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

SCHISTOSOMIASIS CASE INVESTIGATION FORM

For each case: Please complete new NMC form as per NICD website and send laboratory results to Provincial Communicable Diseases Control Officer and NICD (outbreak@nicd.ac.za)

(All Sections: Please √ tick appropriate box �)

District CDC Name:_________________**District Name**_______________ **Sub-District Name** ______________

Name of respondent (if not a case): ______________________________________

Respondent was: ☐ Case ☐ Parent ☐ Caregiver ☐ Guardian Other, specify: _______________________

INTERVIEWER DETAILS

Name:_________________________________**Surname:** ___________________________________

Contact Details (cell no.): _________________________

Designation: Attending Dr. ☐ OPD/Ward Nurse ☐ Infection Prevention Nurse ☐ Clinic Nurse ☐

Other (Specify):____

Name of the Healthcare Facility: _____________________________________

How did you hear about the case? Hospital ☐ Clinic ☐ Community Health Centre ☐ NICD Notification ☐

CASE (PATIENT) DETAILS

Name and Surname:____

Age:________________________**Units:**Days ☐ Months ☐ Years ☐ Unknown ☐

Date of birth (dd/mm/yy): ____________________

Gender: Female ☐ Male ☐ **Race:** African ☐ Asian ☐ Colored ☐ Indian ☐ White ☐

If residing on farm, please provide farm name:____

Street address: ____

Suburb/Residential Area: __________________________**Town/City:** __________________________________

Occupation: ____

If the patient attends school provide name of school and location:_______________________________________GPS Co-ordinates:_______________________

GPS Co-ordinates for home: ____

CLINICAL DETAILS
The following details need to be obtained from the patient's medical record

Pre-existing conditions / Relevant medical history

Renal disease ☐ Malnutrition ☐ Previous treatment for Bilharzia ☐

Is the patient symptomatic? No ☐ Yes ☐

If yes, Date of Onset of symptoms (dd/mm/yy): ____

Date of presentation to healthcare facility (dd/mm/yy): _________________________________

Symptoms: Fever☐; Myalgia ☐; Diarrhea ☐; Skin rash ☐; Headache ☐ ; Abdominal pain ☐
Dysuria ☐; Respiratory symptoms ☐

Clinical Manifestations: Bloody urine ☐ ; Bloody stools☐ ; Vaginal discharge ☐ ; None ☐

Other:_________________

Complications: Anaemia ☐ ; Renal Dysfunction ☐; Splenomegaly ☐; Hepatomegaly ☐ ; Seizures ☐
Paralysis ☐; Learning Difficulty ☐ ; Urogenital lesions ☐ ; None ☐

Other:____

Final Outcome: Treated as outpatient ☐

Patient Admitted – Yes ☐ No ☐

If yes, Length of hospital stay:____________________Name of the hospital: ______________________

Patient Died within 30 days of diagnosis: Yes ☐ No ☐ Unknown ☐

Date of death (dd/mm/yy):______________________

Baseline laboratory results at diagnosis:

Lab reference No:	Result	Date of Result (dd/mm/yy):	
Haemoglobin (g/dl):			Not available ☐
Eosinophilia absolute number (cells/mm3)			Not available ☐
Urea			Not available ☐
Creatinine			Not available ☐
Urine dipstix : Blood Present	Yes ☐ No ☐		Not done ☐

Diagnostic Tests:

Lab reference number:		Processing lab:	
Urine microscopy Date collected:	Bilharzia eggs identified ☐	Bilharzia eggs not identified ☐	If identified; Species:
Stool microscopy Date collected:	Bilharzia eggs identified ☐	Bilharzia eggs not identified ☐	If identified; Species:
Serology: Elisa Date of result:	Neg ☐	Pos ☐	Unknown ☐
Serology: IgM	Neg ☐	Pos ☐	Unknown ☐
Serology: IgG	Neg ☐	Pos ☐	Unknown ☐

Ultrasound: Done ☐ Not done ☐ Unknown ☐

If results available:			
Hydro-nephrosis	Yes ☐	No ☐	Unknown ☐
Distention of bladder	Yes ☐	No ☐	Unknown ☐
Hepato-biliary changes	Yes ☐	No ☐	Unknown ☐
Portal hypertension	Yes ☐	No ☐	Unknown ☐
Fibrosis	Yes ☐	No ☐	Unknown ☐
Other			

RISK FACTOR HISTORY
The following details need to be obtained by patient interview

Was the patient available for interview? Yes ☐ No ☐

If yes, what was the date of interview (dd/mm/yy):____

****Please note, the time period of interest in answering the questions below is 3 months prior to symptom onset****

In which way does the household where the patient resides get piped water for use?

Piped tap water inside the house ☐; Piped tap water in the yard ☐; Piped tap water on Community stand ☐ ;

No access to piped water ☐

What is the household's MAIN source of water for domestic use:

Municipal supply ☐; Borehole ☐; Rain water tank ☐; River ☐; Lake ☐

Other:_________________________

If water source is not from a municipal supply, please indicate if water is:

Boiled ☐ Chlorinated ☐ Other means of purification:_________________________

Hygiene and sanitation: Please indicate where the patient baths, it is possible to select more than one

Bathing in the home ☐ Bathing in a river ☐ Bathing in lake ☐ Bathing in dam ☐

If yes to any of the above, what is the name of the am/river/lake: ______________________________

Is there a toilet available in the home: Yes ☐ No ☐

If no, does the individual ever relieve themselves close to an outside water body: Yes ☐ No ☐

Work Activities or home chores: Does the patient do any of the following activities

Handling livestock ☐ Washing laundry in lakes ☐

Washing laundry in rivers ☐ Washing laundry in dams ☐

Other: ___________________________________

If yes to any of the above activities, how frequently in the 3 months prior to symptom onset did they engage in these activities? Daily ☐ Weekly ☐ Monthly ☐

Social Activities: Water sports or swimming in rivers ☐ Water sports or swimming in dams ☐ Water sports or swimming in lakes ☐ Fishing ☐ None ☐

If yes to any of the above activities, how frequently in the 3 months prior to symptom onset did they engage in these activities? Daily ☐ Weekly ☐ Monthly ☐

If yes to any of the above, which dam/river/lake: ___________________________________

Travel history: Has the patient travelled in the last 3-6 months prior to symptom onset?

Yes ☐ No ☐

If yes, have they travelled to a schistosomiasis endemic area?

Limpopo ☐ KZN ☐ Mpumalanga ☐ Eastern Cape ☐

Please provide details of where the patient traveled to:

Dates of travel	Country	Province/district	Address

PUBLIC HEALTH RESPONSE TO CASE

Case Notified on NMC form/App? Yes ☐ No ☐ Unknown ☐

Notification Date (dd/mm/yy): _______________ **Investigation Date (dd/mm/yy)**: