Viral Haemorrhagic Fever (VHF)
Image: Contact Active Monitoring Form hpsc Feidhmeannacht na Seirbhise Skänte Monarcians 4.4.022/05/00110 hpsc
Health Service Executive Version 1.1, 28/05/2018
Section A - Using this form
Contact of Event ID Only applicable to contacts of a case in Ireland.
Surname: Forename:
Has this person been assessed using the VHF contact assessment form? Yes No Unknown
If no, please complete the assessment before filling in this form.
Type of Viral haemorrhagic fever:
Ebola Lassa fever Marburg Other arenavirus, please specify
Crimean-Congo Haemorrhagic Fever
Other viral haemorrhagic Fever If other, please specify
Risk Category:
Risk category assigned? Is active monitoring required?
Non healthcare worker low risk
Non healthcare worker high risk No
Healthcare worker low risk Healthcare worker high risk If active monitoring is required, please continue.
Period of surveillance (from the VHF contact assessment form):
Period of surveillance remaining days End date
Section B – Daily Monitoring
Please turn over to complete daily monitoring. One page should be used for each day; photocopy as required.
Section C - Outcome
Outcome of Monitoring
Outcome of Monitoring Please tick <u>one</u> of the following three options:
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1:
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Diagnosis 2: Diagnosis 3:
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Diagnosis 2: Diagnosis 3: Date Patient diagnosed with VHF
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Diagnosis 2: Diagnosis 3: Date If patient diagnosed with VHF, date of diagnosis
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Diagnosis 2: Diagnosis 3: Date Date If patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up
Outcome of Monitoring Please tick one of the following three options: Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period Diagnosis 1: Date Diagnosis 2: Date Diagnosis 3: Date Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID Patient lost to follow-up

Feidhmeanacht na Seithöfse Släine Health Service Executive VHF Contact Active Monitoring Form v1.1 Page 2 of 2
Section D - Daily monitoring record
Date: Day no. since Iast exposure: See contact management log (if applicable)
Temperature:
Time (HH:MM):
Time (HH:MM):
Fever ≥ 37.5°C ? Yes No
Symptoms:
Any symptoms? Yes No If yes, please record below.
Yes No Unknown Yes No Unknown Yes No Unknown Headache Image: Chest pain Abdominal pain Image: Chest
Comments:
Signature
Please photocopy as required