



# 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.  
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 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  
   Nose bleed  
   Blood in vomit  
   Coughing up blood  
   Blood in stool  
   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: \_\_/\_\_/\_\_\_\_

**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 viral antigens in blood by ELISA

**INFECTION TIMELINE**

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

Days from onset

Calendar dates:

Exposure period	
-21 <i>(Max Incubation)</i>	-2 <i>(Min Incubation)</i>
__ / __ / ____	__ / __ / ____

Onset date

↓

←-----

**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 body 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 body 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: \_\_ / \_\_ / \_\_\_\_)

Provided health care or mortuary services in an area experiencing a VHF outbreak.

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**