

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement B: SARS Surveillance

Appendix B2: SARS Domestic Case Reporting Form

Form Approved OMB No. 0920-0008

Person Details

1. IDs			
CDC ID #: CDC ID WILL BE	Date reported to CDC: / / /		
AUTOMATICALLY GENERATED	mmdd yyyy		
State ID #:	Jurisdiction:		
Date reported to state or local health	n department: / / /		
	mmdd yyyy		
2. Submitted By			
Last Name:	First Name:		
State:	Affiliation:		
Phone:	E-mail:		
3. Patient Information			
City of Residence:			
County of Residence:			
State of Residence:			
Age at onset:	Sex: 🗆 Male		
🗆 Months	Female		
Ethnicity: 🗆 Non Hispanic	Race (Mark one or more)		
🗆 Hispanic	□ American Indian/Alaska Native □ Asian		
Nationality/Citizenship:	Black		
Residency: 🗆 US Residency	 Native Hawaiian/Other Pacific Islander White 		
□ Non–US Residency	□ white □ Unknown		
4. Optional Patient Information			
Last Name:	First Name:		

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Clinical Information

5. Signs and Symptoms		
Date of symptom onset: / / / /		
m m d d y y y	У	
	□ Yes	
Did the person have a fever (subjective or	\square No	
objective)?	□ Unknown	
If yes:		
Date of fever onset: / / / /		
mmdd yyyy		
Was temperature $> 38^{\circ}$ C (100.4° F)?	🗆 Yes	
	□ No	
	Unknown	
Did the patient have any lower respiratory symptom	s (e.g. cough,	
shortness of breath, difficulty breathing)?		□ No □ Unknown
Was a sheet V way on CAT soon norfering d2		
Was a chest X-ray or CAT scan performed?		\Box No
		□ Unknown
If yes:		
Did the patient have radiographic evidence of pre	umonia or	□ Yes
		□ No
respiratory distress syndrome (RDS)?		🗆 Unknown
6. Clinical Status		

Date of the first health care evaluation for this illness:	/ / /	
Was patient hospitalized for > 24 hours during course?	□ Yes □ No □ Unknown	
If yes:		
Name of Hospital: C	City:	State:
Date of Hospitalization: / / /		
Date of Discharge: / / /		
Was patient ever admitted to the intensive care unit (ICU)?	□ Yes □ No □ Unknown	

Was patient ever placed on mechanical ventilation?	□ Yes □ No □ Unknown
Did patient die as a result of his/her illness?	□ Yes □ No □ Unknown
If yes:	
Date of Death: / / /	
Was an autopsy performed?	□ Yes □ No □ Unknown
Was pathology consistent with pneumonia or RDS?	□ Yes □ No □ Unknown

Epidemiologic Risk Factors

7. Occupation Is the individual a healthcare worker?* * A person who has close contact to patients, patient care areas (e.g., patient room) or patient care items (e.g. linens, patient specimens).	□ Yes □ No □ Unknown
<i>If yes:</i> Specify healthcare worker type:	 Physician Nurse/PA Lab Other Specify:
Does patient have DIRECT patient care responsibilities?	□ Yes □ No □ Unknown
If not a healthcare worker, please list occupation:	

8. Contact and Travel	
In the 10 days prior to symptom onset, did the patient have the fo	-
A. Close contact in the 10 days prior to symptom onset with a confirmed SARS-CoV case or a probable SARS-CoV case? * * <i>SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS</i>	 □ Yes If yes, go to section 9, then return □ No □ Unknown
B. Close contact with a person considered an RUI-2 or RUI-3? * * SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS	 □ Yes If yes, go to section 9, then return □ No □ Unknown

