

Hantavirus Pulmonary Syndrome (HPS)

PATIENT DEMOGRAPHICS

Name (last, first): _____ Address (mailing): _____ Address (physical): _____ City/State/Zip : _____ Phone (home): _____ Phone (work/cell): _____ Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Name: _____ Phone: _____		Birth date : __/__/____ Age : ____ Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk Ethnicity : <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk Race : <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. (Mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
--	--	--

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____ Investigation Start Date : __/__/____ Earliest date reported to LHD : __/__/____ Earliest date reported to DIDE : __/__/____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Case Classification : <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown
---	--

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ **Diagnosis date**: __/__/____ **Recovery date**: __/__/____

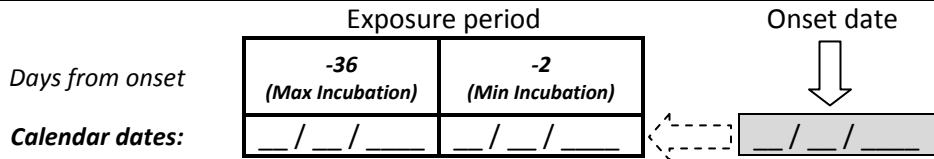
Clinical Findings Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever (Highest measured temperature: ____ °F) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bilateral diffuse interstitial edema <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiographic evidence of noncardiogenic pulmonary edema <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nausea <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diarrhea <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unexplained respiratory illness resulting in death <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient healthy prior to current illness Complications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acute respiratory distress syndrome (ARDS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient intubated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplemental oxygen required	Clinical Risk Factors Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic pulmonary disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Malignancy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trauma or Burn Hospitalization Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness If yes, hospital name: _____ Admit date: __/__/____ Discharge date: __/__/____ Death Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due this illness If yes, date of death: __/__/____ If yes, was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

LABORATORY (Please submit copies of all labs, including CBC, and metabolic panels associated with this illness to DIDE)

Y N U
 Thrombocytopenia
 Elevated hematocrit
 Elevated creatinine
 Hemoconcentration
 Neutrophilic leukocytosis
 Circulating immunoblasts
 Detection of hantavirus-specific immunoglobulin M (IgM) or rising titers of hantavirus-specific immunoglobulin G (IgG)
 Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction (PCR) in clinical specimens
 Detection of hantavirus antigen by immunohistochemistry in lung biopsy or autopsy tissues

INFECTION TIMELINE

Instructions:
Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on above exposure period, unless otherwise specified)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

- Outdoor recreational activities (e.g. hiking, camping, etc)
- Contact with wild rodents in the previous 6 weeks
If yes, specify location: _____
If yes, exposure date: ___ / ___ / ____
- Contact with rodent-infested areas
If yes, specify location: _____
If yes, exposure date: ___ / ___ / ____
- Possible occupational exposure
If yes, list occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Education or outreach provided to employer
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

WVEDSS

Y N U

Entered into WVEDSS (Entry date: ___ / ___ / ____)

Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES