

Hantavirus Pulmonary Syndrome Case Report Form

Please return with Diagnostic Specimen Submission Form to:
 Special Pathogens Branch c/o DASH
 1600 Clifton Rd. NE, Bldg. 4, Rm. B-35
 Atlanta, GA 30329-4018
 Ph:404-639-1510 Fax:404-639-1509

| | | | | | | | |
|-------------------------------|--|--|--|------|--|--|--|
| Patient Identification | | | | | | | |
| | | | | | | | |
| -FIPS- | | | | -YR- | | | |

| | | |
|---------------------|----------------|-------------|
| Patient's last name | First name | Middle name |
| Street Address | City | County |
| | State | Zip |
| | Home telephone | |

Date Of Birth: _____ Age: _____ Sex: Male₁ _____ Female₂ _____
 Race: White₁ _____ Black₂ _____ Asian/Pacific Islander₃ _____ American Indian/Alaska Native₄ _____ Other₅ _____
 Ethnicity: Hispanic₁ _____ Non-Hispanic₂ _____ Unk₉ _____
 Occupation: _____

Onset date: _____

Was patient hospitalized? Yes₁ _____ No₂ _____ Unk₉ _____
 Number of times hospitalized since onset of illness: _____

| <u>First Hospitalization</u> | <u>Second Hospitalization</u> |
|-----------------------------------|-------------------------------|
| Name of Hospital: _____ | _____ |
| Location of Hospital: _____ | _____ |
| Dates in Hospital: _____ to _____ | _____ to _____ |
| Record Number: _____ | _____ |

Did the patient have any of the following?

| | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|
| Fever >101°F or >38.3°C: | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Highest Fever: _____ |
| Thrombocytopenia (platelets ≤ 150,000 mm ³): | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Lowest platelet count: _____ |
| Elevated Hematocrit (Hct): | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Highest Hct: _____ |
| Elevated creatinine: | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Highest creatinine: _____ |
| WBC: _____ Total Neutrophils: _____% Banded Neutrophils: _____% Lymphocytes: _____% | | |
| CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS? | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Date: _____ |
| Respiratory compromise requiring supplemental oxygen? | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | |
| Oxygen saturation <90% at any time? | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | |
| Was the patient intubated? | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | Date: _____ |
| Has the patient received ribavirin? | Yes ₁ _____ No ₂ _____ Unk ₉ _____ | |

History of any relevant underlying medical conditions (i.e. COPD, malignancy, immunosuppression, diabetes)? _____

Other possible explanations for acute illness (i.e. sepsis, burns, trauma)? _____

Outcome of illness? Alive₁ _____ Dead₂ _____ Unk₉ _____ If deceased, date of death: _____
 Was an autopsy performed? Yes₁ _____ No₂ _____ Unk₉ _____
 If yes, was exam compatible with non-cardiogenic pulmonary edema? Yes₁ _____ No₂ _____ Unk₉ _____
 Are tissue specimens (fresh-frozen or paraffin blocks) available for testing? Yes₁ _____ No₂ _____ Unk₉ _____

Is serum/blood specimen available for testing for hantavirus infection? Yes₁ _____ No₂ _____ Unk₉ _____
 Has a specimen been tested for hantavirus infection at another laboratory? Yes₁ _____ No₂ _____ Unk₉ _____
 If yes, where? _____ Type of specimen? _____ Results (i.e. titer, OD) _____

History of any rodent exposure in 6 weeks prior to onset of illness? Yes₁ _____ No₂ _____ Unk₉ _____
 If yes, date of contact: _____ Type of rodent: Mouse₁ _____ Rat₂ _____ Other₃ _____ Unk₉ _____
 Place of contact (town, county, state): _____

Comment: _____

State Health Dept. reporting case: _____ State/Local ID number: _____ Date form completed: _____
 Person completing report: _____ Phone number: _____
 Name of patient's physician: _____ Phone number: _____

Centers for Disease Control and Prevention

Unk=Unknown

Revised August, 2002

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, GA 30333; ATTN: PRA (0920-0009).