INVESTIGATION OF SUSPECTED ZIKA INFECTION IN MALDIVES

Health Protection Agency Male',
Republic of Maldives

HPA-SUR-U000133-F-2017-1

Reporting Institution : (eg: Kulhudhufushi Regional Hospital)	**CODE** (at IGMH)

A-CASE DEFINITION (Please check the criteria met for this patient)

Suspected case: Patient with
☐rash or ☐elevated body temperature (>37.8° C)_____°C with one or more of the following symptoms (not explained by other medical conditions):

▪ Arthralgias ▪ Myalgias	☐Non-purulent conjunctivitis ☐Conjunctival Hyperemia	▪ Headache ▪ malaise/fatigue	▪ Suspected Dengue ▪ Suspected Chikungunya

Date of onset of symptoms: DD/MM/YYYY	**Date of specimen collection** DD/MM/YYYY
Date of consultation : DD/MM/YYYY	**Type of sample** ☐Serum ☐Urine
Reporting Clinician:	**Phase of Infection** Acute Phase ☐ Convalescent Phase ☐
Clinician Contact Number:	

B-PATIENT DEMOGRAPHICS (tick appropriately)

1- ☐ **Outpatient** ☐ **Inpatient**

2-*Patient Nation ID No: _____ For foreigners include passport number Include copy of ID or Passport	☐ Foreigner (Country of origin): _____ Date Arrived in Maldives: DD/MM/YYYY
3- Age: DOB: DD/MM/YYYY ,_____(Yrs)_____(Mnth)	**4-*Sex:** ☐M (☐F , If pregnant ☐Yes ☐ No)

5- *Patient's Residential Address (pls confirm with patient.)	**6-*Atoll/Island**	**7-Contact number**

8-Recent Travel History (Include countries/atolls/islands visited within 2 weeks prior to symptom onset)

9-Does patient have a known prior history of illness or vaccination with

	Yes	No	Unknown		Yes	No	Unknown	Vaccination
Dengue fever	☐	☐	☐	**Yellow Fever**	☐	☐	☐	☐Yes ☐ No
Chikungunya	☐	☐	☐	**Japanese Encephalitis**	☐	☐	☐	☐Yes ☐ No
West Nile Virus	☐	☐	☐					

10- Clinical Presentation/Additional Symptoms and Information

REPORTING SITE LAB USE **Dispatched by:**_____ **Date:** DD/MM/YYYY	**IGMH LAB USE** **Received by**:_____ **Sample received:** DD/MM/YYYY
HPA SURVEILANCE USE	**IGMH USE**

For further information or inquiries, please contact:
Health Protection Agency, Ministry of Health, Roshanee Building (4th Floor),
Sosun Magu, Male'.
Telephone: +960-3014 496, Hotline: +960-7548221
Forms and case definition booklet are available on http://www.hpa.gov.mv , http://www.health.gov.mv