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| --- |
| **SUSPECTED CRIMEAN-CONGO HAEMORRHAGIC FEVER CASE HISTORY FORM** |
| Filled in by:  |       | Contact number: |       |
| Date:  | \_\_/\_\_/\_\_\_\_  | Information collected from:  |       |
|  |  |
| PATIENT INFORMATION |
| Name: |       | Sex: | M [ ]  | F [ ]  | Birth date: | \_\_/\_\_/\_\_\_\_ | Or | Age: |    | Years |
| Address: |  | Occupation:  |       |
|  |  |  |       |
|  |  |  |  |
| PATIENT COURSE  |
| Consultation date: | \_\_/\_\_/\_\_\_\_ |  | Name and location health facility: |       |
| Admission date:  | \_\_/\_\_/\_\_\_\_ |  | Name and location hospital:  |       |
| Date first symptoms: | \_\_/\_\_/\_\_\_\_ |  | [ ] in isolation | [ ] ICU | [ ]  ward:  |       | (name) |
| *Describe symptoms:*  |  | Name physician(s):  |  |
|  | Contact No(s) :  |  |  |       |
|  |
| CLINICAL FEATURES | *(Tick appropriate box (yes, no; UNK: unknown)* |
| **Symptoms** | **YES** | **NO** | **UNK** | **Date appearance** | **Signs** | **YES** | **NO** | **UNK** | **Date appearance** | **Describe Complications:** |
| Fever ( °C) | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Reduced consciousness | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Chills  | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Purpura/ecchymosis | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Headache | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Petechiae | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Nausea | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Reddened eyes | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Vomiting | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Bleeding gums [ ] nose[ ]  | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Diarrhoea | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Black/bloody vomit | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Dehydration | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Black/bloody stool | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Abdominal pain | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Blood in urine | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Muscle pain | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Jaundice | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Back pain | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Hepatomegaly  | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Malaise | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Lymphadenopathy | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
| Ocular pain | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | Eschar | [ ]  | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ |  |
|  |
| PATHOLOGICAL FINDINGS | (Please attach test results)  |
| Date | \_\_/\_\_/\_\_\_\_ | \_\_/\_\_/\_\_\_\_ | \_\_/\_\_/\_\_\_\_ | \_\_/\_\_/\_\_\_\_ |  | **Describe other and Comments:** |
| Tests | **Results** |  | **Results** |  | **Results** |  | **Results** |  | **Units** |  |
| WBC count |       |  |       |  |       |  |       |  | 10^9/L |       |
| Diff N/L |       |  |       |  |       |  |       |  | % |            |
| Platelets count |       |  |       |  |       |  |       |  | 10^9/L |       |
| Haemoglobin |       |  |       |  |       |  |       |  | g/dL |       |
| Coagulation |       |  |       |  |       |  |       |  |  |       |
| AST |       |  |       |  |       |  |       |  | IU/L |       |
| ALT |       |  |       |  |       |  |       |  | IU/L |       |
| AST/ALT: |       |  |       |  |       |  |       |  |  |       |
| Malaria  |       |  |       |  |       |  |       |  |  |       |
|  |  |
| PATIENT EXPOSURE HISTORY | *(Tick appropriate boxes)* |
| ≥ 1 of the following exposures within 3 weeks before onset of symptoms:  | Exposure date or period: |
| [ ]  | Tick bites | [ ]  | Squashing ticks |       |
| [ ]  | Slaughtered cattle or sheep | [ ]  | Contact blood or other body fluids from animal |       |
| [ ]  | Contact with blood or other body fluids of patient with CCHF | [ ]  | Work in laboratory that handles VHF samples |
| [ ]  | Travel to other African VHF ([ ] CCHF, [ ] Ebola, [ ] Marburg, [ ] Lassa, [ ] Lujo virus) endemic countries  | If yes, country: |
| [ ]  | Contact with [ ] bats,[ ]  rodents, or [ ] primates from VHF endemic countries |       |
| Circumstance:  |       |
|  |  |
| PATIENT TREATMENT AND OUTCOME | Outcome date:  | \_\_/\_\_/\_\_\_\_ |
| Treatment(s) given? | Date:  | \_\_/\_\_/\_\_\_\_ | Response:  | [ ] Responsive | Outcome: | [ ]  Uneventful recovery |
|       | [ ]  Not responsive | [ ]  Recovery with sequelae |  |
|       |  | [ ]  Deceased | [ ]  Complications |
|  |  |  |  |

**POST COMPLETED FORM WITH SPECIMEN TO**:

Special Viral Pathogens Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa

**FAX OR EMAIL COMPLETED FORM TO:**

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