

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

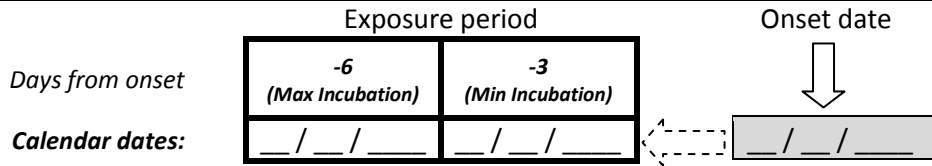
- Y N U
 Ever vaccinated for yellow fever (If yes, date: __/__/____)
 Ever vaccinated for Japanese encephalitis (If yes, date: __/__/____)
 Ever vaccinated for tickborne encephalitis (If yes, date: __/__/____)

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