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

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| **As soon as yellow fever is suspected, contact:** | |
| District communicable disease manager: | Telephone number: |
| Fax: |
| **OR** District EPI programme manager: | Telephone number: |
| Fax: |

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| **1. General patient information:** | Date of report: |
| Name of patient and record number: | Sex: M F |
| Patient’s occupation: |
| Address: | Village or town: |
| District:  State or Province: | Name of head of patient’s household or village chief: |
| Patient’s date of birth: *(dd/mm/yy)* | Patient’s approximate age (if date of birth unknown): |

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| **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* | Have cases of fever and jaundice been seen or reported in areas or districts that patient visited during the last two weeks? | Y | N | ? |
| Bleeding from the nose, gums, skin or gastrointestinal tract | Y | N | ? | *dd* | *mm* | *yy* |
| 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)* | | | |

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| **Reported by:** | **Health facility:** |

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