

Appendix 1: CCHF Case Investigation Questionnaire

CCHF Case Investigation Questionnaire

No

Name of examiner _____ Date of filling ____/____/____

No of history record
Hospitalization Y N
Hospital name _____
Date of hospitalization ____/____/2011

Demographic data

Date of birth ____/____/____ Sex M F
Residence located in:
Rayon: _____ Sub-district: _____
Employed yes no

Occupation _____
Kind of activity _____

Risk factors for CCHF (within 2 weeks before developing a fever)

Tick bite Y N
Date of tick bite: ____/____/____

Livestock activity Y N
Species contacted: _____

Slaughtering livestock Y N
Species contacted: _____

Butchering/handling raw meat Y N
Type of meat handled(species): _____

Nursing for person with bleeding Y N

Handling ticks with bare hands Y N

Seeking of medical care due to tick bite Y N
Date of seeking of medical care: ____/____/____

Medical facility: _____

Geographic location of tick bite Rayon: _____ Sub-district: _____

Number of ticks removed: ____
Tick ID # _____ Species: _____

Clinical data

Date of symptom/illness onset ____/____/2011 resolved: ____/____/2011
Fever Y N onset date: ____/____/2011 resolved: ____/____/2011
Headache Y N onset date: ____/____/2011 resolved: ____/____/2011
Myalgia/muscle ache Y N onset: ____/____/2011 resolved: ____/____/2011

Total volume/units given: _____

Date of discharge from the hospital: ____/____/2011r.

Diagnosis: _____
 Suspect Probable Confirmed Negative

Outcome

survived died unknown

If patient died, date of death: ____/____/2011

Diagnostic Tests Performed

Blood collection #1

Date of blood collection ____/____/____

CCHF diagnostic testing

Tests	Result		
IgM ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
IgG ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
Antigen ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
PCR	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain

Other relevant test results: _____

Blood collection #2

Date of blood collection ____/____/____

CCHF diagnostic testing

Tests	Result		
IgM ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
IgG ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
Antigen ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
PCR	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain

Other relevant test results: _____

Blood collection #3

Date of blood collection ____/____/____

CCHF diagnostic testing

Tests	Result		
IgM ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
IgG ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
Antigen ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
PCR	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain

Other relevant test results: _____

Tissue Collection

Date of Tissue collection: ____/____/____

Tissues sampled: Liver Spleen Blood clot Lymph node other:

CCHF diagnostic testing

Tests	Result		
Antigen ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
PCR	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain

Other relevant test results: _____

Tick testing for CCHF
Date of test: ____/____/____

Antigen ELISA	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain
PCR	<input type="checkbox"/> positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Uncertain