



Viral Hemorrhagic Fever

Immediately notify Public Health Division: 971-673-1111

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.
 (Mark all that apply) Asian Am. Ind/AK Native
 Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to PHD: __/__/____

Entered in Orpheus? 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: __/__/____
 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 >40°C (Highest Temp _____)
 - Severe headache
 - Muscle pain (myalgia)
 - Erythematous maculopapular rash on trunk
 - Vomiting
 - Diarrhea
 - Abdominal pain
 - Bleeding not related to injury, if yes, check type below:
 - Hemorrhagic or purpuric rash
 - Epistaxis
 - Hematemesis
 - Hemoptysis
 - Melena
 - Other: _____
 - Pharyngitis
 - Retrosternal chest pain

Clinical Findings (continued)

- Y N U
- Fatigue
 - Malaise
 - Sore throat
 - Extreme weakness

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: __/__/____

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

PUBLIC HEALTH ACTIONS

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:

Y N U

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

Notify blood or tissue bank or other facility, if donation occurred

Notify patient obstetrician, if ill person is pregnant

Facilitate laboratory testing of other symptomatic persons who have
a shared exposure

Patient is lost to follow-up

Other:

Acknowledgment

Oregon Public Health Division would like to thank the West Virginia Bureau for Public Health, Division of Infectious Disease Epidemiology for developing the original form on which this document is based.

NOTES