



Viral Haemorrhagic Fevers Clinical Risk Assessment Form

V1.8, 21/12/2022



Section A - Patient Details

Enter the details in section A or attach patient label in space provided in section B

Surname: Forename:

Address: Eircode:

Sex: F M NK Date of Birth: Age:

Emergency Dept/Ward: Patient's Hospital Number:

Has patient received EVD vaccine?

Pre-exposure Y N UNK

Post-exposure Y N UNK

If YES, specify type

If YES, specify type

Date No. of days pre possible exposure (if any)

Date No. of days post exposure

Section B - Patient label

Place patient label below

Section C - Assessed by

Name of assessor:

Date of assessment:

Medical council number:

Section D - Travel history

Has the patient returned from an area known to be endemic for VHF (www.hpsc.ie) in the last 21 days? Yes No Unknown

If yes, which country

City/Region/Town

Section E - Signs & Symptoms

							Yes	No	Unknown		
<i>Fever ≥ 37.5°C</i>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>History of fever</i>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Fever ≥ 37.5°C persisting 72 hours after use of antimalarials or antimicrobials</i>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No	Unknown		Yes	No	Unknown		Yes	No	Unknown
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BP systolic <90 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retrosternal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory rate >20/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haematemesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse >90bpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Melaena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pharyngitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

If other symptoms, please specify:

Was onset of symptoms sudden or gradual? Sudden onset Gradual onset

Date of onset of first symptoms:

Fever + travel to endemic area + bleeding or signs of bleeding increase the likelihood of VHF diagnosis. Please complete questions overleaf to assess exposure.

Section F - Exposure

Has the patient...

	Yes	No	Unknown
1. Lived or worked in basic rural conditions where Lassa fever/CCHF is endemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Travelled to any area where a VHF outbreak has recently occurred (in the last 6 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Received a tick bite &/or removed a tick &/or crushed a tick with their bare hands in a CCHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Travelled to a rural environment where contact with livestock or ticks is possible in a CCHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Visited caves or mines in a VHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Had exposure to an area contaminated by bats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Eaten food which could have been contaminated by rats in a Lassa fever endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Swept/cleaned dust which could have been contaminated by rats in a Lassa fever endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Handled or butchered dead primates or been involved in drying, smoking their meat or consuming their meat in a VHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For details of current outbreaks and maps of endemic/risk areas see www.hpsc.ie

Has the patient...

	Yes	No	Unknown
10. Come into contact with the body fluids of, or had direct contact with, a live or dead individual or animal, known or strongly suspected to have VHF, e.g. during routine patient care, transport of patient, resuscitation, autopsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Handled clinical/laboratory specimens (blood, urine, faeces, tissues, laboratory cultures) from a live or dead individual or animal known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Received IM or IV injections while in an endemic country? (excluding EVD vaccine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the patient...

	Yes	No	Unknown
13. Had close contact with a live or dead individual known or strongly suspected to have VHF e.g. kissed, been breastfed by?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Had sex in the last 3 months with an individual known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Been involved in the funeral preparations of an individual known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Come into contact with body fluids of a live or dead individual known or strongly suspected to have VHF either directly, e.g. handled blood, urine, or indirectly, e.g. soiled clothes or bedding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed category of VHF risk

If **YES** to ANY of questions 1-16 AND **FEVER**. See VHF algorithm for immediate actions.

**High Possibility of VHF
(High risk)**

If **NO** to ALL of the above; AND **YES** to **TRAVEL** from endemic area in last 21 days AND **FEVER**; VHF is possible, but malaria more likely

**Possibility of VHF
(At Risk)**

If **no** to ALL of the above; AND **NO** to **TRAVEL**; AND **YES** to **FEVER**; VHF is unlikely.

**VHF Unlikely
(No Risk)**

Reassess if fails to improve, e.g. nosebleed, bloody diarrhoea, sudden rise in ASK or CK, sudden fall in platelets, fall in BP, rapidly increasing O₂ requirements in absence of diagnosis. Consider bioterrorism related VHF if symptoms suggestive but no travel history.