Yellow Fever Surveillance Worksheet

NAME (Last, First)				Hospital Record No.
Address (Street and No.)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab Phone	Address			Phone

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS ID	County	State	Zip

Birth Date	Age	Age Type	Race	Ethnicity	Sex
Month Day Year	Unknown= 999	0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Unknown	N = Native Amer./Alaska Native A = Asian/Pacific Islander B = African American W = White O = Other U = Unknown	H = Hispanic N = Not Hispanic U = Unknown	M = Male F = Female U = Unknown

Event Date	Event Type	Diagnosis Date	Imported	Report Status
Month Day Year	1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done 4 = Reported to County 5 = Reported to State or MMWR Report Date 6 = Unknown	Month Day Year	1 = Indigenous 2 = International 3 = Out of State 9 = Unknown	1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown

Clinical Information

Fever (>38°C or >101°F) That did not respond to antimalarial treatment	Y	N	U	dd	mm	yy	List names of other areas or countries that the patient visited during the last 2 weeks:
Jaundice	Y	N	U	dd	mm	yy	
Slow pulse in relation to fever	Y	N	U	dd	mm	yy	Have cases of fever and jaundice been seen or reported in areas that the patient visited during the last 2 weeks? Y N U
Bleeding form the nose, gums or skin or gastrointestinal tract	Y	N	U	dd	mm	yy	
Reduced amount of urine	Y	N	U	dd	mm	yy	Has the patient ever received at least one dose of yellow fever vaccine? Date: ___/___/___ Y N U
Elevated level of protein in urine	Y	N	U	dd	mm	yy	What was final outcome for patient? (*circle one*) Living Dead Unknown If patient died, record date of death: (dd) _____ (mm) _____(yy) _____

Exposure Setting

1 = Laboratory acquired
2 = Pregnant
3 = Breast Fed Infant
4 = In Utero Infection
5 = Blood transfusion recipient
6 = Organ recipient
7 = Travel to endemic area
8 = Other Specify:_____
99 = Unknown

Hospitalized for this illness? Y = Yes N = No U = Unknown

Hospitalization start date: ___/___/___

Hospitalization end date: ___/___/___

Days Hospitalized 0 - 98 99 = Unknown

Laboratory transmittal and final classification of the case

Specimens collected *(Circle one)*	Date specimens collected *(dd/mm/yy)*	Date received in laboratory *(dd/mm/yy)*	Type of test	RESULTS				Date results sent to DHSS *(dd/mm/yy)*	Date results received at DHSS *(dd/mm/yy)*
				Pos	Neg	Not processed	Unk		
Blood			IgM						
			IgG (acute)						
			IgG (convalescent)						
Malaria slide			Microscopy						
Other									

1. **Testing performed by?** *(circle one)*
   State Public Health Lab CDC Ft. Collins Commerical Lab

2. Record laboratory's name, address, and telephone number:

3. **What is the final classification of the case?** (*circle one*) Probable Confirmed Not a Case Unknown

4. **If case determined "not a case" of yellow fever, record diagnosis:**

5. What was final outcome for the patient ? ***(circle one)***
   Living Dead Unknown

6. **If patient died, record date of death:** (dd) _____ (mm) _____ (yy) _____

Yellow Fever Surveillance Worksheet

NAME (Last, First)				Hospital Record No.
Address (Street and No.)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab Phone	Address			Phone

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS ID

Reported
Month Day Year

Other Comments?	Name of Investigator	Title
Y = Yes N = No U = Unknown		

Institution Name	Phone Number	Date Completed
		Month Day Year

Other Comments / Notes / Information: