Appendix : Ebola Virus Disease (EVD) case report form

1 NOTIFICATION	Date notified	--/--/---- dd/mm/yyyy	
	Notifier name		
	Notifier organisation		
	Telephone		
	Email		
	Treating Doctor		
	Telephone		
	Fax		
	Email		
2 INTERVIEW	Was the case interviewed	☐ Yes	☐ No ☐ N/A
	If case not interviewed, state who was interviewed and their relationship to the case		
	Date of first interview	__ /__ /____ dd/mm/yyyy	
	Name of interviewer		Telephone number of interviewer
3 CASE DETAILS	Name (first name, surname)		
	Date of birth	__ /__ /____ dd/mm/yyyy	
	Age (yrs / months)	__ Yrs	__ Mths
	Sex	☐ Male	☐ Female
	Occupation - *specify*		
	English preferred language	☐ Yes	If no, *specify language….*
	Address (permanent)		
	Telephone (home)		
	Telephone (mobile)		

		Email			
		Temporary address (if different from permanent address			
		Telephone (temporary home)			
		Telephone (mobile)			
		Email			
		Indigenous Status	☐ Aboriginal origin ☐ Not Aboriginal or Torres Strait Islander	☐ Torres Strait Islander origin ☐ Unknown	☐ Both Aboriginal and Torres Strait Islander origin
		Ethnicity – *specify*			
		Country of birth – *specify*			
4	**CLINICAL DETAILS**	Date of symptom onset	__ /__ /____	dd/mm/yyyy	
		Febrile phase	☐ fever	☐ malaise	☐ myalgia
			☐ headache	☐ pharyngitis	☐ conjunctival injection
			☐ vomiting	☐ diarrhoea	☐ bloody diarrhoea
			☐ abdominal pain	☐ rash	☐ petechiae
		Other symptoms –*specify*			
		Complications	☐ Hypotension	☐ Spontaneous bleeding	☐ Oedema
			☐ Shock	☐ Neurologic involvement	☐ Multi-organ failure
		Other complications – *specify*			
5	**HOSPITAL and TREATMENT DETAILS**	Hospitalised	☐ Yes	☐ No	☐ Unknown
		Date admitted	__ /__ /____	Date discharged	__ /__ /____
		Name of hospital – *specify*			
		Isolated in single room	☐ Yes	☐ No	☐ Unknown
		Admitted to ICU or HDU	☐ ICU	☐ HDU	☐ Unknown

		Date admitted to ICU/HDU	__/__/____	Date discharged	__/__/____
6	**OUTCOME**	Patient outcome	☐ Alive	☐ Dead	☐ Unknown
		Date outcome information sought	__/__/____		
7	**LABORATORY CRITERIA**	***Testing must be organised according to the SoNG Laboratory Testing Guidelines in discussion with jurisdictional public health laboratory***			
		Specimens collected	☐ Blood/ serum	☐ Throat swab	☐ Urine
		Date collected	__/__/____	__/__/____	__/__/____
		Laboratory that received specimens			
		Specimens transferred to Jurisdictional PH lab (if relevant e.g. NSW, QLD)	☐ Yes	☐ No	☐ Unknown
		Detection of virus by PCR in Jurisdictional PH lab (if relevant)	☐ Yes	☐ No	☐ Unknown
		Specimens transferred to NHSQL	☐ Yes	☐ No	☐ Unknown
		Isolation of virus	☐ Yes	☐No	☐ Unknown
		Detection of virus by	☐ PCR	☐ Antigen detection	☐ Electron microscopy
		IgG titre(s)	☐ Single high titre	Titre ---	Date __/__/____
			☐ Four fold rise	1st titre ---	Date __/__/____
				2nd titre ---	Date __/__/____
		IgM positive	☐ Yes	☐No	☐ Unknown/not done
		Confirmation by	☐ Special pathogens lab Atlanta CDC	☐ National Institute of Virology, Johannesburg	
		Lymphopaenia	☐ Yes	☐ No	☐ Unknown
		Thrombocytopaenia	☐ Yes	☐ No	☐ Unknown
8	**EXPOSURE PERIOD**	**Between dates:**	__/__/____ (onset of symptoms minus 21 days)	TO	__/__/____ (onset of symptoms minus 1 day)