C. Travel to foreign or domestic area with do suspected recent local transmission of SARS <i>areas at end of document</i>)	
If yes to C, list travel destination(s) (See list of a	areas at end of document)
Destination:	
Date of Arrival: / /	Date of Departure:
m m d d y y y y	m m d d y y y y
Destination:	
Date of Arrival:	Date of Departure: / /
mmdd yyyy	
Destination:	
Date of Arrival: / /	Date of Departure: / /
m m d d y y y y	mmdd yyyy
Destination:	
Date of Arrival: / /	Date of Departure: / /
m m d d y y y y	m m d d y y y y
ntact History	
	uestion 8A or 8B above. These ill contacts should have been identifie ID. If an ID has not been given, enter contact name, but update when
Contact Information (1)	
Contact CDC ID: OR Contact STATE	E ID:
OR <i>(only if ID unavailable)</i> Name of Contact (first, last):	

Classification of Contact (SEE APPENDIX B1): RUI-2 RUI-3 Probable SARS CoV case Confirmed SARS CoV case	Nature of contact: Same household Coworker Healthcare environment Other	Contact Start: $\frac{1}{m} \frac{1}{m} \left(\frac{1}{d} \frac{1}{d} \right) \left(\frac{1}{y} 1$
Did the ill contact recently travel to an area with SARS transmission? (see list of areas at end of document) If Yes, where?		□ Yes □ No □ Unknown
Contact Information (2)		
Contact CDC ID: OR	Contact STATE ID:	
OR (only if ID unavailable) Name of C last):	Contact (first, middle initial,	
Classification of Contact (SEE APPENDIX B1): RUI-2 RUI-3 Probable SARS CoV case Confirmed SARS CoV case	Nature of contact: Same household Coworker Healthcare environment Other	Contact Start:
Did the ill contact recently trave transmission? (see list of areas at end of document) If Yes, where?	I to an area with SARS	□ Yes □ No □ Unknown
Contact Information (2)		
Contact Information (3) Contact CDC ID: OR C OR (only if ID unavailable) Name of C last):		

Classification of Contact (SEE	Nature of contact:	Contact Start:
APPENDIX B1): RUI-2 RUI-3 Probable SARS CoV case Confirmed SARS CoV case	 Same household Coworker Healthcare environment Other 	$\frac{1}{m} \frac{1}{m} \frac{1}{d} \frac{1}{d} \frac{1}{y} \frac{1}{y} \frac{1}{y} \frac{1}{y} \frac{1}{y} \frac{1}{y}$ $- Contact End:$ $\frac{1}{m} \frac{1}{m} \frac{1}{d} \frac{1}{d} \frac{1}{y} \frac$
Did the ill contact recently trave		Yes
transmission?		
(see list of areas at end of document)		🗆 Unknown
If Yes, where?		

Travel History

10. Patient Travel Information				
If recent foreign travel, did the p	□ Yes □ No			
SARS educational information on arrival in the United States?				I
Was the patient symptomatic during travel from a SARS affected area of \Box Yes				
within 24 hours of return to the	US or local area?		□ No □ Unknown	I
If yes:				
1) Please provide to the CDC the	e name of the SARS s	suspect who has trave	eled <i>(enter nan</i>	ne from section
3)				
2) If yes, list all travel either by		urplane, train bus) or	with a tour gro	oup, 24 hours
before onset of fever or sympto				
List each portion or leg or the trip l	below:			
Trip or portion (1)	1	T		
Departure Date:	Departure City:	Arrival City:	Transport Type:	
$\frac{1}{m} \frac{1}{m} \frac{1}{d} \frac{1}{d} \frac{1}{y} \frac{1}$			□ Airline □ Train	□ Tour Group □ Other
mmdd yyyy			□ Cruise	
			🗆 Bus	
Transport Company:	Transport No:	Transport No:		
Comment:				
Trip or portion (2)	I	I	Γ	
Departure Date:	Departure City:	Arrival City:	Transport Type:	□ Auto
, , ,			□ Airline	□ Auto □ Tour Group
			🗆 Train	□ Other
m m u u y y y y			□ Cruise □ Bus	
	L			

