

Republic of Lebanon – Ministry of Public Health – Epidemiological Surveillance Program  
 Viral Hemorrhagic Fever (VHF): Reporting form / Laboratory Request form

LB-VH-|\_\_\_\_\_|-|\_\_\_\_\_|

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**1) Health facility**

Hospital name \_\_\_\_\_ Contact person \_\_\_\_\_  
 Ward/Unit \_\_\_\_\_ Phone \_\_\_\_\_  
 Treating physician \_\_\_\_\_ Date of admission \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of reporting \_\_\_\_\_

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**2) Patient**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Address \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Occupation \_\_\_\_\_

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**3) Clinical presentation**

Date of onset: |\_\_|\_|\_| Date of fever onset: |\_\_|\_|\_|  
*General:* Fever Headache Myalgia Arthralgia  
*Digestive:* Nausea Vomiting Abdominal pain Diarrhea  
*Respiratory:* Cough Dyspnea Pulmonary lesions  
*CNS:* Meningitis Encephalitis  
*Bleeding:* Cutaneous Mucosal Internal bleeding  
 Specify: \_\_\_\_\_  
*Other, specify:* \_\_\_\_\_  
*Evolution:*  Death, date: \_\_\_\_\_

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**4) Travel history in 30 days prior onset**

Country	Dates (from/to)	Cities/villages	Notes

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**5) Exposure in 30 days prior onset**

*VHF cases:* Confirmed Probable Suspected Death  
 Specify disease: \_\_\_\_\_  
*Animals:* Pets Zoo Reserve/Cave Other:  
 Specify animals and source: \_\_\_\_\_  
*Occupation:* Health care worker Laboratory-related Animal-related Other:

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**6) Laboratory results**

Malaria test \_\_\_\_\_ Platelets \_\_\_\_\_  
 Blood/CSF culture \_\_\_\_\_ Other \_\_\_\_\_

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**7) Specimen collection for VHF diagnosis**

#	Type	Date of collection	Conservation	Notes

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**8) Suspected disease:**

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**9) Reporter (name, signature and date):**