

Hantavirus Pulmonary Syndrome Case Report Form

Please return to: Centers for Disease Control and Prevention, Special Pathogens Branch

Ph: (404) 639-1510 Fax: (404) 639-1118 Email: dvd1spath@cdc.gov

Site: www.cdc.gov/ncidod/diseases/hanta/hps/noframes/phys/specimen/hlthdept.htm

Patient Identification

__	__	__	__	__	__	__	__
----	----	----	----	----	----	----	----

-FIPS- -YR-

Information below is required for identification and meaningful interpretation of laboratory diagnostic results. HPS may not be confirmed without compatible clinical and/or exposure data.

PATIENT INFORMATION		PATIENT'S BACKGROUND and EXPOSURE INFORMATION	
Last name:		Occupation:	Race: <small>(check all that apply.)</small> American Indian/Alaska Native Asian Black or African American White Native Hawaiian/other Pacific Islander
First name:	MI:	Ethnicity:	
Age:	Sex:	History of rodent exposure in 6 weeks prior to onset of illness?	
Street address:		If yes, type of rodent?	
City/town:		Place of contact (town, county, state):	
County:			
State:		ZIP:	
		Notes:	

TIMELINE

Date of onset of symptoms: _____ Patient hospitalized? _____ Date of hospitalization: _____

CLINICAL INFORMATION	CLINICAL INFORMATION	SPECIMEN INFORMATION
Fever > 101° F (38.3° C)?	Supplemental oxygen required?	Specimen acquisition date: _____
Thrombocytopenia? (platelets < 150,000/mm)	Was patient intubated?	Type of specimen: _____
Lowest platelet count measured: _____	CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS?	Has specimen been tested for hantavirus at a laboratory?
Elevated hematocrit (Hct)?	OUTCOME	If yes, where? _____
Highest hematocrit measured: _____		Results (i.e., titer, OD): _____
Elevated creatinine?		_____
Highest creatinine measured: _____	Outcome of illness?	_____
WBC total: _____	Date of death: _____	_____
Total neutrophils: _____ %	Autopsy performed?	_____
Band neutrophils: _____ %	Notes:	_____
Lymphocytes: _____ %		

FOR STATE HEALTH DEPARTMENTS

State Health Department reporting case: _____	State/local ID number: _____	Date form completed: _____
Person completing Report: _____		Phone number: _____
Name of patient's physician: _____		Phone number: _____

Instructions: You must have internet access and an email address to submit this Form electronically. Upon hitting the 'Submit by Email' button, a PDF is created, attached to an email, which you should then send to the address which appears in the address header; you may also cc: others. Acknowledgement of receipt by CDC is not provided.