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Transport Company:		Transport No:				
Comment:						
Trip or portion (3)	1		-			
Departure Date: / /	Depa	rture City:	Arrival (City:	Transport Type: Airline Train Cruise Bus	Tour Group
Transport Company:		Transport N	0:			
Comment:						
Trip or portion (4)						
Departure Date: / / m m d d y y y y	Depa	rture City:	Arrival (City:	Transport Type: Airline Train Cruise Bus	Tour Group
Transport Company:		Transport N	0:			
Comment:						

(This page may be duplicated if needed)

Classification of Patient

11. Classification of patient by s	state of municipality (using CSTE/CDC definitions): SEE APPENDIX B1
Initial Classification (check one only):	Updated Classification (check one only):
Report Under Investigation (RUI) RUI-1 RUI-2 RUI-3 RUI-4 OR SARS disease classification Probable SARS-CoV Case Confirmed SARS-CoV Case	 RUI-1 RUI-2 RUI-3 RUI-4 Probable SARS-CoV Case Confirmed SARS-CoV Case Not a case: negative serology (>28 days post onset) Not a case: alternative diagnosis accounts for illness Date Updated (most recent): / / / /

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Laboratory Evaluation

Chose from the following s	pecimens to enter for each tes	t:
Whole blood, serum (acute)), serum (convalescent), NP swa	ab, NP aspirate, Broncheoalveolar lavage
specimen, OP swab, urine,	stool, tissue.	
Specimen 1		
Specimen:	If 'Tissue,' specify:	Date Collected: / /
		mmdd yyyy
Test Requested: PCR Convalescent serology Acute serology	Commercial lab	Result: Positive Negative Pending
	□ other	Indeterminate
Specimen 2		
Specimen:	If 'Tissue,' specify:	Date Collected: / / / m m d d y y y y
Test Requested: PCR Convalescent serology Acute serology Culture	Source of Local Testing: Public Health Lab LRN Commercial lab other	Result: Positive Negative Pending Indeterminate
Specimen 3		
Specimen:	If 'Tissue,' specify:	Date Collected: / / m d d yyy
Test Requested:	Source of Local Testing: Public Health Lab LRN Commercial lab other	Result: Positive Negative Pending Indeterminate
Specimen 4		
Specimen:	If 'Tissue,' specify:	Date Collected:

Specimen 4		
Specimen:	If 'Tissue,' specify:	Date Collected: / / / m m d d y y y y
Test Requested: PCR Convalescent serology Acute serology Culture	Source of Local Testing: Public Health Lab LRN Commercial lab other	Result:

