RIFT VALLEY FEVER (RVF) SUSPECT CASE INVESTIGATION FORM, 2011

To be submitted with all requests to NICD-NHLS for human RVF testing

PATIENT DETAILS

1. SURNAME, FIRST NAME:

2. AGE/DOB: 3. GENDER: ☐ MALE ☐ FEMALE

4. CONTACT NUMBER:

5. OCCUPATION: 6. NAME OF FARM:

7. TOWN: DISTRICT: PROVINCE:

CONSULTATION/ADMISSION DETAILS

8. NAME OF THE CLINICIAN: 9. CELL/TEL NUMBER:

10. FACILITY NAME:

11. DATE OF FIRST CONSULTATION: DD / MM / YYYY

12. ADMITTED TO HOSPITAL? ☐ Y ☐ N
If yes, DURATION OF HOSPITAL ADMISSION (days):

13. REQUIRED ICU CARE? ☐ Y ☐ N
If yes, DURATION OF ICU CARE (days)?

CLINICAL DETAILS ON FIRST PRESENTATION/ADMISSION

14. PAST MEDICAL HISTORY:

UNDERLYING ILLNESS? ☐ Y ☐ N … If yes, WHAT?

IMMUNOSUPRESSION? ☐ Y ☐ N … If yes, GIVE DETAILS?

15. DATE OF ONSET OF RVF ILLNESS? DD / MM / YYYY

16. SYMPTOMS (tick all that apply): ☐ FEVER ☐ MYALGIA ☐ ARTHRALGIA ☐ FATIGUE / MALAISE	☐ LOSS OF APPETITE ☐ NAUSEA ☐ VOMITING ☐ ABDOMINAL PAIN ☐ NECK STIFFNESS	☐ HEADACHE ☐ OCULAR PAIN ☐ PHOTOPHOBIA ☐ BLURRED VISION ☐ LOSS OF VISUAL ACUITY	☐ CONFUSION ☐ HAEMORRHAGE If yes, SITE/S:
17. EXAMINATION ON PRESENTATION (tick all that apply): ☐ FEVER (≥ 38°C) ☐ SHOCK (↓BP)	☐ DEHYDRATION ☐ JAUNDICE ☐ PALLOR	☐ MENINGISM ☐ CONFUSION ☐ RETINITIS	☐ HEPATOMEGALY ☐ ABDO TENDERNESS ☐ RASH
☐ **18. HAEMORRHAGE** If yes, tick sites that apply:	☐ EPISTAXIS ☐ HAEMATEMESIS ☐ MELAENA	☐ MENORRHAGIA ☐ PETECHIAE BLEEDING FROM VENEPUNCTURE SITES	☐ BLEEDING ELSEWHERE? If yes, SITE/S:

19. LIST OTHER CLINICAL FINDINGS?

CLINICAL PROGRESSION

20. CLINICAL PROGRESSION TO DATE? ☐ UNEVENTFUL RECOVERY or ☐ DEVELOPED COMPLICATIONS
... If developed complications, tick all that apply:

☐ ELEVATED TRANSAMINASE LEVELS (AST, ALT) ☐ LIVER FAILURE ☐ RENAL FAILURE

☐ THROMBOCYTOPENIA ☐ HAEMORRHAGE ☐ RETINITIS ☐ ENCEPHALITIS

21. OUTCOME: ☐ ALIVE ☐ DIED … If yes, DATE OF DEATH?

22. EXPOSURE (tick all that apply)

☐ CONTACT WITH ANIMALS/ TISSUES ☐ DRANK UNPASTEURISED MILK ☐ CONSUMED ANIMAL MEAT NOT SOURCED FROM RETAIL OUTLET ☐ MOSQUITO BITES	DATE OF EXPOSURE? DD / MM / YYYY DESCRIPTION OF EXPOSURE: