

SARS

(Severe Acute Respiratory Syndrome)

Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

Birth date: __/__/____ Age: _____
 Sex: Male Female Unk
 Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 Asian Am. Ind/AK Native
 (Mark all that apply) Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to DIDE: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
 Confirmed Probable Suspect
 Not a case 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
 Fever (Highest measured temperature: _____ °F)
 Chills
 Rigors
 Myalgia
 Headache
 Sore throat
 Rhinorrhea
 Diarrhea
 Cough
 Shortness of breath
 Difficulty breathing
 Pneumonia (CXR confirmed: Yes No)
 Acute respiratory distress syndrome (ARDS)

Hospitalization

Y N U
 Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

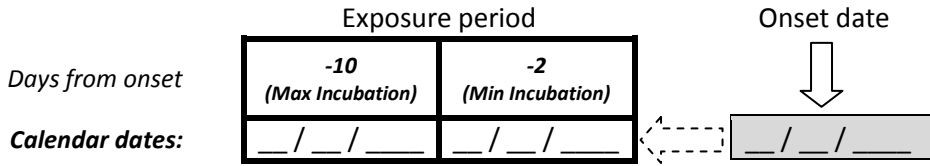
Y N U
 Patient died due to this illness If yes, date of death: __/__/____
 Autopsy performed
 Autopsy evidence of pneumonia
 Autopsy evidence of ARDS

LABORATORY (Please submit copies of all labs associated with this illness to DIDE)

Y N U
 Detection of serum antibody to SARS-CoV by a test validated by CDC
 Isolation in cell culture of SARS-CoV from a clinical specimen
 Detection of SARS-CoV RNA by a reverse transcription polymerase chain reaction test validated by CDC and with subsequent confirmation in a reference laboratory
 No detection of antibody to SARS-CoV in a serum specimen obtained >28 days after onset of illness (if obtained)

INFECTION TIMELINE

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



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

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

Foreign arrival (e.g. immigrant, adoptee, etc)
If yes, country: _____

Contact with another person with a flu-like illness
If yes, indicate relationship:
 Healthcare worker Household contact Friend
 Guest at same hotel Other: _____ Unknown

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

Close contacts identified and contacted
 Home isolation instructions given to case (Date: __/__/__)
 Contact fever check instructions given to contacts
 Total number recommended for fever checks: _____
 Disease education and prevention information provided to patient and/or family/guardian
 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

