COUNTY OF LOS ANGELES
Public Health

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012
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publichealth.lacounty.gov/acd/

# SUSPECT VIRAL HEMORRHAGIC FEVER (VHF)
# INTAKE AND CHECKLIST

| AOD Name: | Today's Date: | Time: |
|---|---|---|

**REPORTING VIRAL HEMORRHAGIC FEVER:**

| | | |
|---|---|---|
| Arenavirus – New World | Arenavirus – Old World | Kyasanur Forest disease |
| Chapare | Lassa Fever | Marburg |
| Guanarito | Lujo | Nipah virus |
| Junin | Alkhurma hemorrhagic fever | Rift Valley fever |
| Machupo | Ebola | Omsk hemorrhagic fever |
| Sabia | Crimean-Congo hemorrhagic fever | Other: |

| | | | |
|---|---|---|---|
| Reporting Facility: | Type of Facility: | Phone: | |
| Facility Address: | City: | Zip Code: | Facility in LAC? YES NO |
| Physician/Reporter Name: | Phone: | Email: | |
| Infection Preventionist/ DON: | Phone: | Email: | |
| Physician Contact for updates: | Phone: | Email: | |

**PATIENT INFORMATION:**

| | | | | |
|---|---|---|---|---|
| Last Name: | First Name: | Date of Birth: | Age: | Month / Year |
| Gender: | Pregnant? Yes, EDD: No Unknown | Breast Feeding? Yes No | Weight (lbs): | Height: |
| Occupation: | Occupation Setting: | Work Phone: | | |
| Working for nonprofit organization (NGO)? YES NO | Name of NGO: | NGO Contact Phone: | | |
| Country of Residence: | Preferred Language: | Translator Needed? YES NO | Passport Number: | |
| Home Phone: | Cell Phone: | Email: | | |
| Current Address: | City: | Zip Code: | | |

Type of Residence: Apartment Condo House Mobile Home Town House Hotel/Motel Congregate Setting:

| | | |
|---|---|---|
| Emergency/Guardian Contact: | Phone: | Does Contact has Access to Residence? YES NO UNKNOWN |

Mode of Arrival to Reporting Facility: Ambulance Airlift Bus Uber/Lyft/Rideshare Taxi Personal Vehicle Other:

Pasadena Resident – Refer to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours
Long Beach Resident – Refer to Long Beach HD at (562) 570-4000 General, (562) 570-4302 Epidemiology
Other Out of Jurisdiction County/State/Country:

**TRAVEL HISTORY:** In the past 21 days, did the patient participate in the following:

Live in or Traveled to a Country(s) with VHF transmission – check CDC website for the most recent list of OB areas:

Country(s) Patient Lives in or Traveled From:

| | | |
|---|---|---|
| Dates of Arrival to Country(s): | Date of Departure from Country(s): | Date of Arrival to U.S.: |

| | | | |
|---|---|---|---|
| U.S. Airport Arrived: | Airline: | Flight Number: | Reason for Travel: |

Usual Activities while in VHF Endemic Area:

**EXPOSURE HISTORY**: In the past 21 days, did the patient participate in the following:

| Possible Exposure Type | Date of Exposure |
|---|---|
| Have contact of percutaneous, mucous membrane or broken skin contact with blood or other body fluids (blood, tears, vomit, diarrhea, urine, breast milk, sweat, semen) of a person with suspected or confirmed VHF. Blood Respiratory Secretions Vomitus Sweat Semen Stool/Diarrhea Urine Other: | |
| Have contact with surfaces, medical equipment, personal belongings, or materials (e.g.: bedding, clothes) possibly contaminated with bodily fluids of a person with suspect or confirmed VHF. | |
| Have close contact (within 3 feet or 1 meter) with a person who has known or suspected VHF. | |
| Live in the same household as a person with symptomatic known or suspected VHF. | |
| Health care worker who provided direct care or environmental cleaning at a facility that may have had patient with known or suspected VHF. Breach in infection control precautions or personal protective equipment (including needlestick injuries). Describe Below in Notes. | |
| Worked in or visited a Healthcare Facility or a Traditional Healer that have treated VHF patients. | |
| Laboratory worker in a facility where human specimens and/or bats, rodents or primates from endemic areas are handled Breach in infection control precautions or personal protective equipment (including needlestick injuries). Describe Below in Notes. | |
| Had direct contact/in close proximity near an animal or a animal nesting site/cave/mines in an endemic country. Describe Below in Notes. Bats Camels Domestic animals(pigs) Antelope/Duikers Livestock Primates(monkey, apes) Rodents Other, describe in Notes | |
| Consumed animal/bush meat or food contaminated by animals in an endemic country. Describe Below in Notes. Bats Camels Domestic animals(pigs) Antelope/Duikers Livestock Primates(monkey, apes) Rodents Other, describe in Notes | |
| Was bitten or near insects while traveling. Ticks (Bitten, crushed with fingers) Mosquitoes Other: | |
| Participate in funeral and/or burial rituals and/or contact of a body of a deceased person with suspected or confirmed VHF. | |
| Other Possible Exposure Type: | |

