

# HANTAVIRUS PULMONARY SYNDROME SCREENING FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female Ethnicity:  Anglo  Hispanic  Native American  Other \_\_\_\_\_  
Tribe \_\_\_\_\_

Hospitalized:  Yes  No  
Facility \_\_\_\_\_ Med Rec# \_\_\_\_\_  
Facility \_\_\_\_\_ Med Rec# \_\_\_\_\_  
Transferred to/from another hospital: Facility name \_\_\_\_\_

Date of Onset \_\_\_/\_\_\_/\_\_\_ Admit Date \_\_\_/\_\_\_/\_\_\_ Discharge Date \_\_\_/\_\_\_/\_\_\_ Death Date \_\_\_/\_\_\_/\_\_\_  
If dead, was autopsy done?  Yes  No  
Was autopsy compatible with non-cardiogenic pulmonary edema?  Yes  No

## Symptoms

- Fever (>101/38.3°)
- Cough
- Vomiting
- Malaise
- Abdominal pain
- Myalgia
- Headache
- Diarrhea
- Conjunctivitis
- Other \_\_\_\_\_

## Laboratory Findings

- Thrombocytopenia (platelets <150,000)
- Elevated hematocrit Highest hematocrit \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

- Did the patient require supplemental oxygen?  Yes  No
- Did the patient have an O<sub>2</sub> saturation <90%?  Yes  No
- Was the patient incubated?  Yes  No
- Did the patient have bilateral intestinal pulmonary infiltrates?  Yes  No Onset \_\_\_/\_\_\_/\_\_\_
- Did the patient develop ARDS within one week of admission?  Yes  No
- Was the patient on ribovirin?  Yes  No

## If patient meets any of the following criteria, they do not meet the surveillance case definition:

- Did the patient have a history of:
- oxygen dependent chronic obstructive pulmonary disease?  Yes  No
  - solid tumors or hematologic malignancies?  Yes  No
  - congenital or acquired immunodeficiency disorders?  Yes  No
  - medical conditions or organ transplant requiring immunosuppressive therapy?  Yes  No

- Does the patient have an acute illness that is likely to explain the respiratory illness:
- recent major trauma, burn, or surgery?  Yes  No
  - recent seizures or history of aspiration?  Yes  No
  - bacterial sepsis or serologic evidence of another respiratory disorder (legionella, influenza, mycoplasma, etc.)?  Yes  No
  - acute pancreatitis?  Yes  No

History of rodent exposure in the 6 weeks before onset of illness/symptoms?  Yes  No  
If yes, place of contact \_\_\_\_\_ Type of rodent \_\_\_\_\_

Date serology obtained \_\_\_/\_\_\_/\_\_\_ Tissue specimens: Type \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of person completing form \_\_\_\_\_ Phone \_\_\_\_\_