

# Hantavirus Disease Case Report Form

Please return to: Centers for Disease Control and Prevention, Viral Special Pathogens Branch

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Site: <http://www.cdc.gov/hantavirus/health-care-workers/specimen-submission/index.html>

## Patient Identification

\_\_\_\_\_

-FIPS- \_\_\_\_\_ -YR- \_\_\_\_\_

Information below is required for identification and meaningful interpretation of laboratory diagnostic results. Hantavirus disease may not be confirmed without compatible clinical and/or exposure data.

### PATIENT INFORMATION

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

City/town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Choose one (if known):

Hantavirus (Cardio) Pulmonary Syndrome

Non-pulmonary Hantavirus Disease

### PATIENT'S BACKGROUND AND EXPOSURE INFORMATION

Occupation: \_\_\_\_\_ Race (Check all that apply):  
American Indian/Alaska Native:  
Asian Black or African American  
Ethnicity: \_\_\_\_\_ White Native Hawaiian/other Pacific Islander

History of rodent exposure 8 weeks prior to illness onset? Yes No

If yes, type of rodent exposure: \_\_\_\_\_

Place of contact (town, county, state): \_\_\_\_\_

Exposure occurred while (Check all that apply):

Cleaning Working Recreational activity (camping, hiking) Other (explain below)

Additional information about exposure:

### TIMELINE

Date symptom onset: \_\_\_\_\_

Was patient hospitalized? Yes No

Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

### PRE-HOSPITAL TREATMENT

Did patient seek care before admission?

Yes No

Date: \_\_\_\_\_

Outcome (sent home, diagnosed as flu, etc):

### CLINICAL INFORMATION

Fever > 101F (38.3C)? Yes No

Thrombocytopenia? (<150,000) Yes No

Elevated hematocrit? Yes No

Elevated creatinine? Yes No

### HOSPITAL COURSE

Supplemental oxygen required? Yes No

Was patient on ECMO? Yes No

Was patient intubated? Yes No

CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS? Yes No

Notes on clinical course of illness:

### OUTCOME

Outcome of illness: \_\_\_\_\_

Date of death: \_\_\_\_\_

Autopsy performed? Yes No

Autopsy findings:

### SPECIMEN INFORMATION

Collection date: \_\_\_\_\_

Type of specimen: \_\_\_\_\_

If specimen tested, at which laboratory?

Results (i.e., titer, IgM, IgG): \_\_\_\_\_

### FOR STATE HEALTH DEPARTMENTS

State Health Department reporting case: \_\_\_\_\_ State/local ID no.: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Person completing Report: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of patient's physician: \_\_\_\_\_ Email: \_\_\_\_\_ 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. Acknowledgment of receipt by CDC is not provided.