**EXPOSURE NOTES:**

**CURRENT MEDICAL INFORMATION**

| Symptom Onset Date: | Hospitalized: YES NO | Hospital Name: | Admission Date: | Unit Type (e.g.: ICU) | Isolated Room? YES NO | MRN: |
|---|---|---|---|---|---|---|
| | | | | | | |

Was Patient Transferred from another healthcare facility? YES NO | If yes, from which healthcare facility:

Current Disposition: ED Admitted Alive AMA Intubated Expired, Date of Death: Other:

Current Disposition Address: | City: | Zip Code:

Current Medications:

Allergies to Medication:

Medication Prescribed:

Treatment/Procedure Provided:

Patient Currently Menstruating? YES NO, Last Period Date: Unknown NA | Is the Patient Alert? YES NO Unknown

Does the Patient Need Assistance to Ambulate? YES NO | If Yes, what specify needed assistance:

**SIGNS AND SYMPTOMS (CHOOSE ALL THAT APPLY):**

| | | | | | |
|---|---|---|---|---|---|
| Fever (subjective or ≥ 100.4°F/ 38.0°C) | YES NO | Maculopapular or Petechial Rash | YES NO | Unexplained hemorrhage (bleeding not related to injury) or Bruising | YES NO |
| Highest Fever Recorded: (°F / °C) | | Location: | | Location: | |
| Severe Headache | YES NO | Abdominal Pain / Cramping | YES NO | | |
| Neurological Symptoms | YES NO | Vomiting / Nausea | YES NO | Bloody Vomit or Diarrhea | YES NO |
| Weakness | YES NO | Diarrhea | YES NO | Chest Pain | YES NO |
| Fatigue / Exhaustion | YES NO | Body Aches/Sore Muscles or Joint Pain | YES NO | Other Symptoms, describe below in Notes | YES NO |

**Signs and Symptoms Notes:**

**Person Currently Has:** **Dry Symptoms** **Wet Symptoms** **Expired, Date of Death:**

If Died, Place of Death: | Current Location of the Body:

Next of Kin/Point of Contact Name: | Relationship to Decedent: | Phone Number:

**ANY RECENT RELEVANT DIAGNOSIS/ LABORATORY TEST RESULTS:**

Recently Positive for Malaria? YES NO UNKNOWN | If Yes, date of diagnosis:

Test Positive for Any Other Infection? YES NO If Yes, specify:

Specify Other Recent Diagnosis/ Abnormal Laboratory Findings:

**SPECIMEN AVAILABILITY**

Patient Blood Specimens Collected and Still Available? YES NO | If Yes, Collected in what tube: Lavender Top Red Top/SST Other:

If Yes, Date of Collection: | How Much Left: ml | Location of Available Tube:

Phone Number of the Location: | Point of Contact for Available Specimen:

**PAST MEDICAL HISTORY**

Describe Any Significant Underlining Conditions/ Comorbidities:

Diabetes HIV, CD4 Count: Hypertension Sickle Cell Disease Hepatitis, specify in Notes below Malignancy, specify in Notes below

Cardiovascular Disease Chronic Kidney Disease Chronic Liver Disease Tuberculosis Dementia Other:

Immunocompromised? YES NO

| | | | | | |
|---|---|---|---|---|---|
| Previously Recovered from a VHF? | YES NO UNKNOWN | Which VHF: | Date of Recovery: | | |
| Received EVD Vaccination? | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received Malaria Prophylaxis? | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received Yellow Fever Prophylaxis? | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received Typhoid Vaccination? | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received Dengue Fever Vaccination? | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received COVID-19 Vaccination | YES NO UNKNOWN | If YES, provide the date: | | | |
| Received Influenza Vaccination? | YES NO UNKNOWN | If YES, provide the date: | | | |

**PAST MEDICAL HISTORY NOTES:**

## PROVIDER EDUCATION/RECOMMENDATIONS

**No identified Risk Factors (no exposure history) –** continue usual triage and assessment. No ACDC follow-up necessary.

