Annex 2. Epidemiological investigation form for yellow fever

Case identification

1. Name of patient:

2. Date of birth: ____ / ____ / _____

3. Age: **4. Sex:** ☐ M-Male ☐ F-Female

5. Address: Street: Municipality: District:

6. Location: ☐ 1-Urban ☐ 2-Rural ☐ 3-Urban/Rural ☐ 9-Unknown

7. Telephone: ( ) - _____ -_____

Supplementary information for patient:

8. Date of investigation: ____ / ____ / _____ **9. Occupation:**

Epidemiological history

10. Description of dates and places frequented in the 10-day period prior to the onset of signs and symptoms

Date	Municipality	State	Country

11. Vaccinated against yellow fever: ☐ 1-Yes ☐ 2-No ☐ 9-Unknown

12. Date: ____ / ____ / _____

Clinical information data

13. Signs and symptoms:

Fever	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Epigastric pain	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Headache	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Faget's sign	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Chills	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Hematuria	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Shock	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Hematemesis	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Vomiting	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Oliguria	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Jaundice	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Anuria	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
Melena	☐ 1-Yes	☐ 2-No	☐ 9-Unknown	Bradycardia	☐ 1-Yes	☐ 2-No	☐ 9-Unknown
				Coma	☐ 1-Yes	☐ 2-No	☐ 9-Unknown

Care

14. Hospitalization: ☐ 1-Yes ☐ 2-No ☐ 9-Unknown **15. Date:** ____ / ____ / _____

16. Name of hospital:

17. Address:

Laboratory data

18. Serological studies:

Bilirubin:
Total _____mg/dl
Direct (BD) _____mg/dl
Indirect (BI)_____mg/dl

AST (SGOT) _____IU/L
ALT (SGPT) _____IU/L
Urea _____mg/dl
Creatinine _____mg/dl

Albumin:
☐ 1 - zero
☐ 2 - +
☐ 3 - ++
☐ 4 - +++
☐ 5 - ++++

Laboratory data

19. Specific examinations:

Date sample was taken:
1st ___/___/_____ 2nd ___/___/_____

Date sample was taken:
1st ___/___/_____ 2nd ___/___/_____

Date sample was taken:
1st ___/___/_____ 2nd ___/___/_____

Result
1 - Positive
2 - Negative
3 - Inconclusive
4 - Not performed

Titers
☐ IgM ☐ IgG
S1_____ 1: _____
S2_____ 1: _____

20. Histopathology:

☐ 1 - Compatible ☐ 2 - Negative ☐ 3 - Not performed ☐ 9 - Unknown

Immunohistochemical
☐ 1 - Compatible ☐ 2 - Negative ☐ 3 - Not performed ☐ 9 - Unknown

21. Viral isolation:

Material collected
☐ 1 - Yes ☐ 2 - No ☐ 9 - Unknown

If so, which
Serum: ☐ 1 - Yes ☐ 2 - No ☐ 9 - Unknown
Tissues: ☐ 1 - Yes ☐ 2 - No ☐ 9 - Unknown

Result ☐ 1 - Isolated ☐ 2 - Not isolated

Control measures

22. Control measures carried out:

Mass vaccination ☐ 1 - Yes ☐ 2 - No ☐ 3 - Not applicable ☐ 9 - Unknown
Vector control ☐ 1 - Yes ☐ 2 - No ☐ 3 - Not applicable ☐ 9 - Unknown

Conclusions

23. Final classification:

☐ 1 - Urban Yellow Fever
☐ 2 - Jungle Yellow Fever
☐ 3 - Ruled out (specify: _____)

24. Criteria for confirmation/ruling out:

☐ 1 - Laboratory
☐ 2 - Epidemiological link
☐ 3 - Clinical symptoms

25. Probable infection site:

Country: Municipality:

Related disease
☐ 1 - Yes ☐ 2 - No ☐ 9 - Unknown

Outcome of the case
☐ 1 - Recovery ☐ 2 - Death ☐ 9 - Unknown

Date of death: ___/___/_____

Date case closed: ___/___/_____

Remarks

Investigator

26. State/Municipality

Name:

Position:

Signature: