



# Hantavirus Infection

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex at birth  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_  
 LHJ Case ID (optional) \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_  
**Classification**  Classification pending  Confirmed  
 Not reportable  Probable  Ruled out  Suspect  
 Investigation status  
 In progress  
 Complete  
 Complete – not reportable to DOH  
 Unable to complete Reason \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Investigation complete date \_\_\_/\_\_\_/\_\_\_  
**Case complete date** \_\_\_/\_\_\_/\_\_\_  
 Outbreak related  Yes  No  
 LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

## DEMOGRAPHICS

Age at symptom onset \_\_\_\_\_  Years  Months  
**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino  Unk  
**Race** (check all that apply)  Unk  Amer Ind/AK Native  
 Asian  Black/African Amer  Native HI/other PI  
 White  Other \_\_\_\_\_  
 Primary language \_\_\_\_\_  
 Interpreter needed  Yes  No  Unk  
 Employed  Yes  No  Unk Occupation \_\_\_\_\_  
 Industry \_\_\_\_\_ Employer \_\_\_\_\_  
 Work site \_\_\_\_\_ City \_\_\_\_\_  
 Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  
 Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_  
 School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

## REPORT SOURCE

**Initial report source** \_\_\_\_\_  
 LHJ \_\_\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 All reporting sources (list all that apply)  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

Primary HCP name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  
 Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  
 Complete  Partial  Unable to reach  
 Patient could not be interviewed  
 Alternate contact  Parent/Guardian  Spouse/Partner  
 Friend  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

## CLINICAL INFORMATION

Complainant ill  Yes  No  Unk **Symptom Onset** \_\_\_/\_\_\_/\_\_\_  Derived **Diagnosis date** \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk  
**Identified as**  HPS  Non-HPS  Unk  Other \_\_\_\_\_

### Clinical Features

Y	N	Unk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Acute onset of illness</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Any fever, subjective or measured</b> Temp measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest measured temp _____ °F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chills or rigors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dyspnea (shortness of breath)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myalgia (muscle aches or pain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain or cramps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea (3 or more loose stools within a 24 hour period)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypotension

**Y N Unk**

- Bilateral interstitial pulmonary infiltrates on x-ray**
- Radiographic evidence of noncardiogenic pulmonary edema**
- Acute respiratory distress syndrome (ARDS)** Diagnosed by  X-Ray  CT  MRI  Provider only
- Unexplained respiratory illness resulting in death

**Clinical testing**

**Y N Unk**

- Elevated creatinine Highest creatinine measured \_\_\_\_\_
- Elevated hematocrit (Hct) Highest hematocrit measured \_\_\_\_\_
- Thrombocytopenia** *Thrombocytopenia defined as platelets < 100,000 /mm<sup>3</sup>* Lowest platelet count \_\_\_\_\_
- Acute thrombocytopenia (75% decrease over 2-3 days, not immune mediated)
- White blood cell total \_\_\_\_\_ Band neutrophils (%) \_\_\_\_\_ Lymphocytes (%) \_\_\_\_\_ Total neutrophils (%) \_\_\_\_\_
- X-ray result  Clear/normal  Hilar adenopathy  Infiltrates bilateral  Interstitial changes  Pleural effusion
- Abscess  Nodules  Unk \_\_\_\_\_

**Physician Reporting/Patient Healthcare**

**Y N Unk**

- Healthcare record contains a diagnosis of hantavirus pulmonary syndrome**

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness** Facility name \_\_\_\_\_
- Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Disposition  Another acute care hospital Facility name \_\_\_\_\_
- Died in hospital
- Long term acute care facility Facility name \_\_\_\_\_
- Long term care facility Facility name \_\_\_\_\_
- Non-healthcare (home)  Unk  Other \_\_\_\_\_
- Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_
- Mechanical ventilation or intubation required
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness** Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*
- Death certificate lists disease as a cause of death or a significant contributing condition**
- Autopsy performed
- Autopsy compatible with non-cardiogenic pulmonary edema**
- Location of death  Outside of hospital (e.g., home or in transit to the hospital)  Emergency department (ED)
- Inpatient ward  ICU  Other \_\_\_\_\_

**Pregnancy**

Pregnancy status at time of symptom onset

- Pregnant (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_ Weeks pregnant at any symptom onset \_\_\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Still pregnant  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Postpartum (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Neither pregnant nor postpartum  Unk

**RISK AND RESPONSE (Ask about exposures 1-8 weeks before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

**Risk and Exposure Information**

**Y N Unk**

- Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_

**Y N Unk**

**Wild rodent or wild rodent excreta exposure**

**Setting of exposure**  Home  Workplace  Recreational  Other \_\_\_\_\_

If Home, type  House  Apartment  Mobile home  Other \_\_\_\_\_

Address of exposure \_\_\_\_\_ Zip code \_\_\_\_\_

Type of rodent  Mouse  Rat  Rodent nest  Other \_\_\_\_\_  Unk

**Cleaned wild rodent nests or excreta**

**Location of cleaning**  Home  Workplace  Cabin/vacation home  Barn  Recreational vehicle

Other vehicle  Other \_\_\_\_\_

Slept in cabin or outside

Inhalation of dust from soil, grain, or hay

**Exposure and Transmission Summary**

**Likely geographic region of exposure**  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_

Not in US - country \_\_\_\_\_  Unk

International travel related  During entire exposure period  During part of exposure period  No international travel

Suspected exposure type  Animal related  Unk  Other \_\_\_\_\_

Describe \_\_\_\_\_

Suspected exposure setting  Daycare/Childcare  School (not college)  Home  Work  College  Military

Correctional facility  Place of worship  Laboratory  Long term care facility  Homeless/shelter

International travel  Out of state travel  Transit  Social event  Large public gathering  Hotel/motel/hostel

Other \_\_\_\_\_

Describe \_\_\_\_\_

Exposure summary

**Public Health Interventions/Actions**

**Y N Unk**

Environmental investigation performed

Education on rodent control

Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_

Any other public health action \_\_\_\_\_

**NOTES**

**LAB RESULTS**

Lab report information

**Lab report reviewed – LHJ**

WDRS user-entered lab report note

Submitter \_\_\_\_\_

Performing lab for entire report \_\_\_\_\_

Referring lab \_\_\_\_\_

Specimen

**Specimen identifier/accession number** \_\_\_\_\_

**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_

**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result

**WDRS test performed** \_\_\_\_\_

**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  Pending

Test result status  Final results; Can only be changed with a corrected result

Preliminary results

Record coming over is a correction and thus replaces a final result

Results cannot be obtained for this observation

Specimen in lab; results pending

Result date \_\_\_/\_\_\_/\_\_\_

**Upload document**

Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_