|  |
| --- |
|  **SUSPECTED ZIKA CASE INVESTIGATION FORM** |
| Filled in by:  |       | Contact number: |       |
| Date:  | \_\_/\_\_/\_\_\_\_  | Information collected from:  |       |
|  |  |
| ARBOVIRAL DISEASE UNDER INVESTIGATION | *(Tick appropriate boxes)* |
| [x]  ZIKA | [ ] Dengue | [ ] Chikungunya |
| Specimen submitted:  | [ ] Blood/serum | [ ] Amniotic fluid | [ ] Foetal tissue | [ ] Other, specify: |       |
|  |  |  |  |  |  |
| PATIENT INFORMATION |  |
| Name: |       |  | DATE | NO | YES |
| Age: |    | Yrs. | Birth date: | \_\_/\_\_/\_\_\_\_ | Sex: | M[ ]  F[ ]  | Is the patient (px) pregnant? |  | **[ ]**  | **[ ]**  |
| Address: |       | Date of last menstrual period? | \_\_/\_\_/\_\_\_\_ |  |  |
|  |       | Expected delivery date? | \_\_/\_\_/\_\_\_\_ |  |  |
| Consultation:  | \_\_/\_\_/\_\_\_\_ | Number of weeks pregnant? |    |  |  |
| Admission (whap): | \_\_/\_\_/\_\_\_\_ | until | \_\_/\_\_/\_\_\_\_ | Any abnormalities detected on foetal ultrasound? | **[ ]**  | **[ ]**  |
| Treatment received:  |       | If specimen is foetal tissue, were any foetal abnormalities detected? | **[ ]**  | **[ ]**  |
|  |       | If px is a neonate, does s/he have any congenital anomalies? | **[ ]**  | **[ ]**  |
| Hospital name (whap): |       | If abnormalities/anomalies detected, describe: |  |  |
| Physician name:  |       |       |
| Physician Tel No. |       |       |
|  |  |  |  |  |  |
| SYMPTOMS: *(Tick appropriate boxes)* | Date of onset: | \_\_/\_\_/\_\_\_\_ | And/or | Duration illness: |      | days |
| [ ] Headache | [ ] Fever | [ ] Rash  |  | [ ] Arthritis/arthralgia  | [ ] Conjunctivitis | [ ] Haemorrhage |
| [ ] Malaise |  | *(Site)* | *(Appearance)* | *(Site)* |  |  |
| [ ] Stomachache | Max Temp  | [ ] face | [ ] macular | [ ] hands | [ ] non-purulent | [ ] epistaxis |
| [ ] Vomiting |       | °C | [ ] arms | [ ] papular | [ ] feet | [ ] purulent | [ ] haematemesis |
| [ ] Diarrhoea | [ ] biphasic  | [ ] palms | [ ] petechial | [ ] knees |  | [ ] melaena |
|  | [ ] constant | [ ] trunk | [ ] urticarial | [ ] back | [ ] Conjunctival | [ ] menorrhagia |
|  | Duration (days): | [ ] legs | [ ] pruritic |   | hyperaemia | [ ] petechiae |
|  |       | [ ] soles | [ ] other | [ ]  Myalgia | [ ] Retro-orbital pain | [ ] purpura |
|  |  |  |       |  |  | [ ] vene-puncture |
| [ ]  Other:  |       |
|  |  |  |  |  |  |  |
| COMPLICATIONS: | [ ] Death | [ ] Guillian-Barré | [ ] Neurological abnormalities: |       |
|  | [ ] Auto-immune disease | [ ] Immune-compromised/chronic illness: |       |
|  |  |  |  |  |  |  |
| PATHOLOGICAL FINDINGS  | *(Tick appropriate box (yes, no; UNK: unknown); Attach test results)* |
| Differential diagnostics: | POS | NEG | UNK |  | YES | NO | UNK | Additional findings:  |
| [ ] Malaria  | [ ]  | [ ]  | [ ]  | Leucopenia | [ ]  | [ ]  | [ ]  |       |  |
| [ ] Leptospirosis | [ ]  | [ ]  | [ ]  | Lowest WBC count:  |       | 10^9/L |  |  |
| [ ] Rickettsia | [ ]  | [ ]  | [ ]  | Thrombocytopenia  | [ ]  | [ ]  | [ ]  |  |  |
| [ ] Group A streptococcus | [ ]  | [ ]  | [ ]  | Lowest plts. count: |       | 10^9/L |  |  |
| [ ] Rubella | [ ]  | [ ]  | [ ]  | Latest plts. Count: |       | 10^9/L |  |  |
| [ ] Measles | [ ]  | [ ]  | [ ]  | Haematocrit:  |       | % |  |  |
| [ ] Parvovirus | [ ]  | [ ]  | [ ]  | Elevated liver function | [ ]  | [ ]  | [ ]  |  |  |
| [ ] Enterovirus | [ ]  | [ ]  | [ ]  | Highest ALT:  |       | U/L |  |  |
| [ ] Adenovirus | [ ]  | [ ]  | [ ]  | Highest AST:  |       | U/L |  |  |
|  |  |  |  |  |  |  |  |
| PATIENT EXPOSURE HISTORY | YES | NO | UNK | When?  | Where?  |
| Px been diagnosed with dengue before? | [ ]  | [ ]  | [ ]  | \_\_/\_\_\_\_ (month/year) |       |
| Px received yellow fever vaccination?  | [ ]  | [ ]  | [ ]  | \_\_\_\_ (year) |       |
| Px occupation?  |       | Since : \_\_\_\_ (year) |       |
| During the past month, did patient travel? | [ ]  | [ ]  | [ ]  | From: \_\_/\_\_/\_\_\_\_  | Until: \_\_/\_\_/\_\_\_\_ | Name of country, city or area: |
| Px had recent (< 12 days) contact or bites:  | [ ]  | [ ]  | [ ]  | \_\_/\_\_\_\_ (month/year) |       |  |
| [ ] Mosquito bites | [ ] Contact + Rodent (urine, bite, wading in water) | [ ] Sexual contact |  |  |
| [ ] Tick bite | [ ] Contact + Monkeys or other non-human primates | [ ] Blood transfusion |  |  |
|  |  |  |  |  |  |  |

**POST COMPLETED FORM WITH SPECIMEN TO**:

Arbovirus Reference Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa

**FAX OR EMAIL COMPLETED FORM TO:**

0865964423 or cezd@nicd.ac.za