinicians whose patients meet one of the following criteria:

- Confirmatory testing of positive test results performed at laboratories other than the WSLH;
- The patient is over 65 years old with signs and symptoms of meningitis (fever, headache and stiff neck) or encephalitis (fever, headache, and altered mental status ranging from confusion to coma) with no other laboratory diagnosis; or
- The patient has a diagnosis of Guillain-Barré syndrome and no other laboratory diagnosis.
- The local health department may request fee-exempt testing be performed if the case-patient lacks insurance coverage or the ability to pay.

Fee-for service: The WSLH will again provide fee-for-service testing for arbovirus infections. Meeting clinical criteria is **not** required to submit serum or CSF specimens to the WSLH for fee-for-service arboviral screening.

Collection and shipping of clinical specimens to the WSLH

- Specimens submitted to the WSLH for fee-exempt testing must include the WSLH **Attachment A - Enhanced Wisconsin Arbovirus Surveillance Form (4/10)**.
- Specimens submitted for fee-for-service testing must use the **WSLH CDD Requisition Form B**.
- At least 3-7 mls of serum and/or $\geq$1ml of CSF in sterile screw-capped vials should be submitted on cold packs. Please contact the WSLH-Clinical Stock Orders, for ordering of kits and WSLH CDD Requisition Form B at 1-800-862-1088 or 608-265-2966.
- It is **essential** that the lab requisition forms be as complete as possible including **the patient name, city, date of birth, specimen type, submitting agency, collection date and time**.

Positive Human Arbovirus Reporting and Follow-Up

- The WSLH reports positive human arboviral test results by electronic reporting (ELR) to DPH and reports all test results to the agency submitting the sample.

- The DPH will promptly report by phone all positive human arboviral test results to the LHD where the patient resides. Vice versa, the LHD should report by phone to DPH any presumptive positive from physicians or commercial labs within 24 hours even if cases have been entered into WEDSS so that we can quickly obtain specimens from the private labs for confirmation. Most commercial labs will throw out their samples after one week.

- If it is determined that the patient does not reside within the jurisdiction of the LHD, that health department is expected to forward the case to the appropriate LHD for follow up.

- The LHD should contact the physician and the submitting laboratory or hospital infection preventionists (IP) regarding these test results.

- The LHD should ensure the test results have been relayed to the healthcare provider, patient, or hospital IPs before any information will be released to the public.

- LHD staff should use the enclosed Attachment B - Arboviral Infection Follow-up Form, CDES 103 (see Attachments section) to collect follow-up information requested by the DPH within 72 hours. In addition to the WI Arbovirus follow-up form, all **confirmed WNV** positive cases should also have the CDC supplementary form filled out to collect patient's medical history and complications. Both forms have been programmed into WEDSS (see attachment E).

- Once the follow-up has been completed and the paperwork returned to DPH, if the case definition is met then the case will be counted in the state total, the DHS WNV website will be updated to reflect the case, and the case will be reported to CDC.

- With the exception of the first human **confirmed case** of West Nile virus infection identified in the state for the season, an unusual outbreak of cases, or introduction of a new arbovirus into the state, any of which may prompt a statewide press release, the decision about releasing information on subsequent positive cases will be up to the LHD. The DPH can provide the LHD with a press release template if needed.

- The only information DPH will release regarding positive human cases includes acknowledgement of the positive case, the onset date of the illness, and county of residence of the positive individual. No demographic information (such as sex, age, or hospitalization status of a patient) will be released. Protection of an individual's privacy is of paramount concern when releasing information on human infections. The same criteria will apply should any individuals succumb to the disease.

Case Definition of Human Arbovirus Infections

The DPH will follow current CDC case definitions and classifications of arbovirus infections including West Nile virus encephalitis classified as **neuroinvasive** and West Nile fever classified as **non-neuroinvasive**. A case must meet one or more of the above **clinical criteria AND** one or more of the **laboratory criteria.**

Common Clinical Description:
A non-specific, self-limited, febrile illness characterized by the acute onset of fever, headache, arthralgias, myalgias, and fatigue.

