Hantavirus Pulmonary Syndrome Case Report Form (Form Approved OMB 0920-0009)

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

Case-patient Identification Number

Case-patient’s last name __________________________
First name __________________________
Middle name __________________________

Street Address __________________________
City __________________________
County __________________________
State __________________________
Zip __________________________

Home Telephone __________________________

Date of birth: ___/___/___
Age: ______
Sex: Male Female

Race: White Black Asian/Pacific Islander American Indian/Alaska Native Other: __________

Ethnicity: Hispanic Non-Hispanic Unk.

Occupation: __________________________

Onset date: ___/___/___

Was patient hospitalized? Yes No Unknown

Number of times hospitalized since onset of illness: ______

1st Hospitalization 2nd 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 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)?

<table>
<thead>
<tr>
<th>Outcome of illness?</th>
<th>Alive</th>
<th>Dead</th>
<th>Unk.</th>
<th>If deceased, date of death:</th>
</tr>
</thead>
<tbody>
<tr>
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<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Was an autopsy performed?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
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<tr>
<td>If yes, was exam compatible with non-cardiogenic pulmonary edema?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
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<tr>
<td>Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
<td></td>
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<tr>
<td>Is serum/blood specimen available for testing for hantavirus infection?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
<td></td>
</tr>
<tr>
<td>Has a specimen been tested for hantavirus infection at another laboratory?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
<td></td>
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<tr>
<td>If yes, where?</td>
<td>Type of specimen?</td>
<td>Results (i.e. titer, OD)?</td>
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<tr>
<td>History of any rodent exposure in 6 weeks prior to onset of illness?</td>
<td>Yes</td>
<td>No</td>
<td>Unk.</td>
<td></td>
</tr>
</tbody>
</table>

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: (___)_____-______

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). Centers for Disease Control and Prevention
Revised August 2002