

Form 2A: Plague, VHF Case Travel/Activity 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

NOTE ONSET DATE AND SIGNIFICANT SYMPTOMS, e.g. fever, cough, bleeding.

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

START HERE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

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

VHF - onset of symptoms to cessation of hemorrhagic symptoms and secretions, and 101 days after symptom onset for seminal fluid.

**Symptoms: PLAGUE - cough, dyspnea, bloody/watery sputum, nausea, vomiting, abdominal pain or diarrhea.

VHF - nausea, vomiting, arthralgia, myalgia, headache, weakness, fatigue, sore throat, cough, chest or abdominal pain, diarrhea or hemorrhagic symptoms.