



# Yellow 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)  Lab  Hospital  HCP  
 Public health agency  Other  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 Primary HCP name \_\_\_\_\_  
 Primary HCP phone \_\_\_\_\_  
 OK to talk to case?  Yes  No  DK Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_

## PATIENT INFORMATION

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

## CLINICAL INFORMATION

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

### Signs and Symptoms

- Y N DK NA  
    **Fever** Highest measured temp: \_\_\_\_ °F  
 Type:  Oral  Rectal  Other: \_\_\_\_  Unk  
    **Chills**  
    **Headache**  
    **Muscle aches or pain (myalgia)**  
    Back ache  
    Confusion  
    Prostration  
    Nausea  
    Vomiting

### Predisposing Conditions

- Y N DK NA  
    Viral encephalitis in past (e.g. dengue, SLE, WNV)  
    Neonatal  
 Delivery location: \_\_\_\_\_  
    Pregnant  
 Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 OB name, address, phone: \_\_\_\_\_

### Clinical Findings

- Y N DK NA  
    Prostration  
    Slow weak pulse  
    **Hepatitis**  
    **Jaundice**  
    Liver failure  
    Renal abnormality or failure  
    Hemorrhagic symptoms  
    Epistaxis   Gingival bleeding  
    Hematemesis   Melena  
    Other: \_\_\_\_\_  
    Shock

### Hospitalization

- Y N DK NA  
    **Hospitalized at least overnight for this illness**  
 Hospital name \_\_\_\_\_  
 Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Y N DK NA  
    **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
    Autopsy Place of death \_\_\_\_\_

### Vaccinations

- Y N DK NA  
    Yellow fever or Japanese encephalitis vaccine in past

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Source \_\_\_\_\_  
 P = Positive O = Other  
 N = Negative NT = Not Tested  
 I = Indeterminate

### P N I O NT

- Yellow fever antibodies with ≥ 4-fold rise (acute and convalescent serum pair) with no recent history of yellow fever vaccination and no cross reaction with other flaviviruses**  
     **Yellow fever virus, genome or antigen (tissue, blood or other body fluid)**  
     **Albuminuria**  
     Leukopenia  
     Antibodies detected but < 4-fold rise [probable]

## NOTES

