

## US-WHO INTERNATIONAL CLINICAL NETWORK EBOLA VIRUS DISEASE CLINICAL DATA

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, sending it to the collection sponsor, and a person is not required to respond to a collection of information unless it displays a valid collection number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Field Office, Paperwork Project Director, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1040)

The data collection instrument collect data from 12 different domains:

- Demographics and Background
- First Signs and Symptoms
- Signs and symptoms at first admission (generally within 7 days of onset)
- Signs and symptoms at second admission (generally within 7 days of onset)
- Clinical findings during hospitalization
- Interventions employed during hospitalization
- Treatments employed
- Investigational Therapeutics given
- Admission laboratory values (from final admission)
- Laboratory testing during hospitalization
- Virology and Immunology laboratory results
- Outcomes

Detailed demographic and clinical information is vital to gaining insights about the disease. In order to protect patient privacy, please deliver the completed form to the center using your unique SFTP address and password. Only your center and the CD

**COLLECTION TOOL**

Form Approved  
OMB No. 0920-1040  
Exp. Date 02/28/2015

er response, including the time for reviewing instructions, searching  
ing the collection of information. An agency may not conduct or  
ys a currently valid OMB control number. Send comments regarding  
ns for reducing this burden to CDC/ATSDR Information Collection  
).).

ains including:

(in Africa)  
ally following medical evacuation)

n)

out your center's experience caring for Ebola patients.  
e CDC via the secure encrypted file transfer protocol (FTP)  
IC will be able to view and download your forms.

## Demographics and Background

**Patient number (Facility name and number, for example, Emory 1, Emory 2, etc...)**

**Clinical location (Country of final care)**

**Clinical location (City in Europe or US of final care)**

**Patient AGE in YEARS**

**GENDER**  
Male/  
Female

For  
Females,  
**Pregnant**  
(YES/NO); if  
YES, what  
trimester

Chronic co-morbidities (None, or provide list of all co-morbidities)	Country where EBOV infection was confirmed (RT-PCR+ for EBOV)	Country where EBOV exposure/infection occurred	Date of symptom onset	Time (days) from illness onset to diagnosis of EBOV infection by RT-PCR	Time (days) from illness onset to FIRST hospital admission	Time (days) from illness onset to FINAL hospital admission
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<b>Medically- evacuated from West Africa (YES/NO)</b>	<b>For Medically evacuated patients, time (days) from illness onset to admission at receiving hospital outside of West Africa</b>	<b>If Medevac, by whom? (Phoenix Air, Medic Air)</b>	<b>For Medically evacuated patients, were <i>IV fluids given in West Africa before medical evacuation</i> (YES/NO)?</b>	<b>Imported EVD case (not medically evacuated) (YES/NO)?</b>	<b>Locally- acquired (secondary nosocomial transmission in Europe or US) (YES/NO?)</b>

**Occupation  
(physician,  
nurse,  
laboratorian,  
pharmacist,  
other  
healthcare  
professional,  
other  
(specify))**

**Worked in  
Ebola  
treatment  
unit  
(YES/NO)?**

**Worked in  
Healthcare  
facility (but  
not an Ebola  
treatment  
unit)  
(YES/NO)?**

**Location of  
FIRST  
hospital  
admission  
(Country 1st  
Hospital)?**

**Location of  
FINAL hospital  
admission  
(Country  
FINAL  
Hospital)?**

**Signs and Symptoms on First Day of Illness = DAY of ILLNESS ONSET**

<b>Feverishness</b> (temperature not measured (YES/NO)?	<b>Fever</b> (measured elevated temperature) (YES/NO)?	<b>Headache</b> (YES/NO)?	<b>Weakness</b> (YES/NO)?	<b>Fatigue or increased tiredness</b> (YES/NO)?	<b>Lethargy</b> (YES/NO)?	<b>Muscle aches</b> (YES/NO)?
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**Decreased  
appetite**  
(YES/NO)?

