

Viral Haemorrhagic Fever Risk Assessment Form

PART 1	
Date when left endemic / risk area	
Date of first symptom	
Difference (days) i.e. minimum incubation period	

Symptoms & Signs (Circle if applicable)							
Fever	Headache	Myalgia	Pharyngitis	Diarrhoea	Vomiting	Retrosternal pain	Rash
Haematemesis	Melaena	Nose Bleed/s	Other Bleed/s	Pulse > 90 bpm	BP systolic < 90mmHg	Resp Rate > 20 / min	Other

TRAVEL HISTORY				
Country / countries visited	Urban / Rural give details	Date From	Date To	
Outdoor / Risk activities? If yes, specify: _____ _____ _____			Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
Contact with ill / deceased persons? If yes, specify: _____ _____ _____			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Direct contact with animals? If yes, specify: _____ _____ _____			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



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PART 2		
Section One		
Is the patient a Healthcare worker / Laboratory worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES and they <u>have</u> travelled: answer ALL sections (including section 5) If YES and <u>have NOT</u> travelled: go to section 5		
Section Two		
Has the patient travelled:	Yes	No
<ul style="list-style-type: none"> • <u>only</u> from an area not known to be endemic for VHF 	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none"> • from an endemic area <u>more than</u> 21 days ago 	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none"> • within the previous 3 weeks, but from a major city where the risk of VHF is considered negligible? 	<input type="checkbox"/>	<input type="checkbox"/>
If uncertain, discuss endemic areas with the HTD SpR. If you have answered YES to any of these grade the patient as:		
MINIMUM RISK		
Section Three		
Has the patient travelled:	Yes	No
<ul style="list-style-type: none"> • from an endemic area within 21 days 	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none"> • from an area adjacent to known areas for VHF (ie from rural areas or small towns not generally considered endemic) within 21 days 	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered YES to any of these grade the patient as:		
MODERATE RISK		



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Section Four		
<p>As “MODERATE RISK” plus any of the following:</p> <ul style="list-style-type: none"> • Organ failure and haemorrhage <p>OR</p> <ul style="list-style-type: none"> • Contact with a febrile person for >4h <p>OR</p> <ul style="list-style-type: none"> • Cared for a febrile person or had contact with body fluids from such a person (particularly health-care staff from rural hospitals) <p>OR</p> <ul style="list-style-type: none"> • Any contact with confirmed cases (clinical / laboratory) <p>If you have answered YES to any of these, grade the patient as:</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">HIGH RISK</p>	Yes	No
<div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>		
Section Five – High Risk Professionals		
<p>Is the patient:</p> <ul style="list-style-type: none"> • A laboratory worker in contact with samples from a known / suspected case of VHF within past 3 weeks <p>OR</p> <ul style="list-style-type: none"> • A healthcare worker in contact with samples from a known / suspected case of VHF within past 3 weeks <p>OR</p> <ul style="list-style-type: none"> • A laboratory worker who handles VHF viruses <p>If you have answered YES to any of these, grade the patient as:</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">HIGH RISK</p>	Yes	No
<div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid red;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>		



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INITIAL ASSESSED CATEGORY OF RISK (CIRCLE AS APPROPRIATE)

MINIMUM / MODERATE / HIGH

MALARIA PARASITES (CIRCLE AS APPROPRIATE)

PRESENT / ABSENT

REVISED ASSESSED CATEGORY OF RISK (CIRCLE AS APPROPRIATE)

MINIMUM / MODERATE / HIGH

