

# 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

<b>Patient Identification</b>							
-FIPS-				-YR-			

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

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male<sub>1</sub> \_\_\_\_\_ Female<sub>2</sub> \_\_\_\_\_  
 Race: White<sub>1</sub> \_\_\_\_\_ Black<sub>2</sub> \_\_\_\_\_ Asian/Pacific Islander<sub>3</sub> \_\_\_\_\_ American Indian/Alaska Native<sub>4</sub> \_\_\_\_\_ Other<sub>5</sub> \_\_\_\_\_  
 Ethnicity: Hispanic<sub>1</sub> \_\_\_\_\_ Non-Hispanic<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_  
 Occupation: \_\_\_\_\_

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

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<sub>1</sub> \_\_\_\_\_ Dead<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_ If deceased, date of death: \_\_\_\_\_

Was an autopsy performed? Yes<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

If yes, was exam compatible with non-cardiogenic pulmonary edema? Yes<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

Are tissue specimens (fresh-frozen or paraffin blocks) available for testing? Yes<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

Is serum/blood specimen available for testing for hantavirus infection? Yes<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

Has a specimen been tested for hantavirus infection at another laboratory? Yes<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

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<sub>1</sub> \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

If yes, date of contact: \_\_\_\_\_ Type of rodent: Mouse<sub>1</sub> \_\_\_\_\_ Rat<sub>2</sub> \_\_\_\_\_ Other<sub>3</sub> \_\_\_\_\_ Unk<sub>9</sub> \_\_\_\_\_

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: \_\_\_\_\_

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).