Case name: ..... DOB ...../...../..... Notification ID: .....
First name *Surname*

Suspected Viral Haemorrhagic Fever Case Report Form

Queensland Government

..... **Public Health Unit** Outbreak ID: .....

Completed by: ..... Date sent to NOCS: ...../...../.....

Telephone: ..... Fax: .....

NOTIFICATION:

Date PHU notified: ...../...../..... Date initial response: ...../...../.....

Notifier: ..... Organisation: .....

Telephone: ..... Fax: ..... Email: .....

Treating Dr: .....

Telephone: ..... Fax: ..... Email: .....

CASE DETAILS: **UR No:** .....

Name: .....
First name *Surname*

Date of birth: ...../...../..... Age: .....Years .....Months Sex: ☐ Male ☐ Female .....

Name of parent/carer: .....

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Non-Indigenous ☐ Unknown

English preferred language: ☐ Yes ☐ No – *specify* ..... Ethnicity – *specify* .....

Permanent address: .....

..... Postcode: .....

Home tel: ..... Mob: ..... Email: .....

Occupation: ..... Work telephone: .....

Temporary address in Queensland *(if different from permanent address)* : .....

..... Postcode: .....

Telephone: ..... Mob: ..... Email: .....

General Practitioner: Dr .....

Address: ..... Postcode: .....

Telephone: ..... Fax: ..... Email: .....

CLINICAL DETAILS:

Febrile phase

☐ Fever
☐ Malaise
☐ Myalgia
☐ Headache
☐ Pharyngitis
☐ Conjunctival injection
☐ Vomiting
☐ Diarrhoea
☐ Bloody diarrhoea
☐ Abdominal pain
☐ Maculopapular rash
☐ Petechiae

Complications

☐ Hypotension
☐ Spontaneous bleeding
☐ Oedema
☐ Shock
☐ Neurologic involvement
☐ Multi-organ failure

Other symptoms: ..... Other complications: .....

Hospitalised: ☐ Yes ☐ No ☐ Unknown Hospital: ..... Date: ...../...../..... to ...../...../.....

Isolated in: Negative pressure room: ☐ Yes ☐ No Single room: ☐ Yes ☐ No

Outcome: ☐ Survived ☐ Died Date of death: ...../...../..... ☐ Died of condition ☐ Unknown

Case name: ..... DOB ...../...../..... Notification ID: .....
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LABORATORY CRITERIA:

NB: Testing must be organised as per the 'Laboratory Precautions' guidelines for cases (see QH Control Guideline)

Laboratory: ..... First collection date: ...../...../.....

☐ Isolation of virus .....

Detection of virus by: ☐ PCR (serum) ☐ Antigen detection ☐ Electron microscopy ☐ IgM positive

IgG seroconversion detected by:

☐ Single high titre ..... Date: ...../...../.....

☐ Fourfold rise in titre: 1st..... Date: ...../...../..... 2nd..... Date: ...../...../.....

Confirmation by: ☐ Special Pathogens Laboratory, CDC, Atlanta

☐ National Institute of Virology, Johannesburg

☐ Lymphopaenia ..... ☐ Thrombocytopaenia .....

EXPOSURE PERIOD:

Date: ...../...../..... to Date: ...../...../.....
(Onset of symptoms – 21 days) (Onset of symptoms – 1 day)

During this time was there contact with confirmed/suspected case(s)? ☐ Yes ☐ No ☐ Unknown

Name / NID: ..... Telephone: ..... Contact type: .....

Name / NID: ..... Telephone: ..... Contact type: .....

Specify type of contact: ☐ Living patient ☐ Deceased patient ☐ Body fluids/tissue

Recent travel overseas to an endemic VHF area? ☐ Yes ☐ No Specify country and region: .....

If Yes: Specify dates of travel: Date: ...../...../..... to Date ...../...../.....

Contact with animals e.g. rodents: ☐ Yes ☐ No Details: .....

Contact with ticks: ☐ Yes ☐ No Details: .....

Outdoor activities: ☐ Yes ☐ No Details: .....

Laboratory exposure: ☐ Yes ☐ No Details: .....

Location(s) of possible exposure: .....

Nature of possible exposure: .....

Dates of possible exposure: Date: ...../...../..... to Date: ...../...../.....

Did case attend any of the following during their exposure period?

☐ Hosp/healthcare facility – *specify* ..... Telephone: ..... Last attended: .....

☐ Other high risk setting(s) – *specify* ..... Telephone: ..... Last attended: .....

PLACE ACQUIRED:

☐ Queensland ☐ Other Australian state/territory *specify* .....

☐ Unknown ☐ Other country *specify* .....

INFECTIOUS PERIOD:

Date: ...../...../..... to Date: ...../...../.....
(Onset of symptoms) (10 weeks or as long as blood and secretions contain virus)

Appropriate isolation commenced: ☐ Yes ☐ No ☐ Unknown Date: ...../...../.....

Details: .....

Did case travel during their infectious period (within Australia)? ☐ Yes ☐ No ☐ Unknown

Case name: ..... DOB ...../...../..... Notification ID: .....
First name *Surname*

Places visited	Arrival Date	Departure date	Comments (including Flight No)
1.	...../...../.....	...../...../.....	.....
2.	...../...../.....	...../...../.....	.....
3.	...../...../.....	...../...../.....	.....
4.	...../...../.....	...../...../.....	.....

Name and contact details of AQIS Officer (if known): .....

Did case attend any of the following during their infectious period?

☐ Childcare – *specify* ..... Telephone: ..... Dates attended: .....

☐ Preschool/school – *specify* ..... Telephone: ..... Dates attended: .....

☐ Educational/residential facility – *specify* ..... Telephone: ..... Dates attended: .....

☐ Hosp/healthcare facility – *specify* ..... Telephone: ..... Dates attended: .....

☐ Other risk setting(s) – *specify* .....

Was the case excluded from childcare/ school/ other high risk setting: ☐Yes ☐ No ☐ Unknown

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NOTIFICATION DECISION: ☐ Confirmed – Viral haemorrhagic fever case ☐ Probable – Viral haemorrhagic fever case

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CONTACT MANAGEMENT:

NB: Twice daily temperature surveillance for 3 weeks following exposure is recommended for defined contacts.

Type of contact	Number of contacts	Treatment recommended	Quarantined
Household	.....	.....	.....
Medical/Ambulance staff	.....	.....	.....
Laboratory	.....	.....	.....
Other close contacts (specify)	.....	.....	.....

Details of contacts hospitalised with temp > 38°C:

Name: ..... DOB:...../...../..... UR: ..... Telephone: .....

Name: ..... DOB:...../...../..... UR: ..... Telephone: .....

Name: ..... DOB:...../...../..... UR: ..... Telephone: .....

Name: ..... DOB:...../...../..... UR: ..... Telephone: .....

Case name: ..... DOB ...../...../..... Notification ID: .....
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RISK CATEGORISATION:

☐ **High Risk**

- ☐ Became ill within 21 days of leaving rural area or town where VHF known to be endemic or epidemic
- ☐ Medical or nursing staff who became ill within 21 days of caring for VHF case
- ☐ Contact of VHF case who became ill within 21 days of contact
- ☐ Laboratory worker who became ill within 21 days of handling specimens from suspect or confirmed VHF case

☐ **Medium Risk**

- ☐ Became ill within 21 days of leaving rural area or town where VHF thought to be present

☐ **Low Risk**

- ☐ Became ill within 21 days of visiting major cities in Tropical Africa
- ☐ Became ill more than 21 days after contact with a potential source of infection or having left an infected area

COMMENTS: