

Hantavirus Pulmonary Syndrome (HPS)

PATIENT DEMOGRAPHICS

Name (last, first): _____	Birth date: __/__/____ Age: _____
Address (mailing): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
Address (physical): _____	Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk
City/State/Zip: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. (Mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
Phone (home): _____ Phone (work/cell): _____	
Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Name: _____ Phone: _____	

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Investigation Start Date: __/__/____	Case Classification:
Earliest date reported to LHD: __/__/____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
Earliest date reported to DIDE: __/__/____	<input type="checkbox"/> Not a case <input type="checkbox"/> Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other

Reporter Name: _____ Reporter Phone: _____

Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____	Diagnosis date: __/__/____	Recovery date: __/__/____
<p>Clinical Findings Y N U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever (Highest measured temperature: _____ °F)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bilateral diffuse interstitial edema</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiographic evidence of noncardiogenic pulmonary edema</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unexplained respiratory illness resulting in death</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient healthy prior to current illness</p> <p>Complications</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acute respiratory distress syndrome (ARDS)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient intubated</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplemental oxygen required</p>	<p>Clinical Risk Factors Y N U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic pulmonary disease</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Malignancy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trauma or Burn</p> <p>Hospitalization Y N U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness</p> <p>If yes, hospital name: _____</p> <p>Admit date: __/__/____ Discharge date: __/__/____</p> <p>Death Y N U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due this illness</p> <p>If yes, date of death: __/__/____</p> <p>If yes, was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	

LABORATORY (Please submit copies of all labs, including CBC, and metabolic panels associated with this illness to DIDE)

Y N U

Thrombocytopenia

Elevated hematocrit

Elevated creatinine

Hemoconcentration

Neutrophilic leukocytosis

Circulating immunoblasts

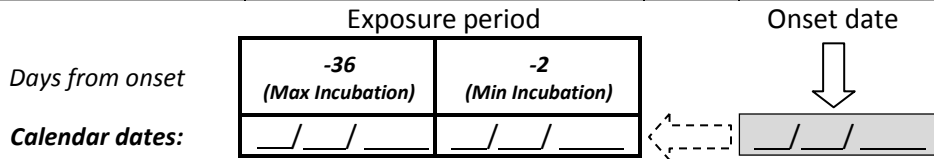
Detection of hantavirus-specific immunoglobulin M (IgM) or rising titers of hantavirus-specific immunoglobulin G (IgG)

Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction (PCR) in clinical specimens

Detection of hantavirus antigen by immunohistochemistry in lung biopsy or autopsy tissues

INFECTION TIMELINE

Instructions:
Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on above exposure period, unless otherwise specified)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

- Outdoor recreational activities (e.g. hiking, camping, etc)
- Contact with wild rodents in the previous 6 weeks
If yes, specify location: _____
If yes, exposure date: / / _____
- Contact with rodent-infested areas
If yes, specify location: _____
If yes, exposure date: / / _____
- Possible occupational exposure
If yes, list occupation: _____

Where did exposure most likely occur? **County:** _____ **State:** _____ **Country:** _____

PUBLIC HEALTH ISSUES

Y N U

- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Education or outreach provided to employer
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

WVEDSS

Y N U
 Entered into WVEDSS (Entry date: __ / __ / ____) **Case Status:** Confirmed Probable Suspect Not a case Unknown

NOTES