

ANNEX 2. CASE REPORT FORMS

RECOMMENDED MINIMUM DATA ELEMENTS FOR INCLUSION IN A SURVEILLANCE FORM

- Case identification number
- Name, address, telephone, fax, e-mail of person completing the surveillance form
- Name, address, telephone, fax, e-mail of hospital or clinic
- Patient name, age/gender, race/ethnicity, residence, occupation, and place of work
- Checklist of surveillance case definition clinical criteria that were evaluated at time of first hospital admission
- Important dates:
 - a) Date of symptom onset
 - b) Date of first medical contact
 - c) Date of first hospitalization
 - d) Date of discharge
 - e) Disposition (dead/alive)
- Complete blood count—Minimum:
 - a) Hematocrit
 - b) Hemoglobin
 - c) White blood cell count with differential
 - d) Platelets
- Chest X-ray
- Oxygen saturation (if available)
- Hantavirus antibody testing (when, where, what test, what results)
- If deceased: autopsy results; record of tissue specimens/contact person
- History of rodent exposure (e.g., droppings, nests, handling mice, etc.) or close contact with another HPS case within eight weeks prior to symptom onset
- History of travel in the last six weeks

EXAMPLE OF AN EPIDEMIOLOGICAL SURVEILLANCE FORM FOR HPS

Suggested Minimum Epidemiological Surveillance Form for Hantavirus Pulmonary Syndrome (HPS)

Date of investigation: ____/____/____ Identification N°: _____
 Name of person completing this form: _____ Occupation: _____ Contact information: _____

Institutional Information:
 Date of symptom onset: ____/____/____
 Was patient hospitalized? Yes No Unknown Number of times hospitalized since onset of illness: _____

	<u>First Hospitalization</u>	<u>Second Hospitalization</u>
Name of hospital:	_____	_____
Location of hospital:	_____	_____
Dates in hospital:	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Record number:	_____	_____
Disposition:	<input type="checkbox"/> Alive <input type="checkbox"/> Dead	<input type="checkbox"/> Alive <input type="checkbox"/> Dead
Autopsy performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are tissue specimens available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact person/tel. no. for specimens:	_____	_____
If not hospitalized, name and address of clinic/primary care center: _____		

Patient Information:
 First name: _____ Family name: _____ Age: _____ Sex: Male Female
 Race/ethnicity: _____ Residential address: _____ City: _____
 County: _____ State: _____ Urban Periurban Rural
 Occupation: _____ Place of work: _____

EXAMPLE OF AN EPIDEMIOLOGICAL SURVEILLANCE FORM FOR HPS, CONT.

Clinical Information:			
	Symptom	Condition	Value/Comment
	Fever >38.3 °C	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Adult respiratory distress syndrome or ARDS-like illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Supplemental oxygen required	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Bilateral interstitial infiltrates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Unexplained illness resulting in death	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Autopsy examination showing noncardiogenic pulmonary edema without an identifiable specific cause of death	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Diagnostic Test	Performed?	Results
	Hematocrit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	White blood cell count with differential	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Platelets	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Chest X-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	O ₂ saturation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Risk Factor	Exposure?	Description
	History of rodent exposure within 8 weeks of symptom onset	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Close contact with another HPS case within 8 weeks of symptom onset	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Confirmed Case:			
Confirmed Case—Requires ONE of the following:			
	Laboratory Test	Performed?	Test Center Results
	Presence of hantavirus-specific IgM or ≥ 4-fold rise in IgG antibody titers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
	Positive RT-PCR results for hantavirus RNA	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
	Positive immunohistochemical results for hantavirus antigens	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____