

Hantavirus Disease

PATIENT DEMOGRAPHICS

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

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

Clinical Findings Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever >101°F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bilateral diffuse interstitial edema <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiographic evidence of noncardiogenic pulmonary edema <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nausea <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diarrhea <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unexplained respiratory illness resulting in death <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient healthy prior to current illness Complications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acute respiratory distress syndrome (ARDS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient intubated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplemental oxygen required <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient on ECMO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chest xray: Bilateral interstitial infiltrates	Clinical Risk Factors Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic pulmonary disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Malignancy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trauma or Burn Hospitalization Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness If yes, hospital name: _____ Admit date: __/__/____ Discharge date: __/__/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient sought care before hospitalization If yes, admit date: __/__/____ Outcome: __/__/____ Death Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due this illness If yes, date of death: __/__/____ If yes, was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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LABORATORY (Please submit copies of all labs, including CBC, and metabolic panels associated with this illness to DIDE)

Y N U

Thrombocytopenia (<150,000)

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)

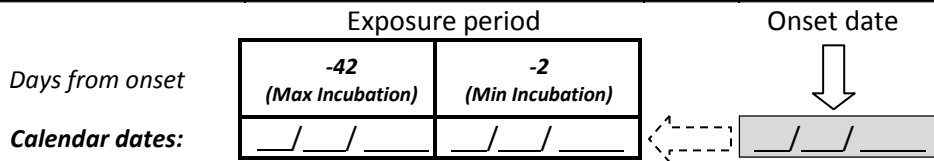
Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction (PCR) in clinical specimens

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)

History of exposure to rodents in the previous 8 weeks prior to illness onset

If yes, specify location: _____

If yes, exposure date: ___/___/_____

If yes, specify the activity: Working Cleaning Recreation (camping, spelunking, etc) Other: _____

If yes, type of exposure: _____

Possible occupational exposure

If yes, list occupation: _____

Contact with confirmed case of same condition

If yes, specify location: _____

If yes, exposure date: ___/___/_____

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 patient and 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