



Reaction to March fly bite: Follow-up questionnaire

Background

In recent years the WA Department of Health has been notified of an increase in the number of severe allergic reactions to March fly bites throughout northern WA. There is some thought that severe reactions are associated with a particular species of March fly.

Your responses to this questionnaire will help to identify areas where March flies are causing severe allergic reactions in people across the State. The information provided will inform research and potential control strategies for March flies in WA's northwest.



Confidentiality

The information collected from this questionnaire will remain completely confidential. It will be used for the sole purpose of guiding the WA Department of Health to investigate the impact of March flies on human health. No information that identifies individuals will be made available outside the WA Department of Health.

Return completed forms

An electronic and hard copy version of this form are available. The questionnaire can be completed by the patient, medical personnel or local government Environmental Health staff. Please return the completed questionnaire by email or post to:

Email: medical.entomology@health.wa.gov.au

Post: Medical Entomology
Environmental Health Directorate
WA Department of Health
PO Box 8172
Perth Business Centre WA 6849

Further information

For more information, please contact Biological and Applied Environmental Health Hazards (BAEHH) by email medical.entomology@health.wa.gov.au or phone (08) 9285 5500.

Section 1 patient details

Today's date: ____ / ____ / ____

Name: _____

Gender: Male Female Other (specify) _____ Date of birth: ____ / ____ / ____

Home address (not PO Box): _____

Suburb: _____ State: _____ Postcode: _____

Please indicate who completed this form (tick box and provide further details where required):

- Patient
 EHO (Name & Local Govt): _____
 Other (Name & position/relation to patient): _____

Section 2: March fly bite details

Date of March fly bite: ____ / ____ / ____ Time of day when bitten: ____ : ____ AM PM

How many times were you bitten? _____ Where were you bitten (eg. arms)? _____

Have you been bitten before? Yes No Have you had a reaction before? Yes No

Please describe previous reaction (if applicable): _____

Section 3: Most likely place of exposure to March flies

Please only answer Part A OR Part B.

- Part A should be completed if you recall the exact location you were bitten.
- Part B should be completed if you are unsure of the exact location but recall the general area.

PART A - Known street address where bitten

House/lot No.: _____ Street Name: _____

Suburb: _____ State: _____ Postcode: _____

-- OR --

PART B - Geographical location

Nearest town/suburb: _____ State: _____ Postcode: _____

Location description (nearest landmark/street/other detail to help pin-point exposure location): _____

Section 4: Clothing worn by individual at time of March fly bite/s

Clothing shade: Light Dark **Length of clothing:** Long Short
(If a combination, choose 'short')

Predominant colour of clothing (choose a maximum of two colours):

Red	Blue	Green	Brown	Black	Yellow
Purple	Pink	Orange	Other (please specify)		

Section 5: Impact of March fly bite on patient

Patient reaction to March fly bites: Local Mild Moderate Severe

Symptoms exhibited by patient:

- | | |
|---|--|
| <input type="checkbox"/> Localised redness | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Chest tightness |
| <input type="checkbox"/> Hives or welts | <input type="checkbox"/> Breathing difficulties |
| <input type="checkbox"/> Nausea and/or vomiting | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Other (please describe) |

Other known allergies of patient:

Section 6: Other information

Were you wearing repellent while bitten? Yes No Type:

Please add any further details that you may find relevant to this questionnaire:

Thank you for completing this questionnaire