VIRAL HEMORRHAGIC FEVER
CASE REPORT

Check one:  □ Ebola  □ Crimean-Congo hemorrhagic fever
□ Lassa  □ New World arenavirus (Guanarito, Junin, Machupo, Sabia viruses)
□ Lujo  □ Other: _______________________________
□ Marburg

Jurisdictions participating in CalREDIE should create a CalREDIE incident and upload the completed form to the Electronic Filing Cabinet. Jurisdictions not participating in CalREDIE should fax the completed form to (916) 552-8973. (Note: Dengue, Yellow Fever, and Hantavirus each have their own case report forms.)

PATIENT INFORMATION

| Primary Language | □ English  □ Spanish  □ Other:__________________________ |
| Ethnicity (check one) | □ Hispanic / Latino  □ Non-Hispanic / Non-Latino  □ Unk |
| Race* (check all that apply, race descriptions on page 7) | □ African-American / Black  □ American Indian or Alaska Native |
| Asian (check all that apply) | □ Asian Indian  □ Japanese  □ Cambodian  □ Korean  □ Chinese  □ Laotian  □ Filipino  □ Thai  □ Hmong  □ Vietnamese  □ Other:__________________________ |
| Pacific Islander (check all that apply) | □ Native Hawaiian  □ Samoan  □ Guamanian  □ Other:__________________________ |
| □ White  □ Other:__________________________  □ Unk |

*Comment: self-identity or self-reporting
The response to this item should be based on the patient’s self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

CLINICAL INFORMATION

Physician Name - Last Name  First Name  Telephone Number
## SIGNS AND SYMPTOMS

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Signs and Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
<td>Abdominal pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, highest temperature (specify °F/°C):__________</td>
<td></td>
<td></td>
<td></td>
<td>Bleeding not related to injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
<td>If Yes, type of bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maculopapular rash</td>
<td></td>
<td></td>
<td></td>
<td>□ Nose bleed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle pain (myalgia)</td>
<td></td>
<td></td>
<td></td>
<td>□ Black or bloody stool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint pain</td>
<td></td>
<td></td>
<td></td>
<td>□ Vomiting blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
<td>□ Hemorrhagic or purpuric rash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td>□ Coughing up blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Other: ____________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## ER / HOSPITALIZATION

<table>
<thead>
<tr>
<th>ER / Hospitalization - DETAILS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ER / Hospital Name 1</th>
<th>Street Address</th>
<th>Admit Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Zip Code Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit Date (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge / Transfer Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Zip Code Medical Record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Diagnosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ER / Hospital Name 2</th>
<th>Street Address</th>
<th>Admit Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Zip Code Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit Date (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge / Transfer Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Zip Code Medical Record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Diagnosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## OUTCOME

<table>
<thead>
<tr>
<th>Outcome</th>
<th>If Survived, survived as of (mm/dd/yyyy)</th>
<th>If Died, Date of Death (mm/dd/yyyy)</th>
<th>Was death caused by this illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Survived</td>
<td></td>
<td></td>
<td>□ Yes □ No □ Unk</td>
</tr>
<tr>
<td>□ Died</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**LABORATORY INFORMATION**

**LABORATORY RESULTS SUMMARY** *(Please submit copies of all labs, including CBCs associated with this illness.)*

<table>
<thead>
<tr>
<th>Type of Virus Detected</th>
<th>Specimen Type (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ebola</td>
<td>□ Blood, date collected: <em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>□ Lassa</td>
<td>□ Tissue, date collected: <em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>□ Lujo</td>
<td>□ Other: ____________________________</td>
</tr>
<tr>
<td>□ Marburg</td>
<td>□ Other: _______________________<em><strong><strong>, date collected: <em><strong>/</strong></em>/</strong></strong></em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Detected</th>
<th>Not Detected</th>
<th>Inconclusive</th>
<th>Unsatisfactory</th>
<th>Test Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polymerase chain reaction (PCR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antigen-capture enzyme-linked immunosorbent assay (ELISA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgM ELISA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgG ELISA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunohistochemistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virus isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): _________________________</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL LABORATORY RESULTS**

