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

Ebola Virus Disease Case Report Form

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

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

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

Queensland Government

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* .....

Country of birth: .....

Australian Residency Status: ☐ Australian Resident ☐ Migrant ☐ Short term visitor ☐ Long term visitor ☐ Unknown

Accommodation Type: ☐ Private residence ☐ Correctional facility ☐ Hospital ☐ Hostel/boarding/hotel
☐ Aged care ☐ Psychiatric care facility ☐ Other – *specify* ..... ☐ Unknown

Permanent address: .....

..... State: ..... Postcode: .....

Home telephone: ..... Mobile: ..... Email: .....

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

..... State: ..... Postcode: .....

Telephone: ..... Mobile: ..... Email: .....

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

General Practitioner: Dr .....

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

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

CLINICAL DETAILS:

Date of onset of symptoms: ...../...../.....
Fever: ☐Yes ☐ No ☐Unknown Onset date: ...../...../.....
Temp: _____°C (highest measured) OR ☐ Not measured

Malaise/Fatigue	☐ Yes	☐ No	☐ Unknown	Myalgia	☐Yes	☐ No	☐ Unknown
Severe Headache	☐ Yes	☐ No	☐ Unknown	Pharyngitis	☐Yes	☐ No	☐ Unknown
Conjunctival injection	☐ Yes	☐ No	☐ Unknown	Hiccups	☐Yes	☐ No	☐ Unknown
Vomiting	☐ Yes	☐ No	☐ Unknown	Bloody diarrhoea	☐Yes	☐ No	☐ Unknown
Abdominal pain	☐ Yes	☐ No	☐ Unknown	Diarrhoea	☐Yes	☐ No	☐ Unknown
Rash	☐ Yes	☐ No	☐ Unknown	Petechiae	☐Yes	☐ No	☐ Unknown
Unexplained haemorrhage/bruising			☐ Yes ☐ No ☐ Unknown				

Other – *specify* .....

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

Complications:

Hypotension	☐ Yes	☐ No	☐ Unknown	Spontaneous bleeding	☐ Yes	☐ No	☐ Unknown
Oedema	☐ Yes	☐ No	☐ Unknown	Lymphopenia	☐ Yes	☐ No	☐ Unknown
Thrombocytopenia	☐ Yes	☐ No	☐ Unknown	Shock	☐ Yes	☐ No	☐ Unknown
Neurologic involvement	☐ Yes	☐ No	☐ Unknown	Multi-organ failure	☐ Yes	☐ No	☐ Unknown
Other	☐ Yes – *specify*					☐ No	☐ Unknown

Hospitalisation:

Did the case present to a hospital (even if not admitted) ☐Yes ☐ No ☐ Unknown Date: ...../...../.....

Hospital 1: (insert hospital name, address, ward) .....
Date: ...../...../..... to ...../...../.....
Seen in Emergency Department only ☐ Yes Date: ...../...../..... ☐ No
Admitted to single isolation room ☐ Yes Date: ...../...../..... to ...../...../..... ☐ No
Admitted to negative pressure room ☐ Yes Date: ...../...../..... to ...../...../..... ☐ No ☐ Not Available
Admitted to ICU or HDU: ☐ ICU ☐ HDU Date ...../...../..... to ...../...../..... ☐ No

Hospital 2: (insert hospital name, address, ward) .....
Date: ...../...../..... to ...../...../.....
Seen in Emergency Department only ☐ Yes Date: ...../...../..... ☐ No
Admitted to single isolation room ☐ Yes Date: ...../...../..... to ...../...../..... ☐ No
Admitted to negative pressure room ☐ Yes Date: ...../...../..... to ...../...../..... ☐ No ☐ Not Available
Admitted to ICU or HDU: ☐ ICU ☐ HDU Date: ...../...../..... to ...../...../..... ☐ No

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

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LABORATORY:

Specimen 1:

Date: ...../...../..... Specimen type (select one): ☐ Blood/serum ☐ Throat swab ☐ Urine ☐ Other – Specify.....
Specimens received by laboratory – *specify* ..... Date: ...../...../..... Lab number .....
Specimens transferred to QHFSS: Date: ...../...../.....Lab number .....
Detection of Ebola virus by PCR/NAT: ☐ Detected ☐ Not detected ☐ Not done
Detection of Ebola virus by antigen detection: ☐ Detected ☐ Not detected ☐ Not done
Detection of virus by electron microscopy: ☐ Detected ☐ Not detected ☐ Not done
Specimens transferred to VIDRL: Date: ...../...../.....Lab number .....
Laboratory confirmation by VIDRL: ☐ Yes Date: ...../...../..... ☐ No

Specimen 2:

Date: ...../...../..... Specimen type (select one): ☐ Blood/serum ☐ Throat swab ☐ Urine ☐ Other –specify.....
Specimens received by primary laboratory – *specify* ..... Date: ...../...../..... Lab number .....
Specimens transferred to QHFSS: Date: ...../...../..... Lab number .....
Detection of Ebola virus by PCR/NAT: ☐ Detected ☐ Not detected ☐ Not done
Detection of Ebola virus by antigen detection: ☐ Detected ☐ Not detected ☐ Not done
Detection of virus by electron microscopy: ☐ Detected ☐ Not detected ☐ Not done
Specimens transferred to VIDRL: Date: ...../...../..... Lab number .....
Laboratory confirmation by VIDRL: ☐ Yes Date: ...../...../..... ☐ No

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

EXPOSURE PERIOD:

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

Residence or travel in an area with ongoing intense EVD transmission? ☐ Yes ☐ No ☐ Unknown

Country: ..... Region/s: ..... Date: ...../...../..... to ...../...../.....

