

# Viral Hemorrhagic Fever

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

## PATIENT DEMOGRAPHICS

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

## INVESTIGATION SUMMARY

<b>Local Health Department</b> (Jurisdiction): _____	<b>Entered in WVEDSS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<b>Investigation Start Date:</b> ___/___/___	<b>Case Classification:</b>
<b>Earliest date reported to LHD:</b> ___/___/___	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
<b>Earliest date reported to DIDE:</b> ___/___/___	<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

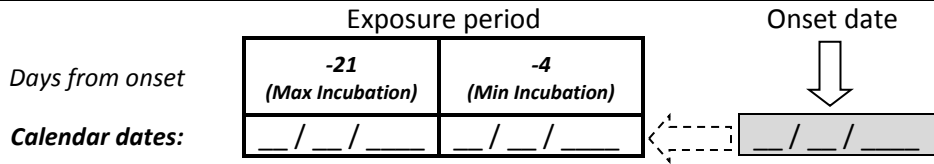
- Y N U
- Patient died due to this illness
- If yes, date of death: \_\_\_/\_\_\_/\_\_\_

## 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**