# 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: