Hantavirus Pulmonary Syndrome Case Report Form

Please return with Diagnostic Specimen Submission Form 10a.
Special Pathogens Branch, c/o DASH
1600 Clifton Rd. NE, Bldg. 4, Rm. B-35
Atlanta, GA 30329-4018
ph: 404-639-1511 fax: 404-639-1509

Case-patient Identification Number

Date form: mm/dd/yy
Unk = Unknown

Case-patient's last name
First name
Middle name

Street Address
City
County
State
Zip
Home telephone

Date of birth: / / Age: Gender:
Sex: Male, Female
Race: White, Black, Asian/Pacific Islander, American Indian/Alaska Native, Other:

Onset Date: / / Occupation:
Was patient hospitalized? Yes, No, Unk Number of times hospitalized since onset of illness:

Name of Hospital:
Location of Hospital:
Dates in Hospital: / / to / /
Record Number:

First Hospitalization
Second Hospitalization
Did the patient have any of the following?
Fever >101°F or >38.3°C:
Thrombocytopenia (platelets ≤ 150,000 mm³):
Elevated Hematocrit (Hct):
Elevated creatinine:
WBC: __ __ __ __ Total Neutrophils: % Band Neutrophils: % Lymphocytes: %
CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS?
Respiratory compromise requiring supplemental oxygen?
Oxygen saturation <90% at any time?
Was the patient intubated?
Has the patient received ribavirin?

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? Alive, Dead, Unk, If deceased, date of death: / / Was an autopsy performed?
If yes, was exam compatible with non-cardiogenic pulmonary edema?
Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?
Is serum/blood specimen available for testing for hantavirus infection?
Has a specimen been tested for hantavirus infection at another laboratory?
If yes, where? Type of specimen?
History of any rodent exposure in 6 weeks prior to onset of illness?
If yes, date of contact: / / Type of rodent: Mouse, Rat, Other, Unk, 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
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