WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Severe Pulmonary Illness

PATIENT DEMOGRAPHICS

***NAME** (last, first): _____
***ADDRESS** (mailing): _____
***ADDRESS** (physical):_____
***City/State/Zip**: _____
***Phone** (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

***Birth date**: __ / __ / ____ ***Age**: _____
***Sex**: ☐Male ☐Female ☐Unk
***Ethnicity**: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
***Race**: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date:__ / __ / ____
Earliest date reported to LHD: __ / __ / ____
Earliest date reported to State: __ / __ / ____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ 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**: __ / __ / ____

Symptoms

Y N U
☐ ☐ ☐ Cough
☐ ☐ ☐ Coughing up blood
☐ ☐ ☐ Chest pain
☐ ☐ ☐ Pain on breathing in
☐ ☐ ☐ Shortness of breath
☐ ☐ ☐ Chills
☐ ☐ ☐ Fever, highest temperature recorded: _____
☐ ☐ ☐ Weight loss
☐ ☐ ☐ Diarrhea
☐ ☐ ☐ Vomiting
☐ ☐ ☐ Abdominal pain
☐ ☐ ☐ Other, please specify_____

What symptom began first: _____

Describe the progression of Illness:
_____
_____
_____
_____

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
Hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Ventilator

Y N U
☐ ☐ ☐ Patient on ventilator for this illness
Days was patient on ventilator: _____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: __ / __ / ____

MEDICAL IMAGING

Y N U
☐ ☐ ☐ Was a CT of chest completed?
If yes,
☐ ☐ ☐ On the chest x-ray, was there evidence of neoplastic process?
☐ ☐ ☐ On the chest x-ray, was there evidence of a rheumatologic process?
☐ ☐ ☐ Was there any infectious process?
☐ ☐ ☐ Pulse oximetry results <95%?

Were any of the following found on the chest imaging?
Y N U
☐ ☐ ☐ Pulmonary infiltrate
☐ ☐ ☐ Opacities on plain film chest radiograph
☐ ☐ ☐ Ground-glass opacities on chest CT

TREATMENT

Y N U
☐ ☐ ☐ Patient received any treatments due to this illness
If yes, specify:
Type: _____ Duration: _____ days
Type: _____ Duration: _____ days

LABORATORY *(Please submit copies of all labs obtained on this case to DIDE)*

Y N U

☐ ☐ ☐ Negative respiratory viral panel
☐ ☐ ☐ Negative influenza PCR
☐ ☐ ☐ Other infectious disease testing, If yes, specifiy:_____

EPIDEMIOLOGIC EXPOSURES

In the past 3 MONTHS before symptoms started, please name everything the patient has Inhaled, Smoked, Vaped, Dapped, or JUULED including items purchased at a store, bought off the street, or were given by someone.

E-cigarettes or other devices to inhale aerosolized liquid can come in many shape and sizes, and may be called vapes, mods, vaporizers, juuls, hookah pens, e-hookahs, and other names. List all products used.

Substance Use 1:
Brand/street name: _____
Reported drug (nicotine, THC, etc.): _____
Route of delivery: _____
Frequency of use: _____
Date last used: _____
Where obtained: _____

Substance Use 2:
Brand/street name: _____
Reported drug (nicotine, THC, etc.): _____
Route of delivery: _____
Frequency of use: _____
Date last used: _____
Where obtained: _____

Substance Use 3:
Brand/street name: _____
Reported drug (nicotine, THC, etc.): _____
Route of delivery: _____
Frequency of use: _____
Date last used: _____
Where obtained: _____

Substance Use 4:
Brand/street name: _____
Reported drug (nicotine, THC, etc.): _____
Route of delivery: _____
Frequency of use: _____
Date last used: _____
Where obtained: _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms
☐ ☐ ☐ Case is part of an outbreak
☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Education and prevention information provided to patient and/or family/guardian
☐ ☐ ☐ Retained product, including devices and liquids for testing
☐ ☐ ☐ Patient is lost to follow-up
☐ ☐ ☐ Other:

WVEDSS (FOR STATE USE ONLY)

Y N U

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

NOTES