Alabama Department of Public Health
Serious Infectious Disease Consultation Form

I. Purpose

The Serious Infectious Disease Screening Form is intended to (1) enhance rapid recognition of a patient who may have a communicable disease of urgent public health concern upon arrival at a health care facility and (2) prompt the rapid institution of infection control measures to minimize potential transmission to hospital staff, patients, and visitors. This screening should be conducted by the health care provider/triage nurse at intake or shortly thereafter.

II. Positive Communicable Disease Screen

A positive communicable disease triage screen is considered for any patient who meets the following criteria:

Any patient who reports any of the following epidemiologic risk factors:

a. Travel to an area that is currently experiencing or is at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, or country at higher risk for re-emergence of epidemiologically significant communicable diseases); or

b. Contact with someone who is also ill and traveled to an area that is to known to be or is at risk for a communicable disease outbreak of urgent public health concern; or

c. Healthcare worker with a recent exposure to a potential communicable disease of urgent public health concern; or

d. Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness.

AND

Reports symptoms of fever, respiratory symptoms, vomiting, diarrhea, headache, or rash.

Patients who meet the criteria above for a positive communicable disease triage screen should be prioritized for individual placement in a private room or an Airborne Isolation Infection Room (AIIR) pending clinical evaluation. Patient, triage staff, and anyone in contact with the patient should perform hand hygiene.

III. Reporting, Testing, and Infection Control

Hospitals should follow ADPH and/or local health department notification and consultation procedures regarding known or emerging infectious diseases. With regard to infection control, hospital personnel should always follow standard patient care precautions and implement appropriate control measures as necessary. For countries at risk, consult recent health alerts from either the Centers for Disease Control and Prevention or the Alabama Department of Public Health.

1. **CDC Traveler's Health**
2. **Alabama Health Alert Network (HAN) Messages**
3. **CDC Transmission Control Precautions**
4. **ADPH Reportable Diseases**

To report a potential serious infectious disease, call **1-800-338-8374.**

IV. Patient Information **Today's Date:** _____ **Time:**_____ ☐ AM ☐ PM

Last Name:_____First Name:_____Middle Name:_____

DOB:_____ Age:_____☐ years ☐ months _____ Sex: ☐ female ☐ male

Race/Ethnicity:_____ Occupation/Avocation:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____ County:_____

Cell Phone:_____ Home Phone: _____

V. Symptoms (Since traveling or contact with traveler**)**

Does the patient currently have or exhibit the following symptoms?

Fever (& how high if documented):	☐ Yes	☐ No	☐ UNK	Oral:_____ºF
Cough	☐ Yes	☐ No	☐ UNK	> 2 weeks ____ Bloody sputum _____
Chest pain	☐ Yes	☐ No	☐ UNK	
Sore throat	☐ Yes	☐ No	☐ UNK	
Difficulty swallowing	☐ Yes	☐ No	☐ UNK	
Difficulty breathing/SOB	☐ Yes	☐ No	☐ UNK	
Fatigue	☐ Yes	☐ No	☐ UNK	
Muscle pain or aches	☐ Yes	☐ No	☐ UNK	
Diarrhea	☐ Yes	☐ No	☐ UNK	
Vomiting	☐ Yes	☐ No	☐ UNK	
Rashes	☐ Yes	☐ No	☐ UNK	
Open wound or lesion	☐ Yes	☐ No	☐ UNK	
Any hemorrhagic manifestations	☐ Yes	☐ No	☐ UNK	
Red eyes (conjunctival hemorrhage)	☐ Yes	☐ No	☐ UNK	
Headache	☐ Yes	☐ No	☐ UNK	

Date of symptom(s) onset:_____ General Appearance: ☐ Healthy ☐ Mildly Distressed ☐ Distressed

VI. Travel History:

Travel (in /to/ from): _____

Arrival Date in US: _____

Travel in rural areas in above countries	☐ Yes	☐ No	☐ UNK
Travel in areas with known disease outbreak	☐ Yes	☐ No	☐ UNK
Travel in areas recently affected by natural disaster/severe weather	☐ Yes	☐ No	☐ UNK

Symptoms developed during travel (details)? ☐ Yes ☐ No ☐ UNK

While on aircraft/at airport ? ☐ Yes ☐ No ☐ UNK

Location and symptom details:_____

Seen for the same symptoms at another medical provider prior to being seen/admitted: ☐Yes ☐ No ☐ UNK

Details/Location: _____

VII. Exposures of Interest (In the 14 days prior to symptom onset)

Exposure to freshwater (e.g. swimming)	☐ Yes	☐ No	☐ UNK
Exposure to animal/insect bites or scratches	☐ Yes	☐ No	☐ UNK
Exposure to known ill patients	☐ Yes	☐ No	☐ UNK
Exposure to blood products or bodily fluids from known ill patient	☐ Yes	☐ No	☐ UNK
Direct contact with or care provider to anyone with known illness	☐ Yes	☐ No	☐ UNK
Exposure to livestock, dead animals, or wild animals preparation or consumption	☐ Yes	☐ No	☐ UNK
Ingestion of raw meat, "bush meat," seafood, or unpasteurized dairy products	☐ Yes	☐ No	☐ UNK
Direct contact or participation in dead body preparation or funeral (specify)	☐ Yes	☐ No	☐ UNK

Details/Location: _____

_____

VIII. Medical Details:

Medications taken while on travel (include malaria chemoprophylaxis):

_____

Compliance with medications: ☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ UNK

Pre-travel Yellow Fever vaccination: ☐ Yes ☐ No ☐ UNK

Pre-travel typhoid vaccination: ☐ Yes ☐ No ☐ UNK

Any illnesses while abroad and treatments: _____

Date of last flu vaccination: _____

Other pre-travel vaccinations: _____

Significant Past Medical History (e.g., illnesses/conditions/current antibiotic treatment) _____

_____

_____

Forward this completed form, along with current lab reports and any pertinent medical history to **cdfax@adph.state.al.us or fax to 334-206-3734.**