



Hantavirus Pulmonary Syndrome

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date ____/____/____
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ____/____/____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age ____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Phone(s)/Email _____ Race (check all that apply)
 Alt. contact Parent/guardian Spouse Other Name: _____
 Amer Ind/AK Native Asian
 Zip code (school or occupation): _____ Phone: _____
 Native HI/other PI Black/Afr Amer
 Occupation/grade _____ White Other Unk
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp: ____ °F
 Type: Oral Rectal Other: ____ Unk
 Breathing difficulty or shortness of breath
 Muscle aches or pain (myalgia)

Clinical Findings

Y N DK NA
 Required supplemental oxygen
 Respiratory compromise developing within 72 hours of hospitalization
 Bilateral interstitial pulmonary infiltrates on x-ray
 Radiographic evidence of non-cardiogenic pulmonary edema
 Autopsy compatible with non-cardiogenic pulmonary edema
 Mechanical ventilation or intubation required during hospitalization
 Acute Respiratory Distress Syndrome (ARDS)
 Gastrointestinal symptoms
 Hypotension

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Laboratory

Collection date ____/____/____
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT
 Hantavirus PCR
 Hantavirus antigen by immunohistochemistry
 Hantavirus IgG rise (serum pair > 2 wks apart)
 Hantavirus IgM
 Confirmed at state or federal public health laboratory
 Thrombocytopenia (platelets < 100,000)
 Elevated hematocrit (Hct)
 Elevated creatinine

NOTES