Specimen 5		
Specimen:	If 'Tissue,' specify:	Date Collected:
		/ /
		mmdd yyyy
Test Requested:	Source of Local Testing:	Result:
	Public Health Lab	Positive
□ Convalescent serology		Negative Section
□ Acute serology	Commercial lab cthor	□ Pending □ Indeterminete
Culture	🗆 other	Indeterminate
Specimen 6		
Specimen:	If 'Tissue,' specify:	Date Collected:
		/ /
		mmdd yyyy
Test Requested:	Source of Local Testing:	Result:
	Public Health Lab	Positive
Convalescent serology		□ Negative
□ Acute serology	Commercial lab	Pending
Culture	🗆 other	Indeterminate
Specimen 7		
Specimen 7 Specimen:	If 'Tissue,' specify:	Date Collected:
	If 'Tissue,' specify:	/ /
Specimen:		
Specimen: Test Requested:	Source of Local Testing:	/ / /
Specimen: Test Requested: □ PCR	Source of Local Testing: □ Public Health Lab	/ /
Specimen: ————————————————————————————————————	Source of Local Testing: Public Health Lab LRN	/ / m d y y Result: D Positive D Negative
Specimen: Test Requested: □ PCR □ Convalescent serology □ Acute serology	Source of Local Testing: □ Public Health Lab □ LRN □ Commercial lab	/ / mmddyyy Result: □ Positive □ Negative □ Pending
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture	Source of Local Testing: Public Health Lab LRN	/ / m d y y Result: D Positive D Negative
Specimen: Test Requested: □ PCR □ Convalescent serology □ Acute serology	Source of Local Testing: □ Public Health Lab □ LRN □ Commercial lab □ other	/ / mmddyyy Result: □ Positive □ Negative □ Pending □ Indeterminate
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture	Source of Local Testing: □ Public Health Lab □ LRN □ Commercial lab	/ / m m d d y y y y Result: □ Positive □ Negative □ Pending □ Indeterminate Date Collected:
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8	Source of Local Testing: □ Public Health Lab □ LRN □ Commercial lab □ other	/ /
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8	Source of Local Testing: □ Public Health Lab □ LRN □ Commercial lab □ other	/ / m m d d y y y y Result: □ Positive □ Negative □ Pending □ Indeterminate Date Collected:
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8	Source of Local Testing: Public Health Lab LRN Commercial lab other If 'Tissue,' specify: Source of Local Testing:	/ /
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8 Specimen: Test Requested: PCR	Source of Local Testing: Public Health Lab LRN Commercial lab other If 'Tissue,' specify:	/ /
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8 Specimen: Test Requested: PCR Convalescent serology	Source of Local Testing: Public Health Lab LRN Commercial lab other If 'Tissue,' specify: Source of Local Testing: Public Health Lab LRN 	<pre>/ /</pre>
Specimen: Test Requested: PCR Convalescent serology Acute serology Culture Specimen 8 Specimen: Test Requested: PCR	Source of Local Testing: Public Health Lab LRN Commercial lab other If 'Tissue,' specify: Source of Local Testing: Public Health Lab 	/ /

13. Alternative Diagnosis	
Was an alternative respiratory pathogen detected?	□ Yes □ No □ Unknown
If yes indicate which one (see list below):	

Alternative pathogen (e.g., Influenza A, Influenza B, RSV, rhinovirus, adenovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma*, *Chlamydia pneumoniae*, human parainfluenza virus 1, human parainfluenza 2, human parainfluenza 3, human metapneumovirus, *Legionella* sp., other.):

14. List specimens sent to the CDC

Chose from the following specimens to enter below:

Whole blood, plasma, serum (acute), serum (convalescent), NP swab, NP aspirate, broncheoalveolar lavage specimen, OP swab, tracheal aspirate, pleural tap, urine, stool, tissue.

Specimen 1:	If 'Tissue', Specify:	Date Sent: / / /
		mmdd yyyy
Specimen 2:	If 'Tissue', Specify:	Date Sent: / / /
		m m d d y y y y
Specimen 3:	If 'Tissue', Specify:	Date Sent: / /
		m m d d y y y y
Specimen 4:	If 'Tissue', Specify:	Date Sent: / / /
		m m d d y y y y
Specimen 5:	If 'Tissue', Specify:	Date Sent: / / /
		m m d d y y y y
Specimen 6:	If 'Tissue', Specify:	Date Sent: / / /
		m m d d y y y y
Specimen 7:	If 'Tissue', Specify:	Date Sent: / / /
		m m d d y y y y
Specimen 8:	If 'Tissue', Specify:	Date Sent: / / /
		mmdd yyyy

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Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering information and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)

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Note: List of areas with current confirmed or suspected SARS transmission

(If SARS-CoV transmission recurs, the list of foreign or domestic areas with documented or *suspected* recent local transmission of SARS-CoV will be listed here.)

Types of locations specified will vary (e.g., country, airport, city, building, floor of building). The last date a location may be a criterion for exposure for illness onset is 10 days (one incubation period) after removal of that location from CDC travel alert status. The patient's travel should have occurred on or before the last date the travel alert was in place. Transit through a foreign airport meets the epidemiologic criteria for possible exposure in a location for which a CDC travel advisory is in effect. Information regarding CDC travel alerts and advisories and assistance in determining appropriate dates are available at http://www.cdc.gov/ncidod/sars/travel.htm.

For more information, visit <u>www.cdc.gov/ncidod/sars</u> or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)