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: 404-639-1511 fax. 404-639-1509

Circle correct response.
Date form: mm/dd/yy
Unk = Unknown

Case-patient Identification Number

-FIPS- -Year-

Case-patient's last name _____ First name _____ Middle name _____

Street Address _____ City _____ County _____ State _____ Zip _____ Home telephone (____)____-____

Date of birth: ___/___/___ **Age:** _____ **Sex:** Male$_1$ Female$_2$

Race: White$_1$ Black$_2$ Asian/Pacific Islander$_3$ American Indian/Alaska Native$_4$ Other$_5$: _____

Onset Date: ___/___/___ **Ethnicity:** Hispanic$_1$ Non-Hispanic$_2$ Unk$_9$

Occupation: _____

Was patient hospitalized? Yes$_1$ No$_2$ Unk$_9$ Number of times hospitalized since onset of illness: _____

	First Hospitalization	Second Hospitalization
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? Alive$_1$ Dead$_2$ Unk$_9$ If deceased, date of death: ___/___/___

Was an autopsy performed?	Yes$_1$	No$_2$	Unk$_9$
If yes, was exam compatible with non-cardiogenic pulmonary edema?	Yes$_1$	No$_2$	Unk$_9$
Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?	Yes$_1$	No$_2$	Unk$_9$
Is serum/blood specimen available for testing for hantavirus infection?	Yes$_1$	No$_2$	Unk$_9$
Has a specimen been tested for hantavirus infection at another laboratory?	Yes$_1$	No$_2$	Unk$_9$

If yes, where? _____ Type of specimen? _____ Results (i.e. titer, OD)? _____

History of any rodent exposure in 6 weeks prior to onset of illness? Yes$_1$ No$_2$ Unk$_9$

If yes, date of contact: ___/___/___ Type of rodent: Mouse$_1$ Rat$_2$ Other$_3$: _____ Unk$_9$

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: (____)____-____