

EBOLA OR MARBURG CASE INVESTIGATION AND RECORDING SHEET

Date of case detection ___/___/_____

Case reported by (*tick the box and specify*):

Mobile team, n° _____ Health centre _____

Hospital _____ Other: _____

Form filled in by (last and first name) _____

Information passed on by (last and first name) _____

Relationship with the patient _____

Patient identity Nickname: _____

Surname _____ Second Names _____ First Names _____

Son/daughter of (name of father/mother) _____

Date of birth ___/___/_____ age (years) _____ Sex M F

Ordinary residence: Head of household (last and first name) _____

Village/neighbourhood of residence _____ District _____

GPS coordinates of domicile: Latitude _____ Longitude _____

Nationality: _____ Ethnic group: _____

Patient's profession (*tick the appropriate box and provide details if necessary*)

Planter Homemaker Child Hunter/Bushmeat etailer

Health-care worker, specify: health-care facility _____ Qualification _____

Mineworker/Gold prospector _____ Starting date of mining activity: _____

Pupil/Student Other (specify) _____

Patient's condition

Condition of the patient when found Alive Dead

If deceased, date of death ___/___/___

Place of death: Community, village/neighbourhood _____ District _____

Hospital, name and department _____ District _____

Burial place, name of village/neighbourhood _____ District _____

History of present illness

Date on onset of symptoms ___/___/_____

Name of the village where the patient became ill _____ District _____

Has the patient moved around since he/she became ill? Yes No DK

If the answer is "yes", complete the list indicating villages, health-care facilities, and districts:

Village _____ Health-care facility _____ District _____

Village _____ Health-care facility _____ District _____

Village _____ Health-care facility _____ District _____

Clinical

Does the patient show any of the following symptoms (*tick all applicable*)

Has the patient had a fever? Yes No DK

If so, date of fever onset: ___/___/_____

Does the patient have or had any of the following symptoms (*tick the corresponding boxes and provide details if necessary*):

headaches Yes No DK

diarrhoea Yes No DK

stomach pain Yes No DK

vomiting Yes No DK

lethargy Yes No DK

anorexia Yes No DK

muscular pain Yes No DK

difficulty swallowing Yes No DK
difficulty breathing Yes No DK
intense coughing Yes No DK
skin rash Yes No DK
bleeding at injection points Yes No DK
bleeding gums (Gingivitis) Yes No DK
bleeding in eye (conjunctival injection) Yes No DK
dark or bloody stool (melaena) Yes No DK
vomiting of blood (haematemesis) Yes No DK
nose bleed (epistaxis) Yes No DK
vaginal bleeding outside of menstruation Yes No DK

Exposure risk

Has the patient been in contact with a **suspected or confirmed case** in the 3 weeks preceding the onset of the symptoms? Yes No DK

If so, specify: Last name _____ First name _____

At the time of contact, was the suspected case alive or dead? If dead, date of death ___/___/_____

Date of last contact with the case ___/___/_____

Was the patient **hospitalized** or has he/she visited a hospital nearby in the 3 weeks preceding the onset of the symptoms? Yes No DK

If so, where _____

when (dates) ___/___/_____ - ___/___/_____

Has the patient seen a **traditional healer** in the 3 weeks preceding the onset of the symptoms?

Yes No DK

If so, last name: _____ Village _____ District _____

Where and when did the consultation take place? Place _____

Date: ___/___/_____

Has the patient received traditional treatment? Yes No DK

If so, specify the type of traditional treatment: _____

Has the patient attended any **funerals** in the 3 weeks preceding the onset of the symptoms?

Yes No DK

If so, last and first name of the deceased: _____

Has the patient had contact with any wild **animals** in the 3 weeks preceding the onset of the symptoms? Yes No DK

If so, kind of animal _____ Locality _____ Date ___/___/_____

Has the patient worked or spent time in a **mine/cave inhabited by bat colonies** in the 3 weeks preceding the onset of the symptoms? Yes No DK

If so, name of the mine _____ Locality _____ Date ___/___/_____

Has the patient **travelled** in the 3 weeks preceding the onset of the symptoms? Yes No DK

If so, where to _____ and when ___/___/_____ to ___/___/_____

Specimen collection

Question for the investigation team: after having provided clear and full information to the patient (or in absentia to his/her family or legal guardian) did you obtain his/her express and/or informed consent to the collection of specimens? Yes No DK

Did you collect specimens? Yes No DK

If so, when ___/___/_____ Type of specimen? Blood Urine Saliva Biopsy Stool

Transfer of the patient to hospital

To be completed ONLY by mobile teams and health centres

Was the patient taken to hospital? Yes No

If so, name of hospital _____ Date of transport ___/___/_____

Updated information provided from the isolation unit

To be completed ONLY by the hospital OR the surveillance office

Was the patient referred to an isolation area? Yes No

If so, name of hospital _____ Date of hospitalization ___/___/_____

Family member(s) accompanying the patient, last and first name _____

Date of discharge ___/___/_____ OR Date of death ___/___/_____

Laboratory data

The specimen tested was collected from: Sick person Recovering patient Post-mortem

Date taken ___/___/_____ Date result received ___/___/_____ Lab ID _____

Type of specimen

Blood sample using dry tube Blood using anticoagulants Saliva Stool / Urine Biopsy

Other, specify _____

Results Antigen detected pos neg NA Date ___/___/_____

IgM serology pos neg NA Date ___/___/_____

IgG serology pos neg NA Date ___/___/_____

RT-PCR pos neg NA Date ___/___/_____

Virus culture pos neg NA Date ___/___/_____

Immunohistochemical staining pos neg NA Date ___/___/_____

Immunofluorescence pos neg NA Date ___/___/_____

_____ pos neg NA Date ___/___/_____

Outcome (to be verified 4 weeks after onset of symptoms)

alive dead

in case of death, date ___/___/_____

Final case classification (tick the appropriate box)

Suspected Probable Confirmed Non-case