During this time was there contact with a confirmed/probable case/s?	☐ Yes	☐ No	☐ Unknown
Case Contact 1 name			
Case Contact 1 type	☐ Living patient	☐ Deceased patient	
Specify type of contact	☐ Visit sick patient	☐ Care for sick patient – *specify type of care*	☐ Bury deceased patient
	☐ Exposed to blood, saliva, urine, vomit or faeces of sick patient	☐ Exposed to blood, saliva, urine, vomit or faeces of deceased patient	
Case Contact 2 name			
Case Contact 2 type	☐ Living patient	☐ Deceased patient	
Specify type of contact	☐ Visit sick patient	☐ Care for sick patient – *specify type of care*	☐ Bury deceased patient
	☐ Exposed to blood, saliva, urine, vomit or faeces of sick patient	☐ Exposed to blood, saliva, urine, vomit or faeces of deceased patient	
Recent residence or travel in an area with active Ebola disease/outbreak	☐ Yes	☐ No	☐ Unknown
If yes, specify country, region			
Specify dates of travel	__/__/____	To	__/__/____
Animal exposures			
Contact with bats, primates or other animals from disease-endemic area?	☐ Yes Details	☐ No	☐ Unknown
Contact with people who are in close contact with bats or primates from disease-endemic areas b/c of their work?	☐ Yes Details	☐ No	☐ Unknown

		Laboratory exposure	☐ Yes Details	☐ No	☐ Unknown
		Did the case visit a healthcare facility or hospital during their exposure period?	☐ Yes *Specify including date last attended:*	☐ No	☐ Unknown
		Other high risk settings (e.g. funeral / burial of suspected/confirmed EVD patient) -*Specify*			
		For any exposure Location of possible exposure			
		Nature of possible exposure-*specify*			
		Dates of possible exposure	__/__/____	**To**	__/__/____
7	**PLACE INFECTION ACQUIRED**	Australian state or territory *Specify*			
		Country - *specify*			
8	**INFECTIOUS PERIOD**	Between dates	__/__/____ (onset of symptoms)	**To**	__/__/____ (10 weeks after onset or as long as blood/ secretions contain virus)
		Isolation commenced	☐ Yes	☐ No	☐ Unknown
		If yes, date isolation commenced	__/__/____		
		Details of isolation			
		Did case travel during their infectious period?	☐ Yes	☐ No	☐ Unknown
		PLACE VISITED	**Arrival date**	**Departure Date**	**Flight no. or mode of transport**
		1			
		2			
		3			
		4			

		Did the case attend any of the following places during their infectious period?	**Name**	**Telephone**	**Date attended**
		☐ Childcare			
		☐ Preschool / School			
		☐ Educational/residential facility			
		☐ Hospital/healthcare facility			
9	**CASE CLASSIFICATION**	☐ Confirmed	☐ Probable	☐ Suspected	☐ Rejected
10	**CONTACT MANAGEMENT**	**Contact setting**	**No. of casual contacts***	**No. of low risk close contacts***	**No. of high risk close contacts***
		Household			
		Ambulance staff			
		Medical/healthcare staff			
		Laboratory staff			
		Work			
		Other - *specify*			
		Contact surveillance	**No. of casual contacts**	**No. of low risk contacts**	**No. of high risk contacts**
		No temperature monitoring but advice to seek information and health care if symptoms develop			
		Twice daily self-monitoring of temperature for 21 days and reporting to PHU if fever or other symptoms develop			
		Details of contacts hospitalized with fever			
		Name	DOB	UR no.	Telephone