

# Yellow Fever

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address (mailing): \_\_\_\_\_  
 Address (physical): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_  
 Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  
 Sex:  Male  Female  Unk  
 Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 Race:  White  Black/Afr. Amer.  
 Asian  Am. Ind/AK Native  
 (Mark all that apply)  Native HI/Other PI  Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

Entered in WVEDSS?  Yes  No  Unk  
 Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings

- Y N U  
   Fever (Highest measured temperature: \_\_\_\_\_ °F)  
   Chills  
   Severe headache  
   Back pain  
   Myalgia  
   Nausea  
   Vomiting  
   Hemorrhagic diathesis  
   Petechiae  
   Purpura  
   Jaundice

### Hospitalization

- Y N U  
   Patient hospitalized for this illness  
 If yes, hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### Death

- Y N U  
   Patient died due to this illness If yes, date of death: \_\_/\_\_/\_\_\_\_

## VACCINATION HISTORY

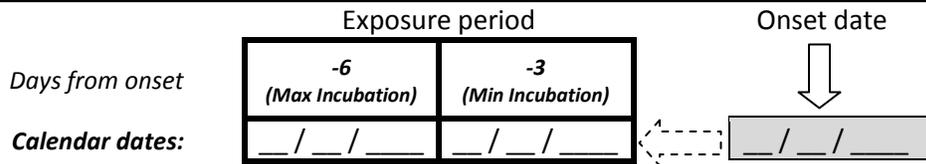
- Y N U  
   Ever vaccinated for yellow fever (If yes, date: \_\_/\_\_/\_\_\_\_)  
   Ever vaccinated for Japanese encephalitis (If yes, date: \_\_/\_\_/\_\_\_\_)  
   Ever vaccinated for tickborne encephalitis (If yes, date: \_\_/\_\_/\_\_\_\_)

## LABORATORY (Please submit copies of all labs to DIDE)

- Y N U  
   Elevated liver enzymes  
   Proteinuria  
   Four-fold or greater rise in yellow fever antibody titer  
   Cross-reactions to other flaviviruses  
   Demonstration of yellow fever virus in tissue, blood, or other body fluid  
   Demonstration of yellow fever antigen in tissue, blood, or other body fluid  
   Demonstration of yellow fever genome in tissue, blood, or other body fluid  
   Antibody titer to yellow fever virus greater than or equal to 32 by complement fixation  
   Antibody titer to yellow fever virus greater than or equal to 256 by immunofluorescence assay  
   Antibody titer to yellow fever virus greater than or equal to 320 by hemagglutination inhibition  
   Antibody titer to yellow fever virus greater than or equal to 160 by neutralization  
   Positive serology for yellow fever by immunoglobulin M-capture enzyme immunoassay

## INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



## EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for Travel

- In area with mosquito activity  
If yes, date/location: \_\_\_\_\_
- If infant, birth mother had febrile illness
- If infant, birth mother had confirmed yellow fever
- If infant, breast fed
- Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- Blood transfusion recipient  
If yes, date/location: \_\_\_\_\_
- Organ transplant recipient  
If yes, date/location: \_\_\_\_\_
- Foreign arrival (e.g. immigrant, adoptee, etc)  
If yes, country: \_\_\_\_\_
- Possible occupational exposure
- Laboratory worker (Date of exposure: \_\_/\_\_/\_\_\_\_)
- Other occupation: \_\_\_\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## PUBLIC HEALTH ISSUES

Y N U

- Case donated blood products, organs or tissue in the 30 days prior to symptom onset  
Date: \_\_/\_\_/\_\_\_\_  
Agency/location: \_\_\_\_\_  
Type of donation: \_\_\_\_\_
- Case is pregnant (Due date: \_\_/\_\_/\_\_\_\_)
- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

## PUBLIC HEALTH ACTIONS

Y N U

- Notify blood or tissue bank or other facility where organs donated
- Notify patient obstetrician
- Disease education and prevention information provided to patient and/or family/guardian
- Education or outreach provided to employer
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

## WVEDSS

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_\_\_) Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

## NOTES