

Annex 11: Viral Hemorrhagic Fever - Case Reporting Form

IDSR Viral Hemorrhagic Fever Case Report Form		
Variables / Questions		Answers
1	Detection day (ddmm/yyyy)	
2	Detection place (Health facility or Community)	
3	Patient identification number (yyyy-week-CCC-PPP-DDD-Reporting site-nnn)	
4	Patient surname or last name	
5	Patient first name(s)	
6	Age (years)	
7	Sex (F/M)	
8	Number of people in same household	
9	Number of other contacts	
10	Patient's residential address	
11	Village/Town	
12	Neighborhood	
13	District	
14	Province	
15	Country	
16	Date of first symptoms onset (dd/mm/yyyy)	
17	Observed Symptoms and Clinical signs	
18	Was patient exposed to any known risk factor for this disease? (Yes/No)	
19	If yes, specify risk factor(s)	
20	Lab results	
21	Final Classification (Not a case, Suspect, Probable, Confirmed by Lab, Confirmed by epidemiological link, Pending)	
22	Outcome (Died, Survived, Unknown)	
23	End of latest contact followed-up (dd/mm/yyyy)	
24	Other Notes and Observations	
25	Date latest update of this record (dd/mm/yyyy)	