

SCREENING TRIAGE QUESTIONNAIRE FOR SUSPECTED CCHF CASE

A. Personal Information:

- a. Full name _____ MR number: _____
 b. Date of birth /age _____ Gender _____
 c. Contact information:
 i. (address) _____
 d. (phone number) _____

B. Symptoms:

Symptom	Yes/No	Duration
fever		
Severe headache		
fatigue		
muscle aches		
Joint pain		
vomiting		
diarrhea		
Abdominal pain		
Unexplained bleeding/bruising		
Site of bleeding (Epistaxis, Hematemesis, Hemoptysis, Blood in stools, Ecchymosis, Gum bleeding)		
Physical examination: (encircle the positive findings)	<ul style="list-style-type: none"> • Conjunctivitis, facial flushing, palatal erythema and petechiae, lymphadenopathy • Jaundice and changes in mood and sensory perception • Signs of coagulopathy (starting around day 4) • Palpable hepatomegaly Other _____ Specify:	

C. Exposure history/Risk factor assessment:

- a. Healthcare Facility Exposure: Yes _____ No _____
 b. Have you visited any healthcare facilities in regions with CCHF cases recently? Yes/No
 c. Have you been in close contact with healthcare workers who may have treated CCHF patients? Yes _____ No _____
 d. Do you have cattle or directly involved in handling of cattle at home > yes---no---

- e. Tick Bite & handling of animal tissue in last 15 days(with Date)
 - i. Tick bite: yes____ or No____
 - ii. Bare handed crushing of ticks
 - iii. Bare handed handling of embryonic tissue/Placenta/New borne
 - iv. Bare handed treatment of animal wound
 - v. Contact of blood / Secretion of animal
 - vi. Taking unpasteurized milk
- f. Contact of suspected or confirmed case of CCHF (with Date if yes)
 - i. Contact of blood /secretion
 - ii. Contact of vomits / stool material
 - iii. Close contact during caring (If yes, mention contact period)
- g. Have you been in contact with individuals who have unexplained bleeding disorders? Yes _____ No _____
- h. Travel History:
 - i. Have been in areas known to be infested with ticks? Yes _____ No _____
- i. Recent Travel History:
 - i. Have you traveled to or from regions where CCHF cases have been reported in the last 30 days? If yes, specify the locations. _____
 - ii. Have you been in close contact with livestock or wild animals in these regions? _____
- j. Occupational Risk: _____
 - i. Are you involved in occupations that involve contact with livestock or animals? (e.g., farming, veterinary work) Yes _____ No _____
 - ii. Do you work in healthcare or laboratory settings where you might come into contact with potential CCHF cases? Yes _____ No _____

D. Laboratory Testing:

- a. Have you had any blood tests or laboratory work done recently? If yes, please provide details. Contact with Suspected or Confirmed Cases: Yes _____ No _____

E. Isolation or Quarantine:

- a. Are you currently under quarantine or isolation orders from a healthcare provider or public health authority?

Additional Notes: _____

Is there any other information you believe is relevant to your health or potential exposure to

CCHF? Yes _____ No _____

If yes, kindly elaborate:

F. Final Assessment:

- a. Suspected case
 - b. Probable case
 - c. Confirmed case
- **Suspected case:** Any person with sudden onset of fever over 38.5 C for > 3 days and <10 with hemorrhagic symptoms, animal contact history from CCHF endemic areas.
 - **Probable case:** Suspected case with h/o 10 days of febrile illness or less with epidemiological link *and* any two of the following: thrombocytopenia <50,000, petechial and puerperal rash, epistaxis, hematemesis, hemoptysis, blood in urine and/or stool, ecchymosis and gum bleeding.
 - **Confirmed case:** Suspected/probable case with lab diagnosis of CCHF (PCR and/or serology).