1. Neuroinvasive disease requires the presence of fever (≥100.4°F or 38°C) and at least one of the following:

- Encephalitis- acutely altered mental status
- Other acute signs of central or peripheral neurologic dysfunction such as paresis, acute flaccid paralysis (AFP), movement disorders, palsies, or sensory deficits
- Meningitis-pleocytosis (increased WBC count) in CSF associated with illness clinically compatible with meningitis (stiff neck, headache)

Common Clinical Description:
Meningitis characterized by fever, headache, stiff neck, and pleocytosis or encephalitis characterized by fever, headache, and altered mental status ranging from confusion to coma with or without additional signs of brain dysfunction (e.g., paresis or paralysis, cranial nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions, and abnormal movements).

2. Non-Neuroinvasive disease (West Nile Fever) requires, at minimum:

- Presence of fever (as measured by the patient or clinician)
- Absence of neuroinvasive disease (above)
- Absence of a more likely clinical explanation for the illness

Laboratory Criteria for Diagnosis (applies to all arbovirus infections including WNV)
Cases of arboviral disease are also classified as either **confirmed** or **probable**, according to the following laboratory criteria, specified in the CDC case description:

Confirmed case:

- Fourfold or greater change in virus-specific serum antibody titer, or
- Isolation of virus or demonstration of specific viral antigen or genomic sequences in tissue, blood, or CSF, or
- Virus specific immunoglobulin M (IgM) antibodies in CSF or serum with confirmatory virus-specific neutralizing antibody testing performed in the same or later specimen

Probable case:

- IgM antibodies in serum or CSF detected by antibody-captured EIA but with no confirmatory test results for virus-specific neutralizing antibodies in the same or a later specimen.

2011 Bird Surveillance (WNV)

Corvid Surveillance (crows, blue jays, and ravens):
The DPH is requesting the report of **all** sick and dead corvids during May 1 to October 31 for WNV testing. Reporting of other dead/sick species is also encouraged.

- Birds that are suitable for testing outlined in **Attachment C - 2011 West Nile Virus Corvid Collection/Shipment Instructions** will be collected and shipped to the USDA, Wildlife Services in Sun Prairie, Wisconsin.

- **UPS (account # 072V8A)** will be used to transport dead birds for testing to USDA (see attachment C for complete information). The USDA will be responsible for transporting the birds to the University of Wisconsin Veterinary Diagnostic Lab (WVDL) for tissue extraction and submission for WNV using PCR performed on a skin biopsy.

- When one WNV positive bird is detected within a county, corvid specimens from that county will no longer be accepted for testing.

- We are relying on assistance from LHDs as well as other local entities including animal control staff to continue to report dead and sick birds on the Health Alert Network (HAN). This will provide data entry and tracking capabilities for reporting sick and dead birds, printing reports, and accessing summaries of dead bird reporting and testing. Please do not send reports to DPH for entry.

- The system can be accessed via the HAN at https://phin.wisconsin.gov/han. If you are not a registered HAN user, click the Register tab and follow the directions to become a registered user. This should be done as soon as possible. Reports may be sent to USDA for entry into HAN if needed.

- All WNV test results from corvid bird surveillance will be posted to the HAN West Nile Virus Bird Reporting System by the WVDL and will be available to LHDs as the tests are completed.

- DPH will promptly report WNV positive bird(s) by phone or email to the respective LHD. In addition, the Hotline staff will call the LHD with the positive bird to notify them of the bird's specific information (i.e. where and when it was collected). LHDs may also access the HAN WNV Bird Reporting system to find information on all submitted birds.

- We request that the LHD contact the bird submitter (i.e. animal control officer or veterinarian) if the submitter was not an LHD staff, to inform them of positive test results.

- With the exception of the first WNV birds identified in the state, which may be statewide news events, the LHD will decide whether to release information to the public on subsequent positive cases. A press release template is available from the DPH.

- Once the LHD is informed of positive test results, information on WNV positive birds will be posted to the DHFS WNV web site with the next update (no sooner than 24 hours after the LHD is notified).

