

## Integrated Disease Surveillance and Response System Hemorrhagic Fever Investigation Form

**Case Follow up:**

**General information about the patient:**

Province.....District.....Tehsil.....

Name .....

Age..... Sex Male  Female

Resident: Town/ village/ block .....

Occupation.....place of work.....

Tribe.....

Date of reporting .....

Name of reporting person.....

Date of admission.....

Hospital/ health unit.....

Number of the file.....

Date of investigation.....

Name of the person conducted investigation.....

His/ her address.....

**Symptoms:**

Date of onset Day.....Month.....Year.....

Did the patient complain of fever? Yes  No

Is there bleeding with fever? Yes  No

Describe the bleeding (site of the bleeding).....

Is there headache? Yes  No

Is there convulsions? Yes  No

Is there generalized fatigability & joints pain Yes  No

Did the patient complain of nausea or vomiting? Yes  No

Is there yellowish of sclera? Yes  No

Is there skin rashes? Yes  No

Did the patient in coma? Yes  No

Did the patient complain of oliguria? Yes  No

Did the patient have been vaccinated against yellow fever? Yes  No

Date of vaccination.....  
Did the patient travel during the last 10 days?      Yes                       No

If yes, identify.....

**Signs:**

Date of reporting to health unit.....  
General condition of the patient.....  
Pulse.....BP.....Temperature.....  
Degree of dehydration.....  
Bleeding presence through the nose.....Gum.....site of injection.....  
Other sites.....jaundice.....  
Calculate urine out put.....

**Degree of consciousness (GLASGOW CLASSIFICATION):**

	Degree
Aware of any thing & clear mind	<input type="checkbox"/>
Response to questions, but not clear	<input type="checkbox"/>
Confused, not what is around?	<input type="checkbox"/>
Unconscious, but can response to deep & touch stimuli	<input type="checkbox"/>
Completely unconscious	<input type="checkbox"/>

**Preliminary diagnosis**.....

**Laboratory investigation:**

Blood investigation-virus serological diagnosis.....  
To where the sample had been sent.....  
Result                      positive                       negative   
Did other samples have been taken?      Yes                       No   
Date of sample collections.....  
To where samples had been sent.....  
Result of the samples.....

**Final diagnosis**.....

**Treatment & its results:**

Date of starting treatment.....

Treat been taken (type/dose/ duration)

1.....

2.....

3.....

Name of treating person, his/ her qualification.....

.....

Did the patient's condition improve? Yes  No

Did the patient die? Yes  No

Direct cause of death.....

Name of person issued death certificate.....

His/ her qualification.....

.....

**Prevention measures:**

**Similar cases:**

Are there other similar cases in the area or health unit? Yes  No

If yes, identify.....

Name	Sex	Age	Address
1			
2			
3			
4			
5			

There is death, its number.....

**Contacts:**

Name	Sex	Age	Address

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Did the patient have contact other groups, school or institution    Yes     No

If yes, identify.....

**Prevention measures taken:**

1. Isolation of the patient
2. Prevention measures taken for health personnel
3. Activation of surveillance system
4. Activation of laws & Acts
5. Mosquito spraying and elimination of breeding sites
6. Health education & community awareness
7. Cooperation & coordination with local authorities and provision of needed support.