NATIONAL HEALTH LABORATORY SERVICE
NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

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

SUSPECTED ARBOVIRUS CASE INVESTIGATION FORM

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

DISEASE(S) UNDER INVESTIGATION *(Tick appropriate boxes)*

☐ Sindbis ☐ Chikungunya ☐ West Nile ☐ Dengue ☐ Rift Valley ☐ Other arbovirus: ______

☐ Other suspected clinical diagnoses: ______

PATIENT (Px) INFORMATION

Name: ______
Age: ____ yr DOB DD / MM / YYYY
Gender: M ☐ F ☐
Address: ______
______
Referring physician: ______
Number for physician: (000) 0000000
Consultation date: DD / MM / YYYY

PATIENT (Px) COURSE

	YES	NO	DATE	
Px hospitalised?	☐	☐	DD / MM / YYYY	(If admitted)
Hospital name: ______				(If admitted)
Px discharged?	☐	☐	DD / MM / YYYY	(If discharged)

SOI ☐ Mild ☐ Moderate ☐ Acute/Severe

Treatment ______

Px responsive to treatment? ☐ Not ☐ Less ☐ Well

CLINICAL FEATURES *(Tick appropriate box)*

Main Syndrome: Onset date: DD / MM / YYYY Illness duration:

☐ Fever without rash ☐ Fever with rash ☐ Arthritis and Rash
☐ Retinitis/conjunctivitis ☐ Encephalitis ☐ meningitis ☐ Haemorrhagic fever

☐ Other symptoms: ______

☐ Fever ____ °C	☐ Rash *(Site)*	Rash *(Appearance)*	☐ Encephalitis	☐ Hemorrhage	☐ Ocular disease
☐ biphasic	☐ face	☐ macular	☐ headache	☐ epitaxis	☐ pain
☐ constant	☐ arm	☐ papular	☐ neck stiffness	☐ haematemesis	☐ inflammation
Duration: ____ (days)	☐ palms	☐ petechial	☐ vomiting	☐ melaena	☐ blurred vision
	☐ trunk	☐ urticarial	☐ confusion	☐ menorrhagia	☐ photophobia
	☐ legs	☐ pruritic	☐ seizures	☐ petechiae	☐ ↓visual acuity
	☐ soles	☐ other	☐ unconscious	☐ purpura	
			☐ coma	☐ venepuncture	

PATHOLOGICAL FINDINGS *(Tick appropriate box (yes, no; UNK: unknown); Attach test results)*

	YES	NO	UNK		YES	NO	UNK
Malaria negative	☐	☐	☐	Leucopenia	☐	☐	☐
Thrombocytopenia	☐	☐	☐	Lowest WBC count: ____ 10^9/L			
Lowest plts count: ____ 10^9/L				↓ liver function	☐	☐	
Latest plts Count: ____ 10^9/L				Highest ALT: ____ U/L			
Haematocrit: ____ %				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 animal bites/contact? ☐ ☐ ☐ MM / YYYY ______

☐ Mosquito bites ☐ Tick bite ☐ Snake bite ☐ Insect bite ☐ Dog/cat bite/scratch/lick ☐ Animal waste
☐ Blood/tissue ☐ wading/swimming in freshwater ☐ Drank raw milk ☐ Ate uncooked meat ☐ Outdoors

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 /veerlem@nicd.ac.za

ARBOVIRAL DISEASES IN HUMANS ARE NOTIFIABLE MEDICAL CONDITIONS IN SOUTH AFRICA