**Nausea**  
(YES/NO)?

**Vomiting**  
(YES/NO)?

**Diarrhea**  
(YES/NO)?

**Abdominal  
pain**  
(YES/NO)?

**Sore throat**  
(YES/NO)?

**Nasal  
congestion**  
(YES/NO)?



**Rhinorrhea**  
(YES/NO)?

**Cough**  
(YES/NO)?

**Joint aches**  
(YES/NO)?

**Signs and symptoms PRIOR TO ADMISSION**

<b>Patient number</b>	<b>Feverishness</b> (temperature not measured (YES/NO)?	<b>Fever</b> (measured elevated temperature) (YES/NO)?	<b>How was temperature measured?</b> (axillary, oral, rectal)	<b>Headache</b> (YES/NO)?	<b>Weakness</b> (YES/NO)?	<b>Fatigue</b> (YES/NO)?
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<b>Lethargy</b> (YES/NO)?	<b>Muscle aches</b> (YES/NO)?	<b>Decreased appetite</b> (YES/NO)?	<b>Nausea</b> (YES/NO)?	<b>Vomiting</b> (YES/NO)?	<b>Diarrhea</b> (YES/NO)?	<b>Abdominal pain</b> (YES/NO)?	<b>Sore throat</b> (YES/NO)?
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**Nasal  
congestion**  
(YES/NO)?

**Rhinorrhea**  
(YES/NO)?

**Cough**  
(YES/NO)?

**Joint aches**  
(YES/NO)?

**Any treatments  
given PRIOR TO  
HOSPITALIZATION?**  
(YES/ NO)

**Antimalarials**  
(please list)

**Antibiotics**  
(please list)

**Signs and symptoms present on day of Admission to Initial Hospital**

Patient number	<b><u>Date of admission to initial hospital</u></b>	<b>Feverishness</b> (temperature not measured (YES/NO)?	<b>Fever</b> (measured elevated temperature) (YES/NO)?	<b>Admission temperature</b> (Celsius)	Temperature measured by: temporal, ocular, oral, rectal, axillary?
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Gastrointestinal tract

<b>Joint aches</b> (YES/NO)?	<b>Conjunctival injection</b> (YES/NO)?	<b>Hiccups</b> (YES/NO)?	<b>Decreased appetite</b> (YES/NO)?	<b>Nausea</b> (YES/NO)?	<b>Vomiting</b> (YES/NO)?	<b>Diarrhea</b> (YES/NO)?	<b>Abdominal pain</b> (YES/NO)?
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**Respiratory tract**

<b>Sore throat</b> (YES/NO)?	<b>Pharyngitis</b> (YES/NO)?	<b>Glossitis</b> (tongue inflammation) (YES/NO)?	<b>Nasal congestion</b> (YES/NO)?	<b>Rhinorrhea</b> (YES/NO)?	<b>Cough</b> (YES/NO)?	<b>Hemoptysis</b> (YES/NO)?
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## Neurological

<b>Shortness of breath</b> (YES/NO)?	<b>Difficulty breathing</b> (YES/NO)?	<b>Tachypnea</b> (YES/NO)?	<b>Oxygen saturation</b> (pulse oximetry on room air) (%)	<b>Altered Mental Status or Confusion</b> (YES/NO)?	<b>Agitation</b> (YES/NO)?	<b>Unresponsive, coma</b> (YES/NO)?
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## Hemorrhagic manifestations

<b>Epistaxis</b> - bleeding from nose (YES/NO)?	<b>Bleeding from gingiva, or inside mouth</b> (YES/NO)?	<b>Petechiae</b> anywhere (YES/NO)?	<b>Hematemesis</b> (YES/NO)?	<b>Melena</b> (YES/NO)?	<b>Hematochezia</b> - frank blood in stool (YES/NO)?	<b>Bloody diarrhea</b> (YES/NO)?
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## Mental Health

Oozing from IV catheter site (YES/NO)?	Anxiety (YES/NO)?	Depression (YES/NO)?
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**Signs and symptoms present on day of Admission to FINAL Hospital**

Patient number	<u>Date of admission to final hospital</u>	<b>Feverishness</b> (temperature not measured (YES/NO)?	<b>Fever</b> (measured elevated temperature) (YES/NO)?	<b>Admission temperature</b> (Celsius)	Temperature measured by: temporal, ocular, oral, rectal, axillary?
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**General signs/ symptoms**