- A copy of the Sick/Dead Bird reporting form, **Attachment D – Wisconsin West Nile Virus Surveillance: Sick/Dead Bird Reporting Form 2011** is enclosed for your reference.

Non-Corvid Surveillance (birds and mammals)

WDNR West Nile Virus Non-Corvid Surveillance Plan for 2011

WDNR surveillance efforts will focus on any non-corvid bird or mammal that is showing clinical signs of WNV, or that is involved in a significant mortality event (die-off of >5 individuals), and as part of routine diagnostic testing during necropsies.

Reports of sick/dead non-corvid birds should be referred to the local DNR office/Wildlife Biologist or the Dead Bird Hotline (1-800-433-1610). The Dead Bird Hotline will be staffed daily from May 1 through October 31 to respond to citizen reports of sick/dead birds and requests for WNV and Avian Influenza (AI) information. During the off-season, the hotline number will have a messaging service where callers can leave sick/dead bird reports and hotline staff will respond back or refer calls as appropriate. Reports of sick/dead mammals should be referred to the local DNR office/Wildlife Biologist.

Equine Surveillance (WNV)

- The Veterinary Diagnostic Laboratory (WVDL) will continue to notify DPH of positive results.

- The DPH will forward, either by phone or by FAX, basic information on the animal and the test results to the LHD where the animal or animal owner resides. Specific information on individual cases can be requested from the DPH. Please be aware that equine information related to arboviral surveillance held by LHD staff **is not** protected by medical confidentiality. Past requests to LHD for equine information resulted in health departments being legally obligated to provide the information requested.

- Once the LHD, veterinarian, and horse owner are informed of the test results, information on WNV positive horse cases will be posted to the DHFS WNV web site with the next update. Information posted will only identify a positive horse and the county where it resides.

Attachments:

1. **Attachment A**: WSLH Enhanced Wisconsin Arbovirus Surveillance Form (rev4/11). This form should be used to order human arbovirus testing, enclosed with the samples, and send to WSLH.

2. **Attachment B**: Arbovirus Infection Follow-up Form, CDES 103 (rev7/10) is attached in the email. This form can also be found in EpiNet, The State of Wisconsin Disease Surveillance Manual, under Arboviral Diseases/Report forms/Arboviral Diseases/CDES. To access the link, please click on: https://phin.wisconsin.gov/han

3. **Attachment C**: West Nile Virus Corvid Collection/Shipment Instructions (rev04/11).

4. **Attachment D**: Wisconsin West Nile Virus Surveillance- Sick/Dead Bird Reporting Form (rev04/11).

5. **Attachment E**: CDC Supplementary Questionnaire for Confirmed WNV (rev04/11)

Attachment A: Enhanced Wisconsin Arbovirus Surveillance (rev04/11)

WISCONSIN STATE LABORATORY OF HYGIENE

Patient Name (Last,First) _____	**SUBMITTING AGENCY:** **(Name & Address)**
Patient Address _____	
Patient City _____	
Patient State if not Wisconsin _____	**Physician's Name**_____ **Agency Telephone #:** _____ **SLH Agency#:** _____
Age or Date of Birth: _____	
Patient Sex: M / F	**Bill to: 609** **Study: Arbo Surv**

Specimen Type: ___ CSF ***(must be iced in transit)*** **___ Acute Serum ___ Convalescent Serum**
(Note: Both CSF and serum are recommended in acute cases.)

Collection Date: _____ **Illness Onset Date:** _____

Hospitalized? ☐ **Yes** ☐ **No** **Travel History:** _____

Reason for Testing:
(Note: The request must meet one of the following criteria to qualify for fee-exempt testing)

☐ Confirmatory testing of positive test results performed at laboratories other than the WSLH

☐ The patient is over 65 years old with signs and symptoms of meningitis (fever, headache and stiff neck) or encephalitis (fever, headache, and altered mental status ranging from confusion to coma) with no other laboratory diagnosis

☐ The patient is diagnosed with Guillain-barre' syndrome with no other laboratory diagnosis

