# 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-

| | | |
|---|---|---|
| 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: _____

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**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)?

| **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:**

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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: (___)_____-_____



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