**DID THE PATIENT HAVE ANY OF THE FOLLOWING?**

<table>
<thead>
<tr>
<th>Result</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>If Yes, Specify as Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukopenia (WBC &lt; 4,000 mm$^3$)</td>
<td></td>
<td></td>
<td></td>
<td>Lowest WBC</td>
</tr>
<tr>
<td>Lymphocytopenia (lymphocytes &lt; 1,000 mm$^3$)</td>
<td></td>
<td></td>
<td></td>
<td>Lowest lymphocytes count</td>
</tr>
<tr>
<td>Thrombocytopenia (platelets &lt;150,000 mm$^3$)</td>
<td></td>
<td></td>
<td></td>
<td>Lowest platelet count</td>
</tr>
<tr>
<td>Proteinuria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated liver AST / ALT</td>
<td></td>
<td></td>
<td></td>
<td>Highest AST</td>
</tr>
<tr>
<td>Highest ALT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolonged prothrombin time (PT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolonged partial thromboplastin time (PTT or aPTT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pathogens Isolated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### EPIDEMIOLOGIC INFORMATION

**INCUBATION PERIOD: 2 TO 21 DAYS PRIOR TO ONSET OF ILLNESS**

#### TRAVEL HISTORY

**Did patient travel outside of county of residence during the incubation period?**
- [ ] Yes
- [ ] No
- [ ] Unk

**Did the patient travel outside the U.S. during the incubation period?**
- [ ] Yes
- [ ] No
- [ ] Unk

*If Yes for either of these questions, specify all locations and dates below.

#### TRAVEL HISTORY - DETAILS

<table>
<thead>
<tr>
<th>Location (city, county, state, country)</th>
<th>Date Travel Started (mm/dd/yyyy)</th>
<th>Date Travel Ended (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### EXPOSURE / RISK FACTORS

**DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EXPOSURES DURING THE INCUBATION PERIOD?**

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>If Yes, Provide Additional Details or Specify as Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with a deceased person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact with a primate (e.g., monkey, chimpanzee, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact with foreign arrival (e.g., visitor, immigrant, adoptee, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Contact with blood or body fluids of a confirmed acute case of VHF (within 3 weeks of illness onset date) |     |     |     | Exposure Type  
  - [ ] Blood  
  - [ ] Respiratory secretions  
  - [ ] Semen  
  - [ ] Other (specify): _____________________ | Date of Last Contact (mm/dd/yyyy) |
| Contact with body fluids of a confirmed convalescent case of VHF (within 10 weeks of illness onset date) |     |     |     | Exposure Type  
  - [ ] Blood  
  - [ ] Respiratory secretions  
  - [ ] Semen  
  - [ ] Other (specify): _____________________ | Date of Last Contact (mm/dd/yyyy) |
| Possible occupational exposure                                           |     |    |     | Occupation Type  
  - [ ] Laboratory worker in a facility that handles VHF specimens  
  - [ ] Laboratory worker in a facility that handles bats, rodents or primates from endemic areas  
  - [ ] Healthcare worker in a facility with VHF patients  
  - [ ] Other occupation: ________________________________ | Exposure Date(s) (mm/dd/yyyy) |
| Blood transfusion recipient 30 days prior to onset                       |     |    |     | Transfusion Date(s) (mm/dd/yyyy)                       |
| Organ transplant recipient 30 days prior to onset                        |     |    |     | Transplant Date(s) (mm/dd/yyyy)                       |

*In what country did exposure likely occur?*

**Did the patient donate blood products, organs, or tissue in the 30 days prior to symptom onset?**
- [ ] Yes
- [ ] No
- [ ] Unk

*If Yes, specify:

<table>
<thead>
<tr>
<th>Agency / Location</th>
<th>Type of Donation</th>
<th>Date(s) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness (including household contacts)?
- Yes
- No
- Unk

If Yes, specify details below.

