

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

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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: American Indian/Alaska Native
First name: _____	MI: _____	Ethnicity: _____	Asian Black or African American
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: _____		Notes: _____	
State: _____	ZIP: _____		

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.