☐ Approved by local health department

WSLH Test Names & Codes

☐ **Eastern Equine Encephalitis IgM CEIA Ab (2437M)**
☐ **La Crosse Encephalitis IgM CEIA Ab (2440M)**
☐ **West Nile Virus/ St. Louis Encephalitis IgM (2443)**
☐ **Arbovirus IgM Panel (2435)**

___ Specimen Shipping Instructions: CSF and serum must be shipped with cool-pack; SLH kit #22 or equivalent may be used.
Specimens should be shipped to: **Wisconsin State Laboratory of Hygiene, 465 Henry Mall, Madison, WI 53706**
(Note: Separate specimens and forms should be submitted if other testing is desired.)

Attachment C: WEST NILE VIRUS
CORVID COLLECTION/SHIPMENT INSTRUCTIONS (rev04/11)

1. Collect freshly dead, non-scavenged crows, blue jays, and ravens. The corvid carcass should be free of maggots and strong odor, and have intact eyes. ***

2. Live sick birds should be humanely euthanized by injection of barbiturate euthanasia solution or by cervical dislocation.

3. Wear rubber gloves when handling sick or dead birds. If you have no gloves, insert your hand into a clean plastic bag, pick up the bird with the bagged hand, invert the bag over the bird and seal the bag.

4. Freeze birds as soon as possible after collection.

5. Place each bird in an individual plastic bag and seal. If more than one bird is shipped, each bag must be identified. Double bag the individual carcasses as a group.

6. For each bird or group of birds submitted from one location, complete a "Wisconsin West Nile Virus Surveillance: Sick/Dead Bird Reporting Form". Include a copy of this form with each submitted bird. Information needed for each bird must include:
    a. species
    b. date collected
    c. location (e.g. street address/city/zip code, or township/section/range)
    d. found dead or euthanized
    e. additional history as requested on the Sick/Dead Bird Reporting Form

    *Cooperators (who have access) may enter the information on the HAN system and then include the printout or reporting form OR the information will be entered on the HAN system for you by the Dead Bird Hotline Staff when the package is received.

7. Birds can be shipped in Styrofoam or plastic coolers placed inside a cardboard box as the final shipping container. Insert newspaper or other fill into the space between the sides of the box and the cooler to prevent breakage or leakage. Line the cooler with a large plastic bag and pack the carcasses in the cooler with ice packs. Place crumpled newspaper or similar absorbent material into the cooler with the bagged carcasses to fill unused space, keep the ice packs in contact with the carcasses, and provide insulation. Tape the cooler or box shut with strapping tape.

8. Place the "Sick/Dead Bird Reporting Form" in a Ziploc bag and place the Ziploc bag in the shipping container with specimen.

9. **Arrange shipment via UPS** for delivery to the USDA, APHIS, Wildlife Services Program. **DO NOT SHIP PACKAGES ON FRIDAYS!**
    a. Fill out the date, your name, company/agency, address, and telephone number.

b. Check to make sure the recipient's information on the label is correct with the following information:

USDA APHIS Wildlife Services
732 Lois Drive
Sun Prairie, WI 53590
(608) 837-2727
UPS account# 072V8A

c. Packages can be sent via UPS ground or next day air shipping within WI; ground shipping will be delivered overnight to USDA.
d. Contact the Dead Bird Hotline at 1-800-433-1610 to indicate that you are sending a package.

10. Styrofoam boxes, coldpaks, and shipping labels for shipping birds can be sent to you upon request. Please contact the Dead Bird 'Hotline' staff at 1-800-433-1610 to request containers for corvid shipments.

***** For other bird species, contact the Dead Bird hotline or local DNR office to find out whether it can be tested for WNV or other diseases by the DNR.**

.

