## 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 FIPS- Year- Middle name		
Case-patient's last name		First name				
Street Address		lity	County	State	Zip	
()						
Home Telephone	;					
Date of birth:	Age:	Sex:				
/ /	0	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 si	nce onset of illness:	:			
1st Hospitalization			2nd Hospitalization			

Name of Hospital:				
Location of Hospital:				
Dates in/ to	_//	/	/	to//
Record Number:				
Did the patient have any of the foll	owing?			
Fever>101 F or>38.3 C:	Yes	No	Unk.	Highest Fever:
Thrombocytopenia (platelets 150,000 mm <sup>3</sup> ):	Yes	No	Unk.	Lowest platelet count:
Elevated Hematocrit (Hct):	Yes	No	Unk.	Highest Hct:
Elevated creatinine:	Yes	No	Unk.	Highest creatinine:
WBC: Total Neutroph Lymphocytes:(%)	hils:	(%)	Banded Net	utrophils:(%)
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 pariffin 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:				
State Health Dept. reporting case:		ocal ID N	Jumber:	
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

Special Pathogens Branch Division of Viral and Rickettsial Diseases National Center for Infectious Diseases The Centers for Disease Control and Prevention (CDC)