NATIONAL HEALTH LABORATORY SERVICE
NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Special Pathogens Laboratory: +2711 386 6338/9 (or +2782 903 9131)
NICD Hotline for Clinical Advice: +27 800 212 552

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

Treatment(s) given? Date: __/__/____ Response: ☐Responsive ☐ Not responsive

Outcome date: __/__/____
Outcome: ☐ Uneventful recovery ☐ 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

EMAIL COMPLETED FORM TO:
jacquelinew@nicd.ac.za
naazneenm@nicd.ac.za