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

ARBOVIRUS Reference Laboratory: 011 386 6424/6391 (or 072 245 6903)
NICD Hotline for Clinical Advice: 082 883 9920/0 800 212 552

SUSPECTED ZIKA VIRUS DISEASE (ZVD) CASE INVESTIGATION FORM

Filled in by: _____ Contact number: _____
Date: DD / MM / YYYY Information collected from: _____

ARBOVIRAL DISEASE UNDER INVESTIGATION *(Tick appropriate boxes)*
☐ ZIKA ☐ Dengue ☐ Chikungunya
Specimen submitted: ☐ Blood/serum ☐ Amniotic fluid ☐ Foetal tissue ☐ Other, specify: _____

PATIENT INFORMATION *(Tick appropriate boxes)*
Name: _____
Age: ____ Yr. DOB DD / MM / YYYY Sex: M☐ F☐
Address: _____
Consultation: DD / MM / YYYY
Px hospitalised ? DD / MM / YYYY to DD / MM / YYYY
Treatment received: _____
Hospital name: _____
Physician name: _____
Physician Tel No. (000) 0000000

	YES	NO
Is the patient (px) pregnant?	☐	☐
Date of last menstrual period?	DD / MM / YYYY	
Expected delivery date?	DD / MM / YYYY	
Number of weeks pregnant?	____ Weeks	
Any abnormalities detected on foetal ultrasound?	☐	☐
If specimen is foetal tissue, were any foetal abnormalities detected?	☐	☐
If px is a neonate, does s/he have any congenital anomalies?	☐	☐

If abnormalities/anomalies detected, describe: _____

CLINICAL FEATURES *(Tick appropriate boxes)*
Date of onset: DD / MM / YYYY
Duration illness: ____ days

☐ Headache ☐ Fever ☐ Rash ☐ Arthritis/ralgia ☐ Conjunctivitis ☐ Haemorrhage
☐ Malaise Max Temp ____ °C (Site): ☐ face ☐ arms ☐ palms ☐ trunk ☐ legs ☐ soles (Appearance): ☐ macular ☐ papular ☐ petechial ☐ urticarial ☐ pruritic ☐ hands ☐ feet ☐ knees ☐ back ☐ non-purulent ☐ purulent ☐ Conjunctival hyperaemia ☐ epistaxis ☐ haematemesis ☐ melaena ☐ menorrhagia ☐ petechiae ☐ purpura ☐ venipuncture
☐ Stomachache ☐ biphasic ☐ constant
☐ Vomiting
☐ Diarrhoea
Duration (days): _____
☐ Myalgia
☐ Retro-orbital pain
☐ 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
☐ Malaria	☐	☐	☐
☐ Leptospirosis	☐	☐	☐
☐ Rickettsia	☐	☐	☐
☐ Group A streptococcus	☐	☐	☐
☐ Rubella	☐	☐	☐
☐ Measles	☐	☐	☐
☐ Parvovirus	☐	☐	☐
☐ Enterovirus	☐	☐	☐
☐ Adenovirus	☐	☐	☐

	YES	NO	UNK
Leucopenia	☐	☐	☐
Lowest WBC count:			10^9/L
Thrombocytopenia	☐	☐	☐
Lowest plts count:			10^9/L
Latest plts Count:			10^9/L
Haematocrit:			%
Elevated liver function	☐	☐	☐
Highest ALT:			U/L
Highest AST:			U/L

Additional findings: _____

PATIENT EXPOSURE HISTORY *(Tick appropriate box (yes, no; UNK: unknown)*

	YES	NO	UNK	DATE	Vaccinated (vx)?	Year vx?
Ever diagnosed with dengue?	☐	☐	☐	DD / MM / YYYY	☐ dengue	YYYY
Ever diagnosed with Rift Valley fever?	☐	☐	☐	DD / MM / YYYY	☐ RVF	YYYY
Px traveled in past 30days?	☐	☐	☐	DD / MM / YYYY	Return: DD / MM / YYYY	

Place of travel: _____ Country of travel: _____
Px had recent (<12 d) contact/bite ☐ ☐ ☐ MM / YYYY
☐ Mosquito bites ☐ Tick bite ☐ Rodents ☐ Monkeys/non-human primates
☐ Sexual intercourse ☐ Blood transfusion ☐ wading/swimming in freshwater ☐ Insect bite
Person occupation? _____

SUBMIT COMPLETED FORM WITH SPECIMEN TO: Arbovirus Reference Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa
EMAIL COMPLETED FORM TO: jessicac@nicd.ac.za /orienkah@nicd.ac.za

ZVD IN HUMANS IS A CATEGORY I NOTIFIABLE MEDICAL CONDITION IN SOUTH AFRICA