



# Viral Hemorrhagic Fever

County: \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
 Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 LHJ Classification  Confirmed  
 Probable  
 By:  Lab  Clinical  
 Epi Link: \_\_\_\_\_

Outbreak-related  
 LHJ Cluster# \_\_\_\_\_  
 LHJ Cluster Name: \_\_\_\_\_  
 DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reporter (check all that apply) Reporter name \_\_\_\_\_  
 Lab  Hospital  HCP Reporter phone \_\_\_\_\_  
 Public health agency  Other Primary HCP name \_\_\_\_\_  
 OK to talk to case?  Yes  No  Don't know Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  Homeless Gender  F  M  Other  Unk  
 City/State/Zip \_\_\_\_\_ Ethnicity  Hispanic or Latino  
 Phone(s)/Email \_\_\_\_\_  Not Hispanic or Latino  
 Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_ Race (check all that apply)  
 Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_  Amer Ind/AK Native  Asian  
 Occupation/grade \_\_\_\_\_  Native HI/other PI  Black/Afr Amer  
 Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  White  Other  
 Country of citizenship \_\_\_\_\_

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**  
    **Fever** Highest measured temp: \_\_\_\_\_ °F  
 (Ebola > 38.6° C or 101.5° F) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Type:  Oral  Rectal  Other: \_\_\_\_\_  Unk  
    **Severe headache** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
    **Diarrhea** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
    **Vomiting** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
    **Abdominal pain** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
    **Muscle pain** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
    Other: rash, sore throat, short of breath, hiccups  
    Significant medical conditions before onset (list): \_\_\_\_\_

### Clinical Findings

Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

**Y N DK NA**  
    **Unexplained bleeding (petechiae, bruises, etc.)**  
 Describe: \_\_\_\_\_  
    Evidence of organ failure (liver, kidney, CNS)  
    Shock  
    Admitted to intensive care unit  
    VHF agent: \_\_\_\_\_  
    Other final diagnosis established  
 Diagnosis: \_\_\_\_\_

### Predisposing Conditions / Vaccinations

Pre-travel yellow fever vaccine  
    Pre-travel typhoid vaccine  
    Took malaria chemoprophylaxis

### Hospitalization

**Y N DK NA**  
    Hospitalized at least overnight for this illness  
    Isolation precautions in place

Hospital name \_\_\_\_\_  
 Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**  
    Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
    Autopsy Place of death \_\_\_\_\_

### Laboratory

P = Positive O = Other  
 N = Negative NT = Not Tested  
 I = Indeterminate

If Ebola is suspected, use PPE when handling blood specimens.

### P N I O NT

**CDC test for viral hemorrhagic fever agent**  
     Thrombocytopenia < 150,000 value: \_\_\_\_\_  
     Malaria smear  
     Elevated AST or ALT values AST: \_\_\_\_ ALT: \_\_\_\_  
 Other Creatinine: \_\_\_\_ PT/PTT: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

## Ebola Case Definition 10/27/2014:

*Person Under Investigation (PUI):* Consistent symptoms AND risk factor:

1. Fever (measured or subjective) or symptom(s) including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**
2. A risk factor within the 21 days before the onset: contact with an infected person, direct dead body contact, household, patient care, close or brief contact or proximity, residence or travel, travel on aircraft (<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>)

*Confirmed:* A PUI with laboratory-confirmed diagnostic evidence of VHF infection.

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:	<b>Exposure</b>		o n s e t	<b>Contagious</b>	
	-21	-2		weeks	
Calendar dates:					

**EXPOSURE (Refer to dates above)**

Y N DK NA

- Travel from a highly affected area, as of 6/17/2015: Guinea or Sierra Leone**  
Dates/Locations: \_\_\_\_\_
- Travel in any area with known cases e.g., DRC**
- During travel did:**  Health care  Lab work  
 Care for ill person  Other: \_\_\_\_\_

Y N DK NA

- Some risk**
- Direct patient contact with appropriate PPE in highly affected area  
Describe PPE: \_\_\_\_\_
- Close contact with symptomatic Ebola case in household, healthcare, or other setting (prolonged time within 3 feet) without PPE

Y N DK NA

- High risk**
- Percutaneous or mucous membrane exposure to blood/body fluids (blood, urine, vomit, feces, sweat, semen, breast milk) of Ebola case
- Direct skin contact with body fluids or excreta\* of Ebola case, without PPE
- Processing Ebola specimen without PPE or Laboratory biosafety
- Direct contact with dead body in highly affected area without PPE

Y N DK NA

- Low risk:**
- Travel or residence in highly affected area
- Brief contact or proximity to Ebola case without PPE
- In area not highly affected: direct contact with PPE with symptomatic Ebola case
- Shared transport with symptomatic case

If any exposure, give dates of exposure range: first date: \_\_\_/\_\_\_/\_\_\_ last date: \_\_\_/\_\_\_/\_\_\_

**If Person Under investigation (case definitions page 1): initiate infection control measures and test. Call DOH at 206-418-5500 or 877-539-4344.**

Using appropriate PPE, obtain two separate tubes of ≥ 4 mL whole blood (EDTA purple top plastic tube), refrigerate, and send with DOH Virology form packaged as Category A.

Contact monitoring including daily symptom check is recommended for persons with any Ebola virus disease exposure within 21 days. Management may be done in coordination with CDC.

Monitoring ID numbers: LHJ\_ID: \_\_\_\_\_  DOH\_ID: \_\_\_\_\_  CDC\_ID: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- Case donated blood products, organs or tissue
- Could have exposed others while symptomatic:  
 Travel  Home  Healthcare/EMS  Other:  
List all locations and dates present: \_\_\_\_\_
- Contact with mammals while symptomatic (list): \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

- Isolation precautions in healthcare setting
- Controlled movement in community
- Monitor contacts daily for 21 days:  
 Travel  Home  Healthcare/EMS  Other:

**NOTES**

Investigator _____	Phone/email: _____	Investigation complete date ___/___/___
Local health jurisdiction _____		Record complete date ___/___/___