NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

BRUCELLOSIS CASE INVESTIGATION FORM

Please complete and submit with Notification Form (GW17/5) and laboratory results to Provincial Communicable Diseases Control Officer and NICD (outbreak@nicd.ac.za)

SECTION A: INTERVIEWER DETAILS

Investigators' Name: _____ Date of Interview: __/__/____

Contact Details: (cell) _____

Department: _____

Respondent was : Case ☐ Parent ☐ Spouse ☐ caregiver ☐ other, specify: ☐

Name of person interviewed (if not case) _____ Phone _____

SECTION B: DEMOGRAPHIC DETAILS OF CASE

Patient Name: _____

Country of birth _____ Immigration date to South Africa _____

Age of patient: _____ Date of birth: __/__/____

Gender: M F

Race: Asian ☐ African ☐ Coloured ☐ White ☐ Other ☐

Home Address: _____

Telephone: (Home) _____ Cell) _____

Occupation (present/past): _____
*Special attention to work with animals, animal and unpasteurized dairy products

SECTION C: CLINICAL DETAILS (HISTORICAL AND CURRENT) FOR CASES ONLY

Lab Results (Please attach hard copy of results to this CIF)

Date of first positive laboratory test (dd/mmm/yyyy) _____ Specimen type _____

Isolation of *Brucella* spp from clinical specimen Yes ☐ No ☐ Unk ☐

Detection of *Brucella* nucleic acid from clinical specimen Yes ☐ No ☐ Unk ☐

Detection of IgM Yes ☐ No ☐ Unk ☐ Detection of IgG Yes ☐ No ☐ Unk ☐

Clinical Presentation

Treating physician_____ Physician contact details_____

On what date did the symptoms start (dd/mmm/yyyy)? _____

Was the patient hospitalised? Yes ☐ No ☐ Unk ☐

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

BRUCELLOSIS CASE INVESTIGATION FORM

Symptom	Yes	No	Unk.	Signs	Yes	No	Unk.
Fever	☐	☐	☐	Arthritis	☐	☐	☐
Headaches	☐	☐	☐	Hepatomegaly	☐	☐	☐
Fatigue	☐	☐	☐	Splenomegaly	☐	☐	☐
Myalgia	☐	☐	☐	Orchitis	☐	☐	☐
Arthralgia	☐	☐	☐	Epididymitis	☐	☐	☐
Night sweats	☐	☐	☐	Endocarditis	☐	☐	☐

Please provide dates of hospitalizations:

Hospital	Date of Admission/discharge
_____	_____
_____	_____
_____	_____
_____	_____

SECTION D: TREATMENT

Treatment	Dose and Duration		
☐ Doxycycline	_____	☐ Other antibiotic treatment	_____
☐ Rifampicin	_____	☐ Other antibiotic treatment	_____
☐ Streptomycin	_____	☐ Other antibiotic treatment	_____

SECTION E: RISK FACTORS

Exposure to any of the following in the last 6 months: **animals** (cattle, pigs, goats, sheep and wildlife especially), **animal products** (including products of conception) or **unpasteurized dairy products**.

Exposure	Yes	No	Unk	Where	When (approximate dates)
_____	☐	☐	☐	_____	_____
_____	☐	☐	☐	_____	_____
_____	☐	☐	☐	_____	_____

Has there been any contact with a confirmed brucellosis case **or** lab specimens that may have contained *Brucella* spp?

Exposure				Where	When (approximate dates)
_____	☐	☐	☐	_____	_____
_____	☐	☐	☐	_____	_____

Has any post exposure prophylaxis been given?

Treatment				Duration
_____	☐	☐	☐	_____

SECTION F: ADDITIONAL COMMENTS or REMARKS