<b>Headache</b> (YES/NO)?	<b>Weakness</b> (YES/NO)?	<b>Fatigue</b> (YES/NO)?	<b>Lethargy</b> (YES/NO)?	<b>Muscle aches</b> (YES/NO)?	<b>Jaundice</b> (YES/NO)?	<b>Rash</b> (YES/NO)?	<b>Joint pain</b> (YES/NO)?
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**Gastrointestinal tract**

<b>Joint aches</b> (YES/NO)?	<b>Conjunctival injection</b> (YES/NO)?	<b>Hiccups</b> (YES/NO)?	<b>Decreased appetite</b> (YES/NO)?	<b>Nausea</b> (YES/NO)?	<b>Vomiting</b> (YES/NO)?	<b>Diarrhea</b> (YES/NO)?
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**Respiratory tract**

<b>Abdominal pain</b> (YES/NO)?	<b>Sore throat</b> (YES/NO)?	<b>Pharyngitis</b> (YS/NO)?	<b>Glossitis</b> (tongue inflammation) (YES/NO)?	<b>Nasal congestion</b> (YES/NO)?	<b>Rhinorrhea</b> (YES/NO)?	<b>Cough</b> (YES/NO)?
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**Neurologic**

<b>Hemoptysis</b> (YES/NO)?	<b>Shortness of breath</b> (YES/NO)?	<b>Difficulty breathing</b> (YES/NO)?	<b>Tachypnea</b> (YES/NO)?	<b>Oxygen saturation</b> (pulse oximetry on room air) (%)	<b>Altered Mental Status or Confusion</b> (YES/NO)?	<b>Agitation</b> (YES/NO)?
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:al

## Hemorrhagic manifestations

<b>Unresponsive, coma</b> (YES/NO)?	<b>Epistaxis -</b> bleeding from nose (YES/NO)?	<b>Bleeding from</b> <b>gingiva, or</b> <b>inside</b> <b>mouth</b> (YES/NO)?	<b>Petechiae</b> anywhere (YES/NO)?	<b>Hematemesis</b> (YES/NO)?	<b>Melena</b> (YES/NO)?	<b>Hematochezia -</b> frank blood in stool (YES/NO)?
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**Mental Health**

<b>Bloody diarrhea</b> (YES/NO)?	<b>Oozing from IV catheter site</b> (YES/NO)?	<b>Anxiety</b> (YES/NO)?	<b>Depression</b> (YES/NO)?
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Patient number	Number of days of fever (Temp >38C)?	Number of days of diarrhea?	Maximum number of stools/day	Maximum diarrhea volume/24 hours (in mls)	Number of days of vomiting?
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**al Findings During Hospitalization in Europe or US**

Bleeding or oozing at IV catheter sites (YES/NO)?	Oliguria (YES/NO) (<500 ml urine/day)?	Anuria (YES/NO) (<100 ml urine/day)?	Hypoxia (YES/NO)? (if YES, list lowest pulse oximetry on room air)?	Hypoxemia (YES/NO)? (If YES, list PaO2)	Pulmonary edema (by CXR)? (YES/NO)?
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Pulmonary edema (by ultrasound)? (YES/NO)?

Pneumonia (by CXR)? (YES/NO)

Bilateral pneumonia (YES/NO)?

Pulmonary edema by ultrasound (YES/NO)?  
Unilateral pneumonia (YES/NO)?

Respiratory failure (YES/NO)?

Date/ day of illness when this was diagnosed?	Hypoxemic respiratory failure (YES/NO)?	Hypercarbic respiratory failure (YES/NO)?	Acute Respiratory Distress Syndrome (ARDS) (YES/NO)?	ECG PaO <sub>2</sub> /FIO <sub>2</sub> changes (lowest) (YES/NO)?	If yes, what?
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Arrythmia (YES/NO)?	If arrhythmia, what rhythm?	Date/ day of illness when this was documented diagnosed? ileus (YES/NO)?	Suspected or Date/ day of documented illness when colon this was obstruction diagnosed? (YES/NO)?	Suspected or documented intestinal paresis (YES/NO)?
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Abdominal distension (YES/NO)?	Bacteremia (positive blood culture) (YES/NO)?	Gram positive bacteremia (YES/NO)?	Gram negative bacteremia (YES/NO)?	Specific bacteria identified - list name	Date/ day of illness when this was first Sepsis isolated? (YES/NO)?
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Septic Shock (YES/NO)?	Systemic Inflammatory Response Syndrome (YES/NO)?	Peripheral edema (YES/NO)?	Delirium (YES/NO)?	Encephalopathy (YES/NO)?	Seizure (YES/NO)?
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Encephalitis  
(YES/NO)?  
[how  
diagnosed?]

