

# Hantavirus Pulmonary Syndrome Case Report Form

**Patient Identification /  
inpatient Patient No:**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| PATIENT INFORMATION |            |
|---------------------|------------|
| Name: _____         |            |
| Age: _____          | Sex: _____ |
| Address: _____      |            |
| City / town: _____  |            |
| State: _____        |            |

| PATIENT'S BACKGROUND and EXPOSURE INFORMATION                         |
|---|
| Occupation _____  |
| History of rodent exposure in 6 weeks prior to onset of illness _____ |
| Place of contact: _____   |

## TIMELINE

|                                  |                                |
|----------------------------------|--------------------------------|
| Date of onset of symptoms: _____ | Date of hospitalization: _____ |
|----------------------------------|--------------------------------|

| CLINICAL INFORMATION                                    |
|---|
| Fever > 101°F (38.3°C)?                                 |
| Thrombocytopenia? (platelets <150,000/mm <sup>3</sup> ) |
| Lowest platelet count measured: _____                   |
| Elevated hematocrit (Hct)?                              |
| Highest hematocrit measured: _____                      |
| Elevated creatinine?                                    |
| Highest creatinine measured: _____                      |
| WBC total: _____  |
| Total neutrophils: _____ %                              |
| Band neutrophils: _____ %                               |
| Lymphocytes: _____ %                                    |

| CLINICAL INFORMATION  |
|---|
| Supplemental oxygen required?   |
| Was patient intubated?  |
| Chest X-ray with unexplained bilateral interstitial infiltrates or suggestive of ARDS |
| OUTCOME   |
| Outcome of illness?   |
| Date of discharge: _____  |
| Date of death: _____  |
| Autopsy performed?  |

| SPECIMEN INFORMATION                                     |
|--|
| Specimen collection date: _____                          |
| Type of specimen: _____                                  |
| Has specimen been tested for hantavirus at a laboratory? |
| If yes, where? _____                                     |
| Results (i.e., titer, OD): _____                         |

Notes: \_\_\_\_\_

|                                    |                     |
|------------------------------------|---------------------|
| Date form completed: _____         |                     |
| Person completing Report: _____    | Phone number: _____ |
| Name of patient's physician: _____ | Phone number: _____ |