

Ready reference card n°3 – Alert form: suspected yellow fever

As soon as yellow fever is suspected, contact:										
District communicable disease manager:					Telephone number:					
					Fax:					
OR District EPI programme manager:					Telephone number:					
					Fax:					
1. General patient information:					Date of report:					
Name of patient and record number:					Sex: M <input type="checkbox"/> F <input type="checkbox"/>					
					Patient's occupation:					
Address:					Village or town:					
District:					Name of head of patient's household or village chief:					
State or Province:										
Patient's date of birth: (dd/mm/yy)					Patient's approximate age (if date of birth unknown):					
2. Does suspected case have?				Date of onset		3. Record travel and yellow fever immunization history.				
Fever (>38°C) That did not respond to antimalarial treatment	Y	N	?	dd	mm	yy	List names of other areas or districts that patient visited during the last two weeks:			
Jaundice	Y	N	?	dd	mm	yy				
Slow pulse in relation to fever	Y	N	?	dd	mm	yy				
Bleeding from the nose, gums, skin or gastrointestinal tract	Y	N	?	dd	mm	yy	Have cases of fever and jaundice been seen or reported in areas or districts that patient visited during the last two weeks?	Y	N	?
Reduced amount of urine	Y	N	?	dd	mm	yy	Has the patient ever received at least one dose of yellow fever vaccine?	Y	N	?
Proteinuria (elevated level of protein in urine)	Y	N	?	dd	mm	yy	What was final outcome for patient? (circle one)			
							Discharged	Dead	Unknown	
							If patient died, date of death: (dd) _____ (mm) _____ (y) _____			
Reported by:						Health facility:				