### ILL CONTACTS - DETAILS

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Telephone Number</th>
<th>Type of Contact / Relationship</th>
<th>Date of Contact (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>Gender</td>
<td>Telephone Number</td>
<td>Type of Contact / Relationship</td>
<td>Date of Contact (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
<td>Exposure Event</td>
<td>Illness Onset Date (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Date First Reported to Public Health (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Name 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>Gender</td>
<td>Telephone Number</td>
<td>Type of Contact / Relationship</td>
<td>Date of Contact (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
<td>Exposure Event</td>
<td>Illness Onset Date (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Date First Reported to Public Health (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

### NOTES / REMARKS

- Enter any additional notes or remarks here.

### REPORTING AGENCY

Investigator Name          | Local Health Jurisdiction | Telephone Number | Date (mm/dd/yyyy) |
--------------------------|---------------------------|------------------|-------------------|
First Reported By         | Health education provided? | Restriction / clearance needed? |
- Yes
- No
- Unk

### EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case?
- Yes
- No
- Unk

Contact Name / Case Number

### DISEASE CASE CLASSIFICATION

- Case Classification (see case definition on page 6)
- Confirmed
- Suspected
- Not a case

### OUTBREAK

Part of known outbreak?
- Yes
- No
- Unk

If Yes, extent of outbreak:
- One CA jurisdiction
- Multiple CA jurisdictions
- Multistate
- International
- Unk
- Other (specify):

### STATE USE ONLY

State Case Classification
- Confirmed
- Suspected
- Not a case
- Need additional information
CASE DEFINITION

VIRAL HEMORRHAGIC FEVER (2011)

SUBTYPE(S)
- Crimean-Congo Hemorrhagic Fever virus
- Ebola virus
- Lassa virus
- Lujo virus
- Marburg virus
- New World Arenavirus – Guanarito virus
- New World Arenavirus – Junin virus
- New World Arenavirus – Machupo virus
- New World Arenavirus – Sabia virus

BACKGROUND
New World Arenaviruses include: Guanarito, Machupo, Junin, Sabia viruses.

CLINICAL CRITERIA
An illness with acute onset with ALL of the following clinical findings:
- A fever > 40°C
- One or more of the following clinical findings:
  - Severe headache
  - Muscle pain
  - Erythematous maculopapular rash on the trunk with fine desquamation 3–4 days after rash onset
  - Vomiting
  - Diarrhea
  - Pharyngitis (arenavirus only)
  - Abdominal pain
  - Bleeding not related to injury
  - Retrosternal chest pain (arenavirus only)
  - Proteinuria (arenavirus only)
  - Thrombocytopenia

LABORATORY CRITERIA FOR DIAGNOSIS
One or more of the following laboratory findings:
- Detection of viral hemorrhagic fever (VHF) viral antigens in blood by enzyme-linked Immunosorbent Assay (ELISA) antigen detection
- VHF viral isolation in cell culture for blood or tissues
- Detection of VHF-specific genetic sequence by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) from blood or tissues
- Detection of VHF viral antigens in tissues by immunohistochemistry

EPIDEMIOLOGIC LINKAGE
One or more of the following exposures within the 3 weeks before onset of symptoms:
- Contact with blood or other body fluids of a patient with VHF
- Residence in—or travel to—a VHF endemic area
- Work in a laboratory that handles VHF specimens
- Work in a laboratory that handles bats, rodents, or primates from endemic areas
- Exposure to semen from a confirmed acute or convalescent case of VHF within the 10 weeks of that person's onset of symptoms

CASE CLASSIFICATION
- Suspected: Case meets the clinical and epidemiologic linkage criteria.
- Confirmed: Case meets the clinical and laboratory criteria.

COMMENTS
VHF refers to viral hemorrhagic fever caused by either Ebola, Lassa, Lujo, or Marburg virus, a new world arenavirus, or Crimean-Congo hemorrhagic fever.
### RACE DESCRIPTIONS

<table>
<thead>
<tr>
<th>Race</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>Patient has origins in any of the original peoples of North and South America (including Central America).</td>
</tr>
<tr>
<td>Asian</td>
<td>Patient has origins in any of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Patient has origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td>White</td>
<td>Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.</td>
</tr>
</tbody>
</table>

### OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

### OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown