

Hantavirus Pulmonary Syndrome (HPS)

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: White Black/Afr. Amer.
 (Mark all that apply) 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 DIDE: __/__/____

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: __/__/____

Clinical Findings

Y N U
 Fever (Highest measured temperature: ____ °F)
 Bilateral diffuse interstitial edema
 Radiographic evidence of noncardiogenic pulmonary edema
 Nausea
 Vomiting
 Diarrhea
 Unexplained respiratory illness resulting in death
 Patient healthy prior to current illness

Complications

Acute respiratory distress syndrome (ARDS)
 Patient intubated
 Supplemental oxygen required

Clinical Risk Factors

Y N U
 Chronic pulmonary disease
 Malignancy
 Surgery
 Trauma or Burn

Hospitalization

Y N U
 Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

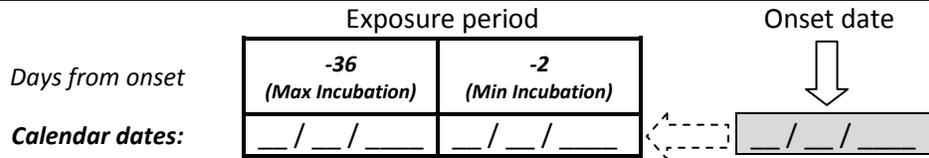
Y N U
 Patient died due this illness
 If yes, date of death: __/__/____
 If yes, was an autopsy performed? Yes No Unknown

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