Coma  
(YES/NO)?

Other infections  
diagnosed  
(malaria, typhoid,  
etc)? (Y/N)

What other  
infections? (please  
list)

**Interventions during**

Patient number	Peripheral intravenous line (not PICC) (YES/NO)?	Peripherally inserted central catheter (PICC line) (YES/NO)?	Central venous catheter placement (YES/NO)?	Dialysis catheter insertion (YES/NO)?
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**Hospitalization in Europe or the US**

Intravenous fluids	Normal saline (YES/NO)?	Maximum NS volume /24 hours	Lactated Ringers (YES/NO)?	Maximum LR Supplemental volume /24 oxygen per nasal hours canula (YES/NO)?
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Supplemental oxygen per face mask (YES/NO)?

External audio auscultation (YES/NO)?

**Non-invasive** ventilation (YES/NO)?

Number of days of **Invasive** mechanical Non-invasive ventilation (YES/NO)?

Number of days  
of invasive Continuous renal  
mechanical replacement therapy  
ventilation (CVVHD) (YES/NO)?

Number of days Vasopressor or  
Inotrope use  
of CRRT (YES/NO)?

Number of days of  
vasopressor or  
inotrope use

Rectal tube placed  
(YES/NO)?

Foley tube  
placed  
(YES/NO)?

**Resuscitation** for  
cardiac arrest  
(YES/NO)?

If YES, chest  
compressions  
(YES/NO)?

If YES,  
epinephrine  
given (YES/NO)?



If YES, atropine  
given (YES/NO)?

If YES,  
bicarbonate  
given  
(YES/NO)?

If YES,  
transcutaneous  
pacing given  
(YES/NO)?

## Treatments given during Hospitalization

Patient number	Anti-emetics (YES/NO)?	If YES, list anti-emetic 1	If YES, list anti-emetic 2 (YES/NO)?	Loperamide	Anticonvulsants (YES/NO)?
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If YES, list anticonvulsants (ES/NO)?	Anxiolytics	If YES, list anxiolytics	Whole blood transfusion (YES/NO)?	Fresh frozen plasma (YES/NO)?	Platelet transfusion (YES/NO)?	IVIG (YES/NO)?
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Antibiotics (YES/NO)?	If YES, please list all antibiotics given (YES/NO)?	If yes, please list Antifungals all (other than antifungals for Ebola) given (YES/NO)?	If yes, please list Anti- all antivirals malarials given (YES/NO)?
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If YES, list  
anti-  
malarial 1

If YES, list Corticostero  
anti- ids  
malarial 2 (YES/NO)?

Hydrocortisone  
(YES/NO)?

Methylprednisolone  
(YES/NO)?

Dexamethasone  
(Y/N)



Sedation  
(YES/NO)?

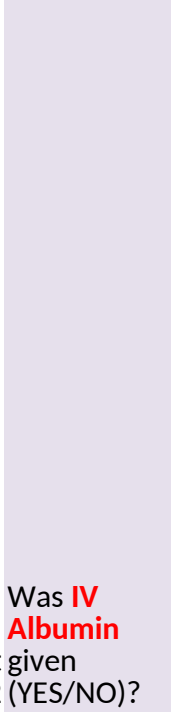
If YES, List  
sedative 1

If YES, List **Analgesia**  
sedative 2 (YES/NO)?

Aspirin  
(YES/NO)?

Acetaminophen  
(YES/NO)?

Paracetamol  
(YES/NO)?



Ibuprofen  
(YES/NO)?