Attachment D: Wisconsin West Nile Virus Surveillance- Sick/Dead Bird Reporting Form

USDA APHIS Wildlife Services Disease Program
Wisconsin Division of Public Health
Wisconsin Department of Natural Resources

Rev04/2011

For Office use only:
HAN ID #

Wisconsin West Nile Virus Surveillance:
Sick/Dead Bird Reporting Form

Person Completing Form:

Name: _____ Date: _____/_____/_____

Agency: _____ Phone: _____

Dead Corvid (crow, blue jay, raven) Information:

Species: _____ Date Bird found: ____/_____/____

Bird mortality (check one): found dead _____ euthanized _____

Location where dead bird was found:

Address/Location: _____ City: _____

County: _____ State: _____ Zip Code: _____

1) Were other sick/dead birds found near this bird? Yes____ No____
2) Describe sick bird behavior _____
3) Other information _____
_____

Is this bird being submitted for WNV testing? Yes _____ No _____

Date collected: _____/_____/_____

Lab Information (to be completed by lab staff only - please check all samples collected)

Sample collected: ☐ ***Skin*** ☐ ***Cloacal Swab*** ☐ ***Oropharyngeal swab***

☐ ***Kidney*** ☐ ***Liver*** ☐ ***Brain*** ☐ ***Spleen***

Bird Age:_____ ***Sex of Bird:*** ☐ ***M*** ☐ ***F*** ☐ ***U***

TO SHIP A DEAD CORVID: When shipping a bird for WNV testing, include a copy of this form with the carcass.

TO ONLY REPORT A DEAD CORVID: With prior approved access, enter this information into the HAN web-based bird reporting system or FAX or phone this information to Dead Bird Hotline staff. FAX: 608 837-6754 or PHONE: 1-800-433-1610.

Attachment E. CDC Supplementary Questionnaire (rev04/11)
Questions to Assess Underlying Medical Conditions and Medication Use

1. Before your West Nile virus infection, did a health care provider ever tell you that you had any of the following medical conditions?

Diabetes	□ Yes	□ No	□ Unknown
High blood pressure (hypertension)	□ Yes	□ No	□ Unknown
Heart attack (myocardial infarction)	□ Yes	□ No	□ Unknown
Angina or coronary artery disease	□ Yes	□ No	□ Unknown
Congestive heart failure (CHF)	□ Yes	□ No	□ Unknown
Stroke	□ Yes	□ No	□ Unknown
Chronic obstructive pulmonary disease (COPD)	□ Yes	□ No	□ Unknown
Chronic liver disease	□ Yes	□ No	□ Unknown
Kidney failure or chronic kidney disease	□ Yes	□ No	□ Unknown
Alcoholism	□ Yes	□ No	□ Unknown
Bone marrow transplant	□ Yes	□ No	□ Unknown
Solid organ transplant	□ Yes	□ No	□ Unknown

If yes: What organ was transplanted?: _____
What year was the transplant?: _____

Cancer □ Yes □ No □ Unknown

If yes: What type(s)?: _____
What year were you diagnosed?: _____
Are you currently being treated for cancer?: □ Yes □ No □ Unknown

2. Before your West Nile infection, did a health care provider ever tell you that you had a medical condition that limited your ability to fight an infection? □ Yes □ No □ Unknown

If yes: What condition(s)?: _____

3. At the time you were diagnosed with West Nile virus infection, were you taking any of the following types of prescription medications or treatments?

Chemotherapy	□ Yes	□ No	□ Unknown
Other treatments for cancer	□ Yes	□ No	□ Unknown
Hemodialysis	□ Yes	□ No	□ Unknown
Other treatments for kidney disease	□ Yes	□ No	□ Unknown
Oral or injected steroids (not inhaled or topical)	□ Yes	□ No	□ Unknown
Insulin or other medications to treat diabetes	□ Yes	□ No	□ Unknown
Medications to treat high blood pressure	□ Yes	□ No	□ Unknown
Medications to treat coronary artery disease	□ Yes	□ No	□ Unknown
Medications to treat congestive heart failure	□ Yes	□ No	□ Unknown
Medications that suppress the immune system	□ Yes	□ No	□ Unknown

4. Which of the following sources provided the information above? **(check all that apply)**

Patient	□ Yes	□ No	Family member/friend	□ Yes	□ No
Provider	□ Yes	□ No	Medical record	□ Yes	□ No