State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number _____

(*Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)*

Report Status (check one)

☐Preliminary ☐Final

YELLOW FEVER CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐*Years* ☐*Months* ☐*Days*

Address Number & Street - Residence	*Apartment/Unit Number*

City/Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone/Pager*	*Work/School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work/School Location	*Work/School Contact*

Gender
☐Male ☐Female ☐Other: _____

Pregnant? ☐Yes ☐No ☐Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 6)	*Other Describe/Specify*

Occupation (see list on page 6)	*Other Describe/Specify*

Primary Language
☐English
☐Spanish
☐Other:_____

Ethnicity (check one)
☐Hispanic/Latino
☐Non-Hispanic/Non-Latino
☐Unk

*Race**
(check all that apply, race descriptions on page 6)
☐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*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐Yes ☐No ☐Unk	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	Signs and Symptoms	Yes	No	Unk
Fever, If Yes, *highest temperature (specify °F/°C)*				Abdominal pain			
Chills				Hematemesis			
Severe headache				Epistaxis			
Muscle aches				Gum bleeding			
Nausea				Purpura hemorrhages			
Fatigue				Deepening jaundice			
Weakness				Proteinuria			
Back pain							

Other signs / symptoms (specify)

VACCINATION / MEDICAL HISTORY

Vaccinated for yellow fever? ☐Yes ☐No ☐Unk	*If Yes, date of first vaccine (mm/dd/yyyy)*	*Date of most recent booster (mm/dd/yyyy)*

CLINICAL COMPLICATIONS

Clinical complications for this attack? ☐Yes ☐No ☐Unk	*If Yes, specify*

Other (specify)

HOSPITALIZATION

Did patient visit emergency room for illness? ☐Yes ☐No ☐Unk	*Was patient hospitalized?* ☐Yes ☐No ☐Unk	*If Yes, how many total hospital nights?*

If there were any ER or hospital stays related to this illness, specify details below.

HOSPITALIZATION - DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*
Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

OUTCOME

Outcome? ☐Survived ☐Died ☐Unk	*If Survived,* Survived as of _____ *(mm/dd/yyyy)*	*Date of Death (mm/dd/yyyy)*

First three letters of patient's last name: | | | |

ADDITIONAL COMMENTS

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1 ☐Blood ☐Other (specify):_____	*Type of Test* ☐Smear ☐Serology (specify):_____ ☐Other:_____	*Collection Date (mm/dd/yyyy)*
	Result	*Interpretation* ☐Positive ☐Negative ☐Equivocal
	Laboratory Name	*Telephone Number*
Specimen Type 2 ☐Blood ☐Other (specify):_____	*Type of Test* ☐Smear ☐Serology (specify):_____ ☐Other:_____	*Collection Date (mm/dd/yyyy)*
	Result	*Interpretation* ☐Positive ☐Negative ☐Equivocal
	Laboratory Name	*Telephone Number*

OTHER LABORATORY TESTS

Test for other flaviviruses? ☐Yes ☐No ☐Unk	*If Yes, specify flavivirus(es)*	*Outcome of Tests*

EPIDEMIOLOGIC INFORMATION

TRAVEL HISTORY (INCUBATION PERIOD IS 3 MONTHS PRIOR TO ILLNESS ONSET)

*Did patient travel or live **outside of the U.S.** during the **incubation period**?* ☐Yes ☐No ☐Unk	*If Yes, specify the following and all locations and dates below.*

Principal reason for travel from / to U.S. for most recent trip

☐Tourism ☐Peace Corps ☐Airline / ship crew ☐Visiting friends / relatives ☐Refugee / immigrant
☐Military ☐Business ☐Student / teacher ☐Missionary or dependent ☐Other (specify):_____

TRAVEL HISTORY - DETAILS

Location (city, county, state, country)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*

First three letters of patient's last name: | | | |

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness? ☐Yes ☐No ☐Unk	If Yes, specify details below.

ILL CONTACTS - DETAILS

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

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	Local Health Jurisdiction	Telephone Number	Date of First Report (mm/dd/yyyy)
First Reported By ☐Clinician ☐Laboratory ☐Other (specify):_____		Officer Releasing Antitoxin - Last Name, First Name	

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐Yes ☐No ☐Unk	Contact Name / Case Number

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 5)
☐Confirmed ☐Probable

OUTBREAK

Part of known outbreak? ☐Yes ☐No ☐Unk	If Yes, extent of outbreak: ☐One CA jurisdiction ☐Multiple CA jurisdictions ☐Multistate ☐International ☐Unk ☐Other (specify):_____	
Vehicle of Outbreak	Pattern 1 ID number	Pattern 2 ID number

First three letters of patient's last name: | | | |

STATE USE ONLY

State Case Classification

☐Confirmed ☐Probable ☐Not a case ☐Need additional information

CASE DEFINITION

YELLOW FEVER (2010)

CLINICAL DESCRIPTION

A mosquito-borne viral illness characterized by acute onset and constitutional symptoms followed by a brief remission and a recurrence of fever, hepatitis, albuminuria, and symptoms and, in some instances, renal failure, shock, and generalized hemorrhages.

LABORATORY CRITERIA FOR DIAGNOSIS

Fourfold or greater rise in yellow fever antibody titer in a patient who has no history of recent yellow fever vaccination and cross-reactions to other flaviviruses have been excluded or demonstration of yellow fever virus, antigen, or genome in tissue, blood, or other body fluid.

CASE CLASSIFICATION

Probable: a clinically compatible case with supportive serology (stable elevated antibody titer to yellow fever virus [e.g., greater than or equal to 32 by complement fixation, greater than or equal to 256 by immunofluorescence assay, greater than or equal to 320 by hemagglutination inhibition, greater than or equal to 160 by neutralization, or a positive serologic result by immunoglobulin M-capture enzyme immunoassay]. Cross-reactive serologic reactions to other flaviviruses must be excluded, and the patient must not have a history of yellow fever vaccination.)

Confirmed: a clinically compatible case that is laboratory confirmed.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples 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).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

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