Other  
NSAID  
(YES/NO)?

Narcotics  
(YES/NO)?

Paralytics  
(YES/NO)?

If YES, list  
paralytic 1

If YES, list  
paralytic 2

Was **IV**  
**Albumin**  
given  
(YES/NO)?

If Albumin was given, what was the **highest amount (volume)** given in a 24-hour period (25% Albumin or specifcy), and **specify volume given**

Was Potassium given (YES/NO)?

If YES, was **intravenous potassium** given (YES/NO)?

If YES, what was the **total amount of IV potassium** given in mEq during hospitalization in the US or Europe?

If YES, was **oral potassium** given (YES/NO)?

If YES, what was the **total amount of oral potassium** given in mEq during hospitalization in the US or Europe?

Calcium (YES/NO)?



<p>If YES, what was the <b>total amount of IV calcium</b> given in mEq during hospitalization in the US or Europe?</p>	<p>If YES, what was the <b>total amount of oral calcium</b> given in mEq during hospitalization in the US or Europe?</p>	<p>Was Magnesium given (Yes/No)?</p>	<p>If YES, what was the <b>total amount of IV Magnesium</b> given in mEq during hospitalization in the US or Europe?</p> <p>If YES, what was the <b>total amount of oral Magnesium</b> given in mEq during hospitalization in the US or Europe?</p> <p>Was treatment given for a <b>prothrombotic state</b> (YES/NO)?</p>

If **Treated for Prothrombotic state**, what treatment was given (e.g. low molecular wt heparin, aspirin, etc.; but not for DVT prophylaxis)?

Investigational therapies for EBOV infection

ZMAPP

Patient number	<b>ZMapp</b> (YES/NO)?	If YES, intravenous dosing given (e.g. 50mg/kg)?	If YES, total number of doses given?	If YES, dosing frequency?	If YES, started on what illness day?
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ZMAB

If YES, any <i>suspected</i> <i>adverse</i> <i>reaction</i> (YES/NO)?	If adverse reaction, list <b>ZMab</b> all (YES/NO)?	If YES, intravenous dosing given (e.g. 50mg/kg)?	If YES, total number of doses given?	If YES, dosing frequency?	If YES, started on what illness day?
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TKM-Ebola

If YES, any suspected adverse reaction (YES/NO)?	If adverse reaction, list <b>TKM-Ebola</b> all (YES/NO)?	If YES, intravenous dosing given (0.3mg/kg)?	If YES, total number of doses given?	If YES, dosing frequency?	If YES, started on what illness day?
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Favipiravir (T-705)

If YES, any suspected adverse reaction (YES/NO)?	If adverse <b>Favipiravir</b> reaction, list <b>(T-705)</b> all (YES/NO)?	If YES, oral loading dose given?	If YES, oral maintenanc e dose given?	If YES, total number of doses given?	If YES, dosing frequency?
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Brincidofovir

If YES, started on what illness day?	If YES, any <i>suspected adverse reaction</i> (YES/NO)?	If adverse <b>Brincidofovir</b> reaction, list <b>(CMX-001)</b> all (YES/NO)?	If YES, oral loading dose given?	If YES, oral maintenance dose given?	If YES, total number of doses given?
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(CMX-001)

If YES, dosing frequency?	If YES, started on what illness day?	If YES, any <i>suspected</i> <i>adverse</i> <i>reaction</i> (YES/NO)?	If adverse reaction, list <b>Amiodarone</b> all (YES/NO)?	If YES, oral dosing given?	If YES, total number of doses given?
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Amiodarone

If YES, dosing frequency?	If YES, started on what illness day?	If YES, any <i>suspected</i> <i>adverse</i> <i>reaction</i> (YES/NO)?	If adverse reaction, list <b>FX06</b> all (YES/NO)?	If YES, intravenous dosing given)?	If YES, total number of doses given?
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FX06

Convalesce

If YES, dosing frequency?	If YES, started on what illness day?	If YES, any <i>suspected</i> <i>adverse</i> <i>reaction</i> (YES/NO)?	If adverse reaction, list <b>Convalescent</b> all <b>plasma</b> (YES/NO)?	If YES, volume of plasma given (ml or cc)	If YES, total number of transfusions given?
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nt plasma

