

Form 2C: Plague, VHF Case Transportation Worksheet – Infectious Period*

Please print

1. State

2. Case # _____

3. CASE NAME: _____ / _____ / _____
Last First Middle Suffix Nickname/Alias

4. Interviewer Name: _____
Last First Middle

5. Interview Date: ____ / ____ / ____
MM DD YYYY

6. Date of symptom(s) onset: ____ / ____ / ____
MM DD YYYY

7. Date Treatment began: ____ / ____ / ____
MM DD YYYY

8. Date of Clinical Improvement: ____ / ____ / ____
MM DD YYYY

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE SINCE SYMPTOM ONSET.

| 9. Date of Travel | 10. Time of Travel (____:____) [AM / PM (Circle)] | 11. Transport Type (e.g., bus, train, plane, car) | 12. Carrier/Company Name | 13. Route/Flight # | 14. Origin City | 15. Origin State | 16. Origin Country | 17. Destination City | 18. Destination State | 19. Destination Country |
|---|---|---|--------------------------|--------------------|-----------------|------------------|--------------------|----------------------|-----------------------|-------------------------|
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |
| ____ / ____ / ____ <small>MM DD YYYY</small> | ____ : ____ AM / PM | | | | | | | | | |

**Infectious Period:*

PLAGUE: From onset of symptoms until greater than or equal to 48 hours after EFFECTIVE antibiotic treatment & clinical improvement.

VIRAL HEMORRHAGIC FEVERS: From onset of symptoms to cessation of hemorrhagic symptoms and secretions, and 101 days after symptom onset for seminal fluid.