



Viral Hemorrhagic Fever

Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271

PATIENT DEMOGRAPHICS

Name (last, first): _____ Address (mailing): _____ Address (physical): _____ City/State/Zip: _____ Phone (home): _____ Phone (work/cell): _____ Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Name: _____ Phone: _____		Birth date: __/__/____ Age: ____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native (Mark all that apply) <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
---	--	---

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____ Investigation Start Date: __/__/____ Earliest date reported to LHD: __/__/____ Earliest date reported to DIDE: __/__/____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Case Classification: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> 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:** __/__/____

Type of VHF Reported: Ebola Marburg Lassa Crimean-Congo hemorrhagic fever Lujo
 New World Arenavirus (Guanarito, Machupo, Junin, Sabia viruses) Other: _____

Clinical Findings

Y N U

- Fever (Highest Temp _____)
- Severe headache
- Muscle pain (myalgia)
- Erythematous maculopapular rash on trunk
- Fatigue
- Malaise
- Sore throat
- Extreme weakness
- Nausea or Vomiting
- Diarrhea
- Abdominal pain
- Bradycardia
- Tachypnea
- Conjunctivitis

Clinical Findings (continued)

Y N U

- Pharyngitis
- Bleeding not related to injury
- Retrosternal chest pain
- Hemorrhagic or purpuric rash
- Epistaxis
- Hematemesis
- Hemoptysis
- Melena
- Other: _____

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: __/__/____

LABORATORY (Please submit copies of all labs, including CBCs associated with this illness to DIDE)

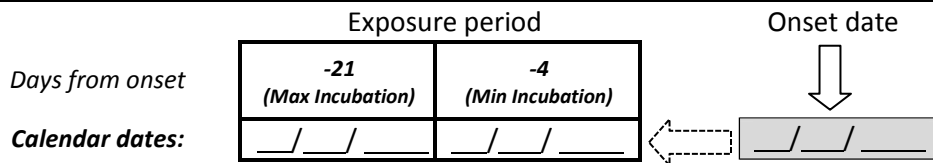
Y N U

- Proteinuria
- Thrombocytopenia
- VHF viral isolation in cell culture from blood or tissues
- Detection of VHF-specific genetic sequence by RT-PCR from blood or tissues
- Detection of VHF viral antigens in tissues by immunohistochemistry
- Detection of VHF IgM or IgG in blood by ELISA

INFECTION TIMELINE

Instructions:

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



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period, unless otherwise specified)

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

Foreign arrival (e.g. immigrant, adoptee, etc)

If yes, country: _____

Contact with blood or bodily fluids of a confirmed acute case of VHF (within 3 weeks of illness onset date)

Date of last contact: / / _____

Exposure type: Blood Semen Respiratory secretions Other: _____

Contact with blood or bodily fluids of a confirmed convalescent case of VHF (within 10 weeks of illness onset date)

Date of last contact: / / _____

Exposure type: Blood Semen Respiratory secretions Other: _____

Possible occupational exposure

Laboratory worker in a facility that handles VHF specimens (Exposure date: _ / _ / ____)

Laboratory worker in a facility that handles bats, rodents or primates from endemic areas (Exposure date: _ / _ / ____)

Other occupation: _____

Blood transfusion recipient 30 days prior to onset (Date: _ / _ / ____)

Organ transplant recipient 30 days prior to onset (Date: _ / _ / ____)

Where did exposure likely occur? 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

Disease education and prevention information provided to patient and/or family/guardian

Notify blood or tissue bank or other facility where organs donated

Notify patient obstetrician

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