Philippine Integrated Disease Surveillance and Response

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

Name of DRU: DRU Complete Address:	Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic ☐Gov't Laboratory ☐Private Laboratory ☐Airport/Seaport

I. PATIENT INFORMATION

Patient Number	Patient's First Name	Middle Name	Last Name

Complete Address:	Sex: ☐ Male ☐ Female	Date of Birth: MM DD YY ___/___/___	Age: _____ ☐ Days ☐ Months ☐ Years
Patient admitted? ☐ Y ☐ N	Contact Nos.:	Date Admitted/ Seen/Consult	MM DD YY
Is the patient a contact of a suspect/probable/confirmed ebola case? ☐ Y ☐ N			
Date of Investigation: MM DD YY	Name of investigator/s:	Contact Nos.:	

II. CLINICAL DATA

Fever: ☐ Y ☐ N
Date onset: ___/___/___
Headache ☐ Y ☐ N
Vomiting/ Nausea ☐ Y ☐ N

Signs of Hemorrhage:

Bleeding Gums ☐ Y ☐ N
Nosebleed/ Epistaxis ☐ Y ☐ N
Petechiae/ purpura ☐ Y ☐ N
Red eyes/conjunctivitis: ☐ Y ☐ N
Bloody Stool/ Melena ☐ Y ☐ N
Hematemesis ☐ Y ☐ N

Other Signs/ Symptoms:

Anorexia/ Loss of Appetite ☐ Y ☐ N
Diarrhea ☐ Y ☐ N
Weakness/ Severe fatigue ☐ Y ☐ N
Abdominal pain ☐ Y ☐ N
Muscular pain ☐ Y ☐ N
Difficulty of Breathing ☐ Y ☐ N
Difficulty of Swallowing ☐ Y ☐ N
Hiccoughs ☐ Y ☐ N

Are there any complications?
☐ Y ☐ N

If YES, specify: _____
Other symptoms:
_____
Working/Final Diagnosis:
_____

III. EXPOSURE HISTORY

History of travel : ☐N ☐Y If YES, specify place and timing: Place of travel: _____

☐ 2-7 days from onset ☐ >21 days from onset

Was there contact with a confirmed Ebola Virus Disease case 2-21 days prior to the onset of fever/ hemorrhage? ☐ Y ☐ N
If YES, name of contact: _____ place of residence:_____ Date of contact ___/___/____

Check the type of place where exposure probably occur: ☐Day care ☐Barangay ☐Home ☐School ☐Health Care Facility ☐Dormitory ☐Others, specify _____

Are there other known cases with fever and signs of hemorrhage in the community? ☐ Y ☐ N ☐ 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
☐Serum	___/___/___	___/___/___	___/___/___				___/___/___
☐Oropharyngeal/ Nasopharyngeal swab	___/___/___	___/___/___	___/___/___				___/___/___

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V. FINAL CLASSIFICATION	VII. SOURCE OF INFECTION
☐ Suspect Case of EVD ☐ Probable Case of EVD ☐ Confirmed Case of EVD	☐ Endemic ☐ Imported ☐ 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
Vomiting
Anorexia / loss of appetite
Bloody diarrhoea
Lethargy
Stomach pain
Aching muscles or joints
Difficulty swallowing
Breathing difficulties
Bleeding from gums
Bleeding into skin (purpura)

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 probably 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, phraryngitis, and facial edema in later stages.
Yellow Fever	Presents hemorrhagic complications.