	If suspected reaction, was it <b>TRALI</b>	If suspected reaction, was it <b>TACO</b>	
If YES, any <i>suspected adverse reaction</i> (YES/NO)?	(transfusion associated acute lung injury) (YES/NO)?	(transfusion associated circulatory overload) (YES/NO)?	
		<b>Other <i>investigational therapeutic</i></b> (YES/NO)?	If YES, Please list other therapeutic

**Laboratory testing results on at Ad**

Patient number	<i>Point of care laboratory testing used (YES/NO)?</i>	If YES, iSTAT used (YES/NO)?	If YES, PICCOLO used (YES/NO)?	If YES, specify other test <b>Sodium</b> device (mEq/liter)
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**Immission at Final Hospital**

<b>Potassium</b> (mEq/liter)	<b>Chloride</b> (mEq/liter)	<b>Bicarbonate</b> (mEq/liter)	<b>Creatinine</b> [mg/dL (US); umol/liter (Europe)]	<b>BUN</b> [mg/dL (US); mmol/liter (Europe)]	<b>Glucose</b> [mg/dL (US); mmol/L (Europe)] off IV glucose	<b>Calcium</b> (mmol/L)
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**Ionized  
Calcium**

[mg/dL  
(US);  
mmol/L  
(Europe)]

**Magnesi  
um**

(mEq/L)

**AST (U/L)**

**ALT (U/L)**

**CK (U/L)**

**Lactate**

[mg/dL (US);  
mmol/L  
(Europe)]

**Total bilirubin**

[mg/dL (US);  
mmol/L  
(Europe)]

**Albumin**  
(g/dL)

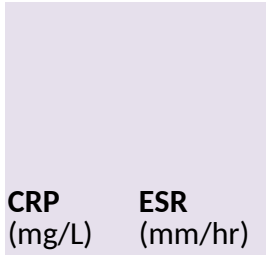
<b>WBC</b> (x 10 <sup>9</sup> /L)	Absolute lymphocyte count (x 10 <sup>9</sup> /L)	Abosoulte neutrophil count (x 10 <sup>9</sup> /L)	<b>Platelets</b> (x 10 <sup>9</sup> /L)	<b>HgB</b> (g/dL)	<b>Hct</b> (%)	<b>Prothrobin time</b> (seconds)
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**Partial  
thromboplastin  
time** (seconds) **INR**

**D-dimer**  
(ng/ml)

**CRP**  
(mg/L)

**ESR**  
(mm/hr)





**Laboratory testing results anytime during Final Hospitalizatio**

Patient number	<b>Sodium</b> lowest value (mEq/liter)	<b>Potassium</b> lowest (mEq/liter)	<b>Chloride</b> lowest (mEq/liter)	<b>Bicarbonate</b> lowest (mEq/liter)	<b>Creatinine</b> highest [mg/dL (US); umol/liter (Europe)]	<b>BUN</b> highest [mg/dL (US); mmol/liter (Europe)]
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<b>Glucose</b> lowest [mg/dL (US); mmol/L (Europe)] off IV glucose	<b>Glucose</b> highest [mg/dL (US); mmol/L (Europe)] off IV glucose	<b>Calcium</b> lowest (mmol/L)	<b>Ionized Calcium</b> lowest [mg/dL (US); mmol/L (Europe)]	<b>Magnesium</b> lowest (mEq/L)	<b>AST</b> highest (U/L)	<b>Illness day</b> (not hospital day) of <b>peak AST</b> associated with <i>Ebola virus disease</i> (not drug reaction)
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	<b>Illness day</b> (not hospital day) of <b>peak ALT</b> associated with Ebola virus disease (not drug reaction) (U/L)	<b>CK</b> highest (U/L)	<b>Lactate</b> highest [mg/dL (US); mmol/L (Europe)]	<b>Total bilirubin</b> highest [mg/dL (US); mmol/L (Europe)]	<b>Albumin</b> lowest (g/dL)	<b>WBC</b> lowest (x 10 <sup>9</sup> /L)
<b>ALT</b> (U/L)						

