|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:**

0865964423 or cezd@nicd.ac.za