Country: ..... Region/s: ..... Date: ...../...../..... to ...../...../.....

Did the case:

Have contact with a person or the body fluids of a person (alive or deceased) with confirmed or suspected EVD?	☐ Australia ☐ EVD- affected country ☐No ☐ Unknown
If yes, where did this contact occur If other – *specify*	☐ Household ☐ Healthcare ☐ Preschool/School ☐ Aeroplane ☐ Burial preparations ☐ Contact with deceased person at funeral ☐ Other ☐ Unknown
Visit a confirmed/suspected EVD patient?	☐ Yes ☐ No ☐ Unknown
Cared for a confirmed/suspected EVD patient in a non-medical/nursing capacity?	☐ Yes ☐ No ☐ Unknown
Work in a medical/nursing capacity providing direct care to a confirmed case?	☐ Australia ☐ EVD-affected country ☐No ☐ Unknown
Received a needle stick injury from a confirmed EVD case?	☐ Yes ☐ No ☐ Unknown
Blood/body fluid splash to mucous membrane from a confirmed EVD case?	☐ Yes ☐ No ☐ Unknown
Blood/body fluid splash to mucous membrane from a person of unknown health status, in an EVD affected area.?	☐ Yes ☐ No ☐ Unknown
Blood/body fluid splash to exposed skin from a confirmed EVD case?	☐ Yes ☐ No ☐ Unknown
Have direct contact with a confirmed EVD case with no visible blood/body fluid with inadequate PPE?	☐ Yes ☐ No ☐ Unknown
Have direct contact with an ill person or body fluids from a person of unknown health status in an EVD affected area?	☐ Yes ☐ No ☐ Unknown
Have direct contact with a dead body or their body fluids in a EVD affected area, where cause of death was EVD or unknown?	☐ Yes ☐ No ☐ Unknown
Stay in close proximity (within one metre) or within the room of an EVD case for a prolonged period of time with inadequate PPE ?	☐ Yes ☐ No ☐ Unknown
Have potential droplet exposure to a confirmed EVD case (**no PPE** and in a confined space when case was actively vomiting/diarrhoea/coughing etc)?	☐ Yes ☐ No ☐ Unknown
Touched a non-visibly contaminated surface in a room occupied by a confirmed case of EVD with inadequate PPE?	☐ Yes ☐ No ☐ Unknown
Work as a cleaner on a ward with a confirmed case and who wore adequate PPE when cleaning room?	☐ Yes ☐ No ☐ Unknown
Process blood/body fluids from a confirmed EVD case in a laboratory setting with inadequate PPE?	☐ Yes ☐ No ☐ Unknown
Have direct contact with sick or dead wild animals (bats/primates etc) in an EVD endemic region?	☐ Yes ☐ No ☐ Unknown From: ...../...../..... To: ...../...../.....
Worked in a mine/cave inhabited by bat colonies in an EVD endemic region?	☐ Yes ☐ No ☐ Unknown From: ...../...../..... To: ...../...../.....
Other exposure – *specify*	☐ Yes ☐ No ☐ Unknown

If known please specify name and date(s) of the exposure(s)

.....

.....

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

What was the exposure risk classification for this case?

☐ High risk ☐ Low risk ☐ Casual risk ☐ No risk

Comments:

.....

.....

PLACE ACQUIRED:

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

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

INFECTIOUS PERIOD:

Date: ...../...../..... to Date: ...../...../.....
(Onset of first symptoms) (Use 12 weeks after onset. Note there is uncertainty regarding infectious period.)

Isolation commenced: ☐ Yes ☐ No Date: ...../...../..... to ...../...../.....

Isolation details: .....

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

Place	**Attended**	**If Yes, please provide details below**		
		Name	**Telephone**	**Dates attended**
Childcare	☐ Yes ☐ No ☐ Unknown			
Pre-school/school	☐ Yes ☐ No ☐ Unknown			
Educational/residential facility	☐ Yes ☐ No ☐ Unknown			
Hospital/healthcare facility	☐ Yes ☐ No ☐ Unknown			
Other e.g. shopping centre, mass gatherings	☐ Yes ☐ No ☐ Unknown			

Travel during infectious period: ☐Yes ☐ No

Place visited	**Arrival date**	**Departure date**	**Flight details (or other mode of transport) including seat number**	**Activities/movements while in flight or in transport** (use of toilet/s - with or without symptoms, attendance in food gallery, close contact with people other than those within1 seat in all directions from case)

NOTIFICATION DECISION: ☐ Confirmed ☐ Probable ☐ Suspected ☐ Invalid – Negative EVD testing

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

CONTACT MANAGEMENT:

Contact setting	No. of casual contacts	No. of low risk contacts	No. of high risk contacts
Household			
Ambulance			
Medical/healthcare			
Pathology collection and laboratory			
Work			
Domestic pets			
Other (including aircraft) – *specify*			

CONTACT DETAILS: (PHU use only)

Name	DOB / Age	Telephone	Post code	Exposure assessment completed	Contact exposure category	Management
				Date: ...../...../.....		
				Date: ...../...../.....		
				Date: ...../...../.....		
				Date: ...../...../.....		
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