**Identified Risk Factors (1 or more exposure history)**

**Symptomatic** – Isolate the patient and determine PPE equipment needed (below in "Infection Control Recommendations for Symptomatic Patient").

**Asymptomatic** – continue usual triage and assessment. Monitoring new symptoms for 21 days after last exposure will be determined by ACDC.

## CONTACTS / OTHER ILL PERSONS

Any close contacts with similar illness (including household contacts)? YES NO UNKNOWN

Refer to VHF Contact Investigation Worksheet to Identify Close Contacts:

## INFECTION CONTROL RECOMMENDATIONS FOR SYMPTOMATIC PATIENT

| Component | Recommendation |
|---|---|
| **Patient Placement** | ○ Single patient room (private bathroom) with door closed<br>○ Only essential personnel to interact with patient<br>○ Maintain log of all people entering patient's room (Healthcare workers, visitors)<br>CDC guidance: https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html |
| **Patient Care Equipment**<br>**Patient Considerations** | ○ Preferably disposable equipment, when possible<br>○ Non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer's instructions and hospital policies<br>○ Limit use of needles and other sharps as much as possible<br>○ Avoid Aerosol generating procedures |
| **Personal Protective Equipment** | **For Suspect Case clinically stable; no bleeding, vomiting, or diarrhea:**<br>○ Single-use (disposable) fluid-resistant gown that extends to at least mid-calf or single-use (disposable) fluid-resistant coveralls without integrated hood<br>○ Single-use (disposable) full face shield<br>○ Single-use (disposable) facemask<br>○ Single-use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs<br>CDC guidance: https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html<br><br>**For Suspect case with bleeding, vomiting, diarrhea, or clinically unstable and/or will require invasive or aerosol-generating procedures:**<br>○ Impermeable garment-gown or coverall<br>○ Respiratory Protection – PAPR or certified N95 respirator in combination with surgical hood and full-face shield<br>○ Single use examination gloves with extended cuffs – two pairs should be worn<br>○ Single use boot covers – extend to at least mid-calf<br>○ Single use apron<br>CDC guidance: https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html |

## INSTRUCTIONS FOR SELF REPORTING SYMPTOMATIC CONTACT/TRAVELER ALREADY BEING MONITORED BY LAC DPH

- For Symptomatic Individuals:
  - Stay at home and avoid close contact with other people you live with until you are contacted by LAC DPH.
  - Stay and sleep in a separate room, if possible.
  - Use a separate bathroom, if possible.
  - Avoid close contact with any pets in the home.
  - Avoid allowing anyone who does not already live with you to come into your home.
  - Keep all trash that you physically touch (like tissues paper) in a well secured trash bag inside your room. Avoid disposing of trash, cleaning or doing laundry until LAC DPH gives approval.
  - Make plans in case you become hospitalized.
  - You can return to normal activities when LAC DPH gives approval.
  - If symptoms are life threating, call 911 and inform of recent exposure to Ebola virus, your travel history and you are under monitoring by LAC DPH.
  - Regarding Individual's Pets at Home:
    - It is important to keep people and animals away from blood or body fluids of a person with symptoms of Ebola infection.
    - However, if a person become ill with Ebola, dogs, cats, and possibly other pets who came into contact with the patient must be assessed for exposure and may be placed in quarantine for at least 21 days following their last known exposure to the person with Ebola.

## DPH INTERNAL INSTRUCTION

**Instruct HCP to immediately notify their infection control program (if available at the facility).**
**Instruct HCP that ACDC will interview patient to obtain more detailed risk factor and clinical information either via phone or in person.**
**Instruct HCP that ACDC will consult with CDPH and treating physician can join conference call to discuss medical evaluation.**
**Instruct HCP to inform the patient to avoid posting their current medical condition/situation online or social media for their health privacy.**

**Internal/External Communication**

**Notify appropriate ACDC staff (incl. HOBR Unit: Moon Kim mokim@ph.lacounty.gov, Susan Hathaway shathaway@ph.lacounty.gov, Steve Moon SMoon@ph.lacounty.gov, Amy Marutani AMarutani3@ph.lacounty.gov**

**ACDC on-call suspect VHF consultation/assistance:**

- **Moon Kim**
- **Dawn Terashita**
- **Sharon Balter**