Illness day (not hospital <b>WBC</b> day) of <i>highest</i> (x lowest <b>WBC</b> 10 <sup>9</sup> /L)	Illness day (not Absolute hospital lymphocyte day) of count highest lowest (x <b>WBC</b> 10 <sup>9</sup> /L)	Abosoulte neutrophil count lowest (x 10 <sup>9</sup> /L)	<b>Platelets</b> lowest (x 10 <sup>9</sup> /L)	<b>Platelets</b> highest (x 10 <sup>9</sup> /L)
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<b>Illness day of highest platelet count?</b>	<b>Thrombocytosis (platelets ever &gt;450,000) (YES/NO)?</b>	<b>HgB lowest (g/dL)</b>	<b>Hct lowest (%)</b>	<b>Prothrombin time highest (seconds)</b>	<b>Partial thromoplastin time highest (seconds)</b>	<b>INR highest</b>
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**D-dimer**  
*highest*  
(ng/ml)

**Virology and Immunology Testing Results During Entire Clinical Course until death**

Testing on

patient number	Name of RT-PCR assay?	Where was RT-PCR assay performed (e.g. CDC, Ministry of Health laboratory, etc.)?	Initial Ct value in blood	Illness day of initial Ct result in blood (viral blood copies/ml)	First available EBOV RNA level in blood	Illness day of first available EBOV RNA level in blood

death or at discharge

blood

<b>Lowest Ct value</b>	<b>Highest blood EBOV RNA level</b> <i>Illness day of lowest Ct value in (viral blood copies/ml)</i>	<b>Illness day of highest blood EBOV RNA level</b> <i>Illness day of highest blood EBOV RNA level</i>	<b>Illness day for 1st negative RT-PCR result in blood</b> <i>Illness day for 1st negative RT-PCR result in blood</i>	<b>Illness day for 2nd consecutive negative RT-PCR result in blood</b> <i>Illness day for 2nd consecutive negative RT-PCR result in blood</i>	<b>Initial Ct value in urine</b>
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URINE

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<b>First available</b> <i>Illness day</i> <b>EBOV RNA</b> of initial Ct level in result in urine (viral urine copies/ml)	<i>Illness day of</i> <i>first available</i> <i>EBOV RNA</i> Was <b>saliva</b> <i>level in</i> tested <i>urine</i> (YES/NO)?	If YES, was saliva positive for EBOV by RT- PCR (YES/NO)?	If positive, when did saliva 1st Was <b>sweat</b> become tested negative? (YES/NO)?
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OTHER CLINICAL SPE

If YES, was  
sweat  
positive for  
EBOV by RT-  
PCR  
(YES/NO)?

If positive,  
when did  
swaet 1st Was **stool**  
become tested  
negative? (YES/NO)?

If YES, was  
stool  
positive for  
EBOV by RT-  
PCR  
(YES/NO)?

If positive,  
when did  
stool 1st Was a **rectal**  
become **swab** tested  
negative? (YES/NO)?

If YES, was a  
rectal swab  
positive for  
EBOV by RT-  
PCR  
(YES/NO)?

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**CIMENS**

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If positive, when did rectal swab 1st become negative? (YES/NO)?	Was a <b>skin</b> <b>swab</b> tested PCR	If YES, was a skin swab positive for EBOV by RT- PCR (YES/NO)?	For female patients, when did was a skin swab 1st become negative? (YES/NO)?	was a vaginal swab positive for EBOV by RT- PCR (YES/NO)?	If positive, when did vaginal swab 1st become negative?
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	Serology
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<p>For male patients, was a <b>semen specimen</b> collected in the hospital (YES/NO)?</p>	<p>If YES, was a semen specimen swab positive for EBOV by RT-PCR (YES/NO)?</p>	<p>If positive, when did semen 1st become negative? Was EBOV (or how serological long testing documented positive) (YES/NO)?</p>	<p>If YES, <i>first illness day</i> that EBOV IgM titer was detected?</p>	<p>If YES, <i>first illness day</i> that EBOV IgG titer was detected?</p>
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**Virology Testing Results on Blood Specimens During Entire Clinical Course until death or at discharge**

