



Case Investigation Form
Ebola Virus Disease
ICD-10 Code: A98.4



Name of DRU:	Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic
DRU Complete Address:	<input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport

I. PATIENT INFORMATION					
Patient Number	Patient's First Name	Middle Name	Last Name		
Complete Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: MM DD YY / /	Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years		
Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N	Contact Nos.:	Date Admitted/ Seen/Consult	MM	DD	YY
Is the patient a contact of a suspect/probable/confirmed ebola case? <input type="checkbox"/> Y <input type="checkbox"/> N					
Date of Investigation: MM DD YY	Name of investigator/s:	Contact Nos.:			

II. CLINICAL DATA					
Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: / /	Other Signs/ Symptoms:			Are there any complications? <input type="checkbox"/> Y <input type="checkbox"/> N	
Headache <input type="checkbox"/> Y <input type="checkbox"/> N	Anorexia/ Loss of Appetite <input type="checkbox"/> Y <input type="checkbox"/> N			If YES, specify: _____	
Vomiting/ Nausea <input type="checkbox"/> Y <input type="checkbox"/> N	Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N			Other symptoms: _____	
Signs of Hemorrhage:	Weakness/ Severe fatigue <input type="checkbox"/> Y <input type="checkbox"/> N			Working/Final Diagnosis: _____	
Bleeding Gums <input type="checkbox"/> Y <input type="checkbox"/> N	Abdominal pain <input type="checkbox"/> Y <input type="checkbox"/> N				
Nosebleed/ Epistaxis <input type="checkbox"/> Y <input type="checkbox"/> N	Muscular pain <input type="checkbox"/> Y <input type="checkbox"/> N				
Petechiae/ purpura <input type="checkbox"/> Y <input type="checkbox"/> N	Difficulty of Breathing <input type="checkbox"/> Y <input type="checkbox"/> N				
Red eyes/conjunctivitis: <input type="checkbox"/> Y <input type="checkbox"/> N	Difficulty of Swallowing <input type="checkbox"/> Y <input type="checkbox"/> N				
Bloody Stool/ Melena <input type="checkbox"/> Y <input type="checkbox"/> N	Hiccoughs <input type="checkbox"/> Y <input type="checkbox"/> N				
Hematemesis <input type="checkbox"/> Y <input type="checkbox"/> N					

III. EXPOSURE HISTORY	
History of travel : <input type="checkbox"/> N <input type="checkbox"/> Y If YES, specify place and timing:	Place of travel: _____
<input type="checkbox"/> 2-7 days from onset <input type="checkbox"/> >21 days from onset	
Was there contact with a confirmed Ebola Virus Disease case 2-21 days prior to the onset of fever/ hemorrhage? <input type="checkbox"/> Y <input type="checkbox"/> N	
If YES, name of contact: _____ place of residence: _____ Date of contact / /	
Check the type of place where exposure probably occur: <input type="checkbox"/> Day care <input type="checkbox"/> Barangay <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Health Care Facility	
<input type="checkbox"/> Dormitory <input type="checkbox"/> Others, specify _____	
Are there other known cases with fever and signs of hemorrhage in the community? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

IV. LABORATORY TESTS							
Specimen collected (Put ✓ in the box Provided)	If YES, Date Collected	Date sent to RITM	Date received in RITM (to be filled up by RITM)	ELISA Result	PCR Result	Specify Organism	Date of Result
<input type="checkbox"/> Serum	/ /	/ /	/ /				/ /
<input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab	/ /	/ /	/ /				/ /



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V. FINAL CLASSIFICATION	VII. SOURCE OF INFECTION
<input type="checkbox"/> Suspect Case of EVD <input type="checkbox"/> Probable Case of EVD <input type="checkbox"/> Confirmed Case of EVD	<input type="checkbox"/> Endemic <input type="checkbox"/> Imported <input type="checkbox"/> Unknown

VIII. OUTCOME: ☐ Alive ☐ Died Date died: ____/____/____

FINAL DIAGNOSIS: _____

CASE DEFINITION

1A.1 SUSPECTED CASE:

Any hospitalized person with acute onset of fever of less than 3 weeks duration with no response to treatment for usual causes of fever in the area and suffering or having suffered from a sudden onset of high fever and at least three of the following symptoms:

Headaches	Aching muscles or joints
Vomiting	Difficulty swallowing
Anorexia / loss of appetite	Breathing difficulties
Bloody diarrhoea	Bleeding from gums
Lethargy	Bleeding into skin (purpura)
Stomach pain	

OR: any person having had contact with:
 A suspected, probable or confirmed Ebola case;
 A dead or sick animal

1A.2 PROBABLE CASE:

Any suspected case evaluated by a clinician having an epidemiological link with a confirmed case (where it has been possible to collect specimens for laboratory confirmation)

OR: Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link with a confirmed case

1A.3 LABORATORY CONFIRMED CASE:

Any suspected or probable cases with a positive laboratory result. Laboratory confirmed cases must test positive for the virus antigen, either by detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT-PCR), or by detection of IgM antibodies directed against Marburg or Ebola.

1A.4 DISCARDED CASE:

Any suspected or probable case with a negative laboratory result. "Discarded Case" showed no specific antibodies, RNA or specific detectable antigens.

Possible Differential Diagnosis

Shigellosis	A common initial diagnosis of EHF. Presents with diarrhea, possibly bloody, accompanied by fever, nausea and sometimes toxemia, vomiting, cramps and tenesmus. Stool contains blood and mucous is typical. Presence of leucocytes distinguishes bacterial infections.
Typhoid Fever	Presents fever, rash, headache, gastrointestinal symptoms, with lymphadenopathy, relative bradycardia, cough, leucopenia and sometimes sore throat.
Malaria	Presents with acute fever, headache and sometimes diarrhea.
Lassa Fever	Disease onset is usually gradual, with fever, sore throat, cough, pharyngitis, and facial edema in later stages.
Yellow Fever	Presents hemorrhagic complications.

