Sultanate of Oman

Ministry of Health

# Ebola: Case Notification Form

*For suspect case of Ebola infection based on case definition in Algorithm (MH/EVD/R&I/Ver.1.0,Aug 2014) Fax to 2460 1832*

**1. Reporting hospital:** | **2. Date of reporting:** | **Referred from:**

**3. Patient name:**

**4. Nationality:** | **5. Mobile phone #:**

**6.1 Governorate:** | **6.2 Wilayat:** | **6.3 Village:**

Hospital Sticker

**7.1 Symptoms:** ☐ Fever ☐ Headache ☐ muscle pain ☐ intense coughing ☐ vomiting ☐ diarrhea ☐ abdominal pain ☐ unexplained hemorrhages [ details ]
☐ Other symptoms:_____

**7.2 Date of onset:** ____/____/_____ **7.3 Date of Admission:** ____/____/_____

**8. Did patient travel outside Oman in the 21 days prior to illness onset?** ☐ Yes ☐ No ☐ Unknown

**If yes, provide details:**

| | Depart Date | Return Date | Country |
|---|---|---|---|
| 1. | ____/____/_____ | ____/____/_____ | _____ |
| 2. | ____/____/_____ | ____/____/_____ | _____ |

**9. Did patient have contact with someone else who traveled outside Oman in the 21 days prior to illness onset?**
☐ Yes ☐ No ☐Unknown

**If yes,**

**a) What is relation?** _____

**b) Traced history of contact:**

| | Depart Date | Return Date | Country |
|---|---|---|---|
| 1. | ____/____/_____ | ____/____/_____ | _____ |
| 2. | ____/____/_____ | ____/____/_____ | _____ |

**10. Did patient have contact with a person with Ebola cases (suspected/ confirmed) 21 days prior to illness onset?**

☐ Yes ☐ No ☐ Unknown

**If yes, describe** *(e.g., Case is sibling of a confirmed case)*

**11. In the 21 days before onset did the patient have close contact with any of the following:**
☐ Chimpanzees ☐ Fruit Bats ☐ Monkeys
☐ Gorillas ☐ Forest antelope
☐ Other animals, specify_____

**12. Had the patient attended any funerals in past 21 days prior to Onset?**
☐ Yes ☐ No ☐ Unknown
If Yes, write the name of deceased:_____

**13. Does patient work as a health care worker?**
☐ Yes ☐ No ☐ Unknown
If Yes, health facility:_____

**14. Had the patient visited a mine/ cave inhabitant by bats in the past 21 days?** ☐ Yes ☐ No ☐ Unknown
If Yes, name the place:_____ _____

**15. Was the patient hospitalized in past 21 days ?**
☐ Yes ☐ No ☐ Unknown
If yes:
a) Hospitalization Date: ____/____/_____
b) Discharge Date: ____/____/_____
c) Health facility: _____
d) Reason for admission: _____

**16. Had the patient consumed bush / dried meat in the past 21 days?** ☐ Yes ☐ No ☐ Unknown
If Yes, specify the source:_____ _____

**17.**

**Admitted to ICU**
☐ Yes ☐ No ☐ Unknown

**Isolation**
☐ Yes ☐ No ☐ Unknown

**Intravenous fluids**
☐ Yes ☐ No ☐ Unknown

**18. Liver failure**
☐ Yes ☐ No ☐ Unknown

**19. Renal failure**
☐ Yes ☐ No ☐ Unknown

**20. Outcome**
☐ Discharge, date: ____/____/_____
☐ Died, date: ____/____/_____

**21. Samples collection inconsistence with infection control practices**

1. **Serum tubes with clot activator** **Date of sample collection: __/__/____** **Date sample sent: ___/____/____**
2. **Whole blood in EDTA (Purple Top)** **Date of sample collection:** ____/____/____ **Date sample sent:**___/____/_____

Doctor's name :_____ Signature:_____ _____ Date: ____/____/_____

For questions or concerns, please contact hotline..... ..... ..... ..... .....