<b>patient number</b>	<b>First available Ct value in blood (and day of illness in parentheses)</b>	<b>First available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Second available Ct value in blood (and day of illness in parentheses)</b>	<b>Second available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Third available Ct value in blood (and day of illness in parentheses)</b>
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<b>Third available</b> <b>EBOV RNA</b> <b>level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Fourth</b> <b>available Ct</b> <b>value in blood</b> (and day of illness in parentheses)	<b>Fourth</b> <b>available</b> <b>EBOV RNA</b> <b>level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Fifth available</b> <b>Ct value in</b> <b>blood (and day</b> <b>of illness in</b> <b>parentheses)</b>	<b>Fifth available</b> <b>EBOV RNA</b> <b>level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Sixth available</b> <b>Ct value in</b> <b>blood (and</b> <b>day of illness</b> <b>in</b> <b>parentheses)</b>
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<b>Sixth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Seventh available Ct value in blood (and day of illness in parentheses)</b>	<b>Seventh available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Eighth available Ct value in blood (and day of illness in parentheses)</b>	<b>Eighth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Ninth available Ct value in blood (and day of illness in parentheses)</b>
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<b>Ninth available EBOV RNA level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Tenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Tenth available EBOV RNA level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Eleventh available Ct value in blood (and day of illness in parentheses)</b>	<b>Eleventh available EBOV RNA level in blood</b> [viral copies/ml] (and day of illness in parentheses)	<b>Twelfth available Ct value in blood (and day of illness in parentheses)</b>
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<b>Twelfth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Thirteenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Thirteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Fourteenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Fourteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Fifteenth available Ct value in blood (and day of illness in parentheses)</b>
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<b>Fifteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Sixteenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Sixteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Seventeenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Seventeenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Eighteenth available Ct value in blood (and day of illness in parentheses)</b>
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<b>Eighteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Nineteenth available Ct value in blood (and day of illness in parentheses)</b>	<b>Nineteenth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twentieth available Ct value in blood (and day of illness in parentheses)</b>	<b>Twentieth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twenty-first available Ct value in blood (and day of illness in parentheses)</b>
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<b>Twenty-first available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twenty-second available Ct value in blood (and day of illness in parentheses)</b>	<b>Twenty-second available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twenty-third available Ct value in blood (and day of illness in parentheses)</b>	<b>Twenty-third available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twenty-fourth available Ct value in blood (and day of illness in parentheses)</b>
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<b>Twenty-fourth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>	<b>Twenty-fifth available Ct value in blood (and day of illness in parentheses)</b>	<b>Twenty-fifth available EBOV RNA level in blood [viral copies/ml] (and day of illness in parentheses)</b>
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## Outcomes

Patient number	Alive at 14 days after illness onset (YES/NO)?	Alive at 28 days after illness onset (YES/NO)?	Died (YES/NO)?	For fatal cases, <i>time (days)</i> <i>from illness</i> <i>onset to death</i>
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<b>For survivors</b>	
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**Duration of Final Hospital Admission** to documented clearance of EBOV viremia (total number of days in Final Hospital to 2nd consecutive negative RT-PCR result in blood)

**Duration of days Final Hospital Admission** (total number of in Final Hospital to discharge or death)

Required supplemental oxygen at discharge (YES/NO)?

Required dialysis at discharge (YES/NO)?

Clearance of EBOV viremia by one negative RT-PCR result in blood (YES/NO)?

Discharge criteria used	Condition at
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<p>Clearance of EBOV viremia by two consecutive negative RT-PCR results in blood (YES/NO)?</p>	<p>EBOV RNA not detected by RT-PCR in blood and urine (YES/NO)?</p>	<p>EBOV RNA not detected by RT-PCR in any clinical specimens (YES/NO)?</p>	<p>Weakness (YES/NO)?</p>	<p>Weight loss (YES/NO)?</p>	<p>Anemia (YES/NO)?</p>
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<b>Discharge</b>	<b>Disposition</b>
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Fatigue (YES/NO)?	Any lab abnormalities (YES/NO)?	If YES, what labs remained abnormal?	Home (YES/NO)?	Rehabilitatio n center (YES/NO)?
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