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

Division of Public Health Surveillance and Response and
Centre for Emerging Zoonotic and Parasitic Diseases
(NICD) 24-hour hotline number: 0800 212 552
VERSION 1: 14 MARCH 2024

CASE INVESTIGATION FORM: TANAPOX

I. PATIENT DETAILS

Surname:		Name/s:				
Date of birth:	DD / MM / YYYY	Age:		Sex:	Male ☐	Female ☐
Contact Tel./Cell:	(000) 0000000	(000) 0000000		Occupation:		
Physical home/work address:						

II. ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS

Name of clinician:		Contact Tel./Cell clinician:	(000) 0000000
Healthcare facility name:		Location of healthcare facility:	

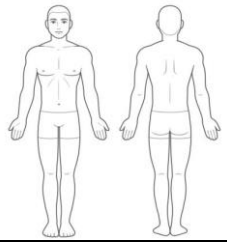
III. RISK FACTORS/ EXPOSURE HISTORY – during the 14 days prior to onset of symptoms

Are there waterbodies in the vicinity of home/work?	Yes ☐	No ☐	Unknown ☐
If yes, do these have floating plants in them?	Yes ☐	No ☐	Unknown ☐
Did it seem as though there were lots more mosquitoes, or there are always lots of mosquitoes?	Yes ☐	No ☐	Unknown ☐
Did you experience mosquito/insect bites in past 14 days?	Yes ☐	No ☐	Unknown ☐
Are there non-human primates nearby home /work?	Yes ☐	No ☐	Unknown ☐
If yes, were they there last year too?	Yes ☐	No ☐	Unknown ☐

IV. CLINICAL FEATURES (Tick appropriate box: yes, no, unknown)

A. LESIONS	onset	days	B. OTHER SYMPTOMS			onset	days
When did the first lesion appear?	DD / MM		Fever ____ °C	Yes ☐	No ☐	DD / MM	
Over what period did the lesions continue to appear?			Pruritis	Yes ☐	No ☐	DD / MM	
Did other lesions appear? Yes ☐ No ☐	DD / MM		Lymphadenopathy	Yes ☐	No ☐	DD / MM	
How long did the lesions persist?			Headache	Yes ☐	No ☐	DD / MM	
Describe the appearance initially:			Muscle pain	Yes ☐	No ☐	DD / MM	
			Fatigue	Yes ☐	No ☐	DD / MM	
			Other symptoms, specify:			DD / MM	

On what body part was the lesion?
(please mark body sites of lesions numerically in order of appearance)



V. PAST MEDICAL AND TRAVEL HISTORY

Underlying illness* Yes ☐ No ☐ Unknown ☐
If yes, give details:

Country/ies visited:	Location/s visited within country:	Date of arrival:	Date departure:
		DD / MM / YYYY	DD / MM / YYYY

Activities at the location/purpose of travel:	

Footnotes * Any immunosuppressing condition including active HIV disease

SUBMIT 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 / outbreak@nicd.ac.za