|  |
| --- |
| **SUSPECTED YELLOW FEVER CASE HISTORY FORM** |
| Filled in by:  |       | Contact number: |       |
| Date:  | \_\_/\_\_/\_\_\_\_  | Information collected from:  |       |
|  |
| PATIENT INFORMATION |  | PATIENT COURSE |
| Name:  |       |  |  |  | **YES** | **NO** | **DATE** |  |
| Age:  |    | Years | Birth date:  | \_\_/\_\_/\_\_\_\_ |  | Patient hospitalised? | **[ ]**  | **[ ]**  | \_\_/\_\_/\_\_\_\_ | (If admitted) |
| Sex: | M [ ]  F [ ]  | If female, pregnant? | YES [ ]  | NO [ ]  |  | Hospital name: |       | (If admitted) |
| Address:  |       |  |  | **[ ]**  | **[ ]**  | \_\_/\_\_/\_\_\_\_ | (If discharged) |
|  |       |  | Patient is alive? | [ ]  | [ ]  | \_\_/\_\_/\_\_\_\_ | (If deceased) |
| Referring physician:  |       |  | Treatment(s) given? |       |
| Number for physician:  |       |  |       |
|  |       |  |       |
|  |  |  |  |  |
| CLINICAL FEATURES AND PATHOLOGICAL FINDINGS | *(Tick appropriate box (yes; no; UNK: unknown)* |
| Date(s) of onset:  | \_\_/\_\_/\_\_\_\_ | \_\_/\_\_/\_\_\_\_ |  |
| **Symptoms** | **YES** | **NO** | **UNK** | **Signs - Complications** | **YES** | **NO** | **UNK** | **Pathology tests** | **YES** | **NO** | **UNK** |
| Fever  |     °C  | [ ]  | [ ]  | [ ]  | Reduced consciousness  | [ ]  | [ ]  | [ ]  | Malaria negative | [ ]  | [ ]  | [ ]  |
| Chills | [ ]  | [ ]  | [ ]  | Jaundice - Yellow eyes  | [ ]  | [ ]  | [ ]  | Platelets<100,000  | [ ]  | [ ]  | [ ]  |
| Headache  | [ ]  | [ ]  | [ ]  | Hepatomegalomy | [ ]  | [ ]  | [ ]  |  | **count** | **unit** | **date** |
| Malaise | [ ]  | [ ]  | [ ]  | Renal failure | [ ]  | [ ]  | [ ]  | Lowest Plts. count: |      | 10^9/L | \_\_/\_\_/\_\_\_\_ |
| Nausea  | [ ]  | [ ]  | [ ]  | Arrhythmia | [ ]  | [ ]  | [ ]  | Lowest WBC count: |      | 10^9/L | \_\_/\_\_/\_\_\_\_ |
| Vomiting | [ ]  | [ ]  | [ ]  | Rash (If yes, describe) | [ ]  | [ ]  | [ ]  | Lowest serum ALB: |      | g/L | \_\_/\_\_/\_\_\_\_ |
| Diarrhoea  | [ ]  | [ ]  | [ ]  |       | Lowest BP: |      | mmHG | \_\_/\_\_/\_\_\_\_ |
| Abdominal pain | [ ]  | [ ]  | [ ]  | Petechiae /Purpura/ecchymosis | [ ]  | [ ]  | [ ]  | Highest C-RP: |      | mg/L | \_\_/\_\_/\_\_\_\_ |
| Muscle pain  | [ ]  | [ ]  | [ ]  | Overt bleeding  | [ ]  | [ ]  | [ ]  | Highest AST:  |      | U/L | \_\_/\_\_/\_\_\_\_ |
| Joint pain  | [ ]  | [ ]  | [ ]  |  (If yes, describe from where): | Highest ALT:  |      | U/L | \_\_/\_\_/\_\_\_\_ |
| Back pain | [ ]  | [ ]  | [ ]  |       | AST/ALT: |      | 10^9/L | \_\_/\_\_/\_\_\_\_ |
| Neckstiffness | [ ]  | [ ]  | [ ]  | Seizures  | [ ]  | [ ]  | [ ]  | Total Bilirubin: |      | mg/dL | \_\_/\_\_/\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Other Findings:  |       |
|       |
|       |
|  |
| PATIENT TRAVEL and EXPOSURE HISTORY |
|  | YES | NO | UNK |  |
| Does the patient have a history of travel outside South Africa? | [ ]  | [ ]  | [ ]  |  |
| If yes, | Within 30 days prior to onset? | [ ]  | [ ]  | [ ]  |  |
|  | Date(s) From: | \_\_/\_\_/\_\_\_\_ | Until: | \_\_/\_\_/\_\_\_\_ | Travelled  |       | (country) |
|  |  |  |  |  | to: |       | (where within country) |
|  | Travel purpose: | [ ]  Holiday | [ ]  Visiting relative | [ ]  business | [ ]  Other, state: |       |
| Has the patient received any bites?  |  |  |  |  |
| [ ] Mosquito bites | [ ] Tick bites | [ ] Animal bites | [ ] No bites | [ ] Unknown | If yes, give date:  | \_\_/\_\_/\_\_\_\_      |
| If yes, give details: |       |
|  |
| PATIENT VACCINATION RECORD |
| Did patient receive yellow fever vaccination? *(Tick appropriate box)* | (If vaccinated, specify countries and dates) |
| [ ]  | ≥ 30 days prior to travel to yellow fever declared country |  | Countries: |  |
| [ ]  | ≥ 10 days prior to travel to yellow fever declared country |  |  |       |
| [ ]  | < 10 days prior to travel to yellow fever declared country |  |  |       |
| [ ]  | Never travelled to yellow fever declared country |  | Date(s): | \_\_/\_\_/\_\_\_\_ |
| [ ]  | Never received vaccination but travelled in past to yellow fever declared country |  | Last vaccinated | \_\_/\_\_/\_\_\_\_ |
| [ ]  | Unknown |  |  |  |

**POST COMPLETED FORM WITH SPECIMEN TO**:

Special Viral Pathogens Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa

**FAX OR EMAIL COMPLETED FORM TO:**

0865964423 or cezd@nicd.ac.za