

Hantavirus Pulmonary Syndrome Case Report Form

	Circle correct response. Date form: mm/dd/yy Unk = Unknown	Case-patient Identification Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">-FIPS-</td> <td style="width: 10%;"></td> <td style="width: 10%;">-Year-</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	-FIPS-		-Year-													
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<hr/>	<hr/>	<hr/>
Case-patient's last name	First name	Middle name

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Street Address	City	County	State	Zip
<hr/>				
() Home Telephone				

Date of birth: <hr/>	Age: <hr/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race:	White	Black	Asian/ Pacific Islander	American Indian/ Alaska Native	Other: <hr/>
Ethnicity:	Hispanic	Non-Hispanic	Unk.		
Occupation:	<hr/>				

Onset date:

Was patient hospitalized?	Yes	No	Unknown
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Number of times hospitalized since onset of illness:

	1st Hospitalization		2nd Hospitalization
Name of Hospital:	<hr/>		<hr/>
Location of	<hr/>		<hr/>

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

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?	Yes	No	Unk.	
If yes, was exam compatible with non-cardiogenic pulmonary edema?	Yes	No	Unk.	
Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?	Yes	No	Unk.	
Is serum/blood specimen available for testing for hantavirus infection?	Yes	No	Unk.	
Has a specimen been tested for hantavirus infection at another laboratory?	Yes	No	Unk.	
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	No	Unk.	
If yes, date of contact: ___/___/___				
Type of rodent:	Mouse	Rat	Other: _____	Unk.
Place of Contact (town, county, state): _____				

Comment:

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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
Revised June 1998