

NICD RIFT VALLEY FEVER (RVF) SPECIMEN SUBMISSION FORM

Case definition and criteria for laboratory testing: Any person with recent close contact with livestock in or from suspected RVF areas, presenting with fever or influenza-like illness (which may include fever, myalgia, arthralgia or headache), **OR** fever and features of: encephalitis, haemorrhage, hepatitis and/or ocular pathology (retinitis).

Precautions – other causes for these symptoms must be considered such as malaria, Crimean-Congo haemorrhagic fever (CCHF), tick-bite fever and bacterial infections.

NICD HOTLINE TEL: 082-883-9920

SPECIAL PATHOGENS UNIT (SPU) TEL: 011-386-6382 or 011-386-6376 or Dr Jackie Weyer 082-903-9131

PATIENT DETAILS

| | | | |
|---------------------------------|---|---|--|
| NAME & SURNAME: | | | |
| AGE/DOB: | | | |
| GENDER: | M | F | |
| OCCUPATION: | | | |
| NAME OF TOWN / FARM / DISTRICT: | | | |

CONSULTATION/ADMISSION DETAILS

| | | | |
|------------------------------|--|--|--|
| NAME OF THE CLINICIAN: | | | |
| CELL/TEL NUMBER: | | | |
| HEALTH FACILITY NAME & WARD: | | | |
| DATE OF CONSULTATION: | | | |

CLINICAL DETAILS

| | | | |
|---------------------------|-----|----|-----------------------|
| DATE OF ONSET OF ILLNESS: | | | |
| FEVER (DOCUMENTED): | Yes | No | TEMPERATURE: _____ °C |
| COMPLICATIONS: | | | |

EXPOSURE DETAILS

| | | | |
|--|-----|----|--|
| DATE OF EXPOSURE: | | | |
| CONTACT WITH ANIMAL TISSUES: | Yes | No | |
| If yes, what kind of contact: | | | |
| DRANK UNPASTEURISED MILK: | Yes | No | |
| LIVES ON THE FARM BUT NO DIRECT CONTACT: | Yes | No | |

LABORATORY INFORMATION

| | | | |
|-----------------------------------|--|--|--|
| LAB NAME: | | | |
| DATE SPECIMEN COLLECTED: | | | |
| NAME OF PATHOLOGIST/TECHNOLOGIST: | | | |
| TEL, CELL & FAX: | | | |

NICD USE ONLY

| | | | |
|------------------------------------|--|--|--|
| TCD No. | | | |
| LAB RESULTS | | | |
| RESULTS PHONED BY: (name and date) | | | |