

WVDHHR Viral Hemorrhagic Fever Case Report Form

Patient ID:

If transferred, Date of transfer:	MM	DD	YY	Date of Discharge or Death from receiving hospital	MM	DD	YY
Name of Receiving Hospital:		City:		State:	Phone number:		
Date Antibiotic Treatment began: ___/___/___				Antibiotic used: _____			
Date of first signs of clinical improvement: ___/___/___							
5. Diagnostic evaluation:		<i>Please fill in results of any tests that have been performed:</i>					
Virus isolation from blood by culture: <input type="checkbox"/> Not done <input type="checkbox"/> Positive <input type="checkbox"/> Negative Collection date ___/___/___ <input type="checkbox"/> Virus Type _____							
IgM ELISA on blood sample: <input type="checkbox"/> Not done <input type="checkbox"/> Positive <input type="checkbox"/> Negative Collection date ___/___/___ <input type="checkbox"/> Virus Type _____							
PCR: on blood sample: <input type="checkbox"/> Not done <input type="checkbox"/> Positive <input type="checkbox"/> Negative Collection date ___/___/___ <input type="checkbox"/> Virus Type _____							
6. Epidemiology:							
Travel outside West Virginia during the 21 days prior to illness onset <input type="checkbox"/> Yes <input type="checkbox"/> No							
Location: _____		Date arrived: ___/___/___		Date Departed: ___/___/___			
Location: _____		Date arrived: ___/___/___		Date Departed: ___/___/___			
Location: _____		Date arrived: ___/___/___		Date Departed: ___/___/___			
Contact with (outside WV) infected animals during the 21 days prior to symptom onset <input type="checkbox"/> Yes <input type="checkbox"/> No							
Animal : _____		Exposure type: _____		Current location: _____		Contact date: ___/___/___	
Describe exposure:							
Other Suspicious exposure <input type="checkbox"/> Known <input type="checkbox"/> Unknown If known, describe exposure and location:							
Other Epidemiology Notes:							
7. Case Classification:		<input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed					
Type of Viral Hemorrhagic Fever: <input type="checkbox"/> Ebola <input type="checkbox"/> Marburg <input type="checkbox"/> Lassa Fever <input type="checkbox"/> New World Arenavirus <input type="checkbox"/> Rift Valley F. <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Omsk Hemorrhagic Fever <input type="checkbox"/> Kyasanur Forest Disease <input type="checkbox"/> Other: Specify _____							
Date Case Investigation Closed: ___/___/___				Closed by: _____			
Phone: _____							

Patient Name: _____

September 30, 2003