

## Annex 11J: Viral Hemorrhagic Fever – Case Investigation Form

<p><b><u>Date of detection of the case</u></b> ____/____/____</p> <p>This Case was notified by (<i>tick off the right answer and specified</i>)</p> <p>E Mobile team, # _____ E Health Centre _____</p> <p>E Hospital _____ E Others: _____</p> <p>Form filled by (first name and surname) _____</p> <p>Information given by (first name and surname) _____</p> <p>Family link with the patient _____</p>	<p><b>ID Case</b></p> <p>Date of reception: ____/____/____ <b>Country:</b> _____</p>
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### **Identity of the patient**

First name: \_\_\_\_\_ Surname \_\_\_\_\_ Nickname \_\_\_\_\_

For the babies, son/daughter of (name of father) \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (years) \_\_\_\_ Sex EM EF

Permanent address: Head of Household (first name and surname) \_\_\_\_\_

Village/Suburb \_\_\_\_\_ Country \_\_\_\_\_ GPS lat \_\_\_\_\_ long \_\_\_\_\_

Nationality: \_\_\_\_\_ Ethnic group \_\_\_\_\_

Profession of the patient (*tick off the right answer*)

E Health staff, details:

Name of health care facility \_\_\_\_\_ Service \_\_\_\_\_ qualification \_\_\_\_\_

E Miner E House wife E Hunter/trading game meat E Children

E Pupil/ Student E Farmers E Others

### **Status of the patient**

Status of the patient at detection E Alive E Death If dead, please specify date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of death: E Community, name village: \_\_\_\_\_ Country \_\_\_\_\_

E Hospital, name and service \_\_\_\_\_ Country \_\_\_\_\_

Place of the funerals, name village: \_\_\_\_\_ Country \_\_\_\_\_

### **History of the disease**

Date of onset of symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the village where the patient got ill: \_\_\_\_\_ Country \_\_\_\_\_

Did the patient travel during illness: E Yes E No E DNK

If Yes, indicate the places and the country:

Village \_\_\_\_\_ Health Centers \_\_\_\_\_ Country \_\_\_\_\_

Health Centers \_\_\_\_\_ Country \_\_\_\_\_

Did the patient have fever? E Yes E No E DNK. If yes, date of onset for the fever: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Does or did the patient have the following symptoms** (tick off when apply)

Headache:	E Yes	E No	E DNK	Skin Rash	E Yes	E No	E DNK
Vomiting/Nausea	E Yes	E No	E DNK	Bleeding from injection sites	E Yes	E No	E DNK
Anorexia/Loss of Appetite	E Yes	E No	E DNK	Bleeding gums	E Yes	E No	E DNK
Diarrhoea	E Yes	E No	E DNK	Bleeding into eyes (red eyes)	E Yes	E No	E DNK
Intense Fatigue	E Yes	E No	E DNK	Black or bloody stool	E Yes	E No	E DNK
Abdominal Pain	E Yes	E No	E DNK	Blood in vomits	E Yes	E No	E DNK
Muscle or Joint Pain	E Yes	E No	E DNK	Bleeding from nose	E Yes	E No	E DNK
Difficulty swallowing	E Yes	E No	E DNK	Bleeding from vagina	E Yes	E No	E DNK
Difficulty breathing	E Yes	E No	E DNK	Hiccoughs	E Yes	E No	E DNK

**Exposition Risks**

- Was the patient hospitalized or did he visit anyone in the **hospital** anytime in the three weeks before becoming ill? 

Yes  No  DNK; If Yes, where \_\_\_\_\_ between (dates) \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_
- Did the patient have visit/consult a traditional healer during the three weeks before becoming ill or during illness?

Yes  No  DNK; If Yes, name of the traditional healer \_\_\_\_\_ Village \_\_\_\_\_ Country \_\_\_\_\_;
- When and where did the contact take place? Place \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_
- Did the patient receive traditional medicine?  Yes  No  DNK; If Yes, explain which kind:
- Did the patient attend funeral ceremonies during anytime in the three weeks before becoming ill?

Yes  No
- Did the patient **travel** anytime in the three weeks before becoming ill?  Yes  No  DNK

If Yes, where \_\_\_\_\_ between (dates) \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_
- Did the patient have a contact with a **known suspect case** anytime in the three weeks before becoming ill?

Yes  No  DNK; If Yes, Surname \_\_\_\_\_ First Name \_\_\_\_\_ ID Case \_\_\_\_\_
- During the contact, the suspect case was

Alive  Dead date of death \_\_\_/\_\_\_/\_\_\_

Date of last contact with the suspect case \_\_\_/\_\_\_/\_\_\_
- Did the patient have contact with a wild animal (non-human primate or others), that was found dead or sick in the bush, or animal behaving abnormally anytime in the three weeks before the illness?

Yes  No  DNK; If Yes, kind of animal \_\_\_\_\_ Location \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

Has a sample been collected?  Yes  No  DNK; If yes, date \_\_\_/\_\_\_/\_\_\_

Blood sampling  Urine  Saliva  Skin Biopsy

- Was the patient sent to a hospital?  Yes  No
- Was the patient admitted in the isolation ward?  Yes  No

If Yes, name of Hospital \_\_\_\_\_ No. de hospital \_\_\_\_\_ Hospitalization date \_\_\_/\_\_\_/\_\_\_

**Update on the Hospital information**

ID Case: \_\_\_\_\_

Reception date: \_\_\_/\_\_\_/\_\_\_ Country: \_\_\_\_\_ Member of family helping the patient: \_\_\_\_\_

Name and Surname \_\_\_\_\_ Date of discharge \_\_\_/\_\_\_/\_\_\_ OR Date of death \_\_\_/\_\_\_/\_\_\_

**Laboratory**

A specimen was collected  before the death  After the death

Date sample \_\_\_/\_\_\_/\_\_\_ Date results \_\_\_/\_\_\_/\_\_\_ ID Lab \_\_\_\_\_

Sample  blood  blood with anti-coagulants  skin biopsy  cardiac function  other: \_\_\_\_\_

Results PCR  pos  neg  NA date \_\_\_/\_\_\_/\_\_\_

Antigen detection  pos  neg  NA date \_\_\_/\_\_\_/\_\_\_

Antibodies IgM  pos  neg  NA date \_\_\_/\_\_\_/\_\_\_

Antibodies IgG  pos  neg  NA date \_\_\_/\_\_\_/\_\_\_

ImmunoHistochemistry  pos  neg  NA date \_\_\_/\_\_\_/\_\_\_

**Outcome** (verified 4 weeks after the onset of symptoms)

Alive  Dead; If dead, date of death \_\_\_/\_\_\_/\_\_\_

**Case Classification**

Alert Case  Suspect  Probable  Confirmed  Not a case