

Supplement: Questionnaire administered for Rift Valley fever investigation, Mali-France, 2016

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A) Preceding exposures to Rift Valley Fever Virus

Have you ever been on a trip or on military deployment to Africa or Middle East before?

No Yes

B) Stay in Mali

Arrival in Mali

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Departure in Mali

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From september to your departure, did you stay at Abeibara?

No Yes

From september to your departure, did you stay in another location in Mali ?

No Yes

If yes, which ones?

Location 1

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Location 3

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Location 2

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Location 4

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C) Health status

From september to your departure, did you have any of these following symptoms?

Fever or fever feeling (episode 1) No Yes If yes, when?

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Fever or fever feeling (episode 2) No Yes If yes, when?

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Headache No Yes

Vision trouble No Yes

Retro-orbital pain No Yes

Diarrhea No Yes

Arthralgia No Yes

Vomiting No Yes

Myalgia No Yes

Colored urine No Yes

Nose/gums bleeding No Yes

Other symptoms No Yes

If other symptoms, which ones?

If you had some symptoms, did you seek for medical care?

No Yes

Did anyone else in your unit have similar symptoms at the same time?

No Yes If yes, how many?

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D) Exposures to Rift Valley Fever Virus

If you had a least one symptom during september to your departure, please answer the following questions:

During the 10 days before your symptom(s)

Did you see any animals (sheeps, goats, zebus, camels,...) No Yes

If yes, which animal(s)?

Where were they?

Around the camp Inside the camp Other location

Around the camp Inside the camp Other location

Around the camp Inside the camp Other location

Did you pet/touch/handle an animal? No Yes

If yes, which animal(s)?

Were they dead or alive?

dead alive

dead alive

dead alive

Did you participate in the slaughter of a local animal? No Yes

If yes, which animal(s)?

Did you drink any local milk? No Yes

If yes, from which animal(s)?

Did you boil it before drinking?

No Yes

No Yes

No Yes

Did you eat any local meat? No Yes

If yes, from which animal(s)?

How was the cooking?

rare medium well-done

rare medium well-done

rare medium well-done

Were you bitten by mosquitoes? No Yes

If yes, how often? 1-2 bites/day
 3-5 bites/day
 5-10 bites/day
 >10 bites/day

when? mostly during the day
 mostly during the evening
 all day long

Were you bitten by other insects? No Yes

If yes, which ones?

Did you clean or sleep in a place which hosted some animals? No Yes

Did you provide care to a wounded person? No Yes

For everybody, during september to your departure:

Did you see any animals (sheeps, goats, zebus, camels,...) No Yes

If yes, which animal(s)?

Where were they?

Around the camp

Inside the camp

Other location

Around the camp

Inside the camp

Other location

Around the camp

Inside the camp

Other location

Did you pet/touch/handle an animal? No Yes

If yes, which animal(s)?

Were they dead or alive?

dead alive

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Did you participate in the slaughter of a local animal? No Yes

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Were you bitten by other insects? No Yes

If yes, which ones?

Did you clean or sleep in a place which hosted some animals? No Yes

Did you provide care to a wounded person? No Yes