

# Hantavirus Disease

## West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control  
 Infectious Disease Epidemiology Program  
 Phone: 304-558-5358 or 800-423-1271 in West Virginia  
 Fax: 304-558-8736

### Disease Under Investigation

\* indicates required fields

<b>Type</b> <input type="radio"/> <i>Hantavirus Infection</i> <input type="radio"/> <i>Hantavirus Pulmonary Syndrome</i>	
<b>Investigation Status*</b> <input type="radio"/> <i>Closed</i> <input type="radio"/> <i>Open</i> <input type="radio"/> <i>Regional Review</i> <input type="radio"/> <i>State Review</i> <input type="radio"/> <i>Superseded</i> <input type="radio"/> <i>Unassigned</i>	
<b>Case Status*</b> <input type="radio"/> <i>Confirmed</i> <input type="radio"/> <i>Not a Case</i> <input type="radio"/> <i>Probable</i> <input type="radio"/> <i>Suspect</i> <input type="radio"/> <i>Unknown</i>	

### Patient Information

\* indicates required fields

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Initial</b>	
<b>Street Address</b>			
<b>City</b>	<b>County</b>	<b>State</b> West Virginia	<b>Zip</b>
<b>Is the patient's residence a:</b> <input type="radio"/> <i>Correctional Facility (Specify) _____</i> <input type="radio"/> <i>Long Term Care Facility (Specify) _____</i> <input type="radio"/> <i>Shelter or Group Home (Specify) _____</i> <input type="radio"/> <i>None of the above</i>			
<b>Home Phone</b> ###-###-####	<b>Ext.</b>	<b>Other Phone</b> ###-###-####	<b>Report Date</b> mm/dd/yyyy

### Parent / Guardian Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Relationship to Patient</b>
<input type="radio"/> <i>Check if address is same as above; otherwise complete guardian contact information below</i>			
<b>Guardian Street Address</b>			
<b>City</b>	<b>County</b>	<b>State</b> West Virginia	<b>Zip</b>
<b>Home Phone</b> ###-###-####	<b>Ext.</b>	<b>Other Phone</b> ###-###-####	<b>Ext.</b>

### Patient Demographic Information

\* indicates required fields

<b>Sex</b> <input type="radio"/> <i>Male</i> <input type="radio"/> <i>Female</i> <input type="radio"/> <i>Transsexual</i> <input type="radio"/> <i>Unknown</i> <input type="radio"/> <i>Failure to report sex/missing sex</i> <input type="radio"/> <i>Other (Specify) _____</i>		
<b>Date of Birth*</b> mm/dd/yyyy	<b>Age</b>	<b>Age Units</b> <input type="radio"/> <i>Days</i> <input type="radio"/> <i>Weeks</i> <input type="radio"/> <i>Months</i> <input type="radio"/> <i>Years</i>



## Clinical Information cont.

<b>Respiratory compromise requiring supplemental oxygen?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>Oxygen saturation &lt;90% at any time?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Was the patient intubated?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>If Yes, specify the date:</b> mm/dd/yyyy	<b>Has the patient received ribavirin?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>History of any relevant underlying medical conditions (i.e. COPD, malignancy, immunosuppression, diabetes)?</b>			
<b>Other possible explanations for acute illness (i.e. sepsis, burns, trauma)?</b>			

## Laboratory Information

<b>Is serum/blood specimen available for testing for hantavirus infection?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
<b>Has a specimen been tested for hantavirus infection at another laboratory?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>If Yes, where?</b>	<b>Type of specimen?</b>	<b>Results (i.e. titer, OD):</b>
<b>Laboratory Name</b>	<b>Phone</b> ###-###-####	<b>Ext.</b>		<b>Fax Number</b> ###-###-####
<b>Address</b>				
<b>State:</b> West Virginia			<b>Zip:</b>	

## Reporting Source

<b>Last Name</b>		<b>First Name</b>		
<b>Phone</b> ###-###-####	<b>Ext.</b>		<b>Fax</b> ###-###-####	
<b>Facility</b>				
<b>Address</b>				
<b>City</b>		<b>State</b> West Virginia		<b>Zip</b>
<b>E-mail</b>				

## Provider with Further Patient Information

<b>Last Name</b>		<b>First Name</b>		
<b>Phone</b> ###-###-####	<b>Ext.</b>		<b>Fax</b> ###-###-####	
<b>Address</b>				
<b>City</b>		<b>State</b> West Virginia		<b>Zip</b>

## Public Health Investigation

<b>Name of Person Interviewed</b>		<b>Relationship to Patient</b>	<b>Date reported to public health</b> mm/dd/yyyy	
<b>Investigator</b>	<b>Date public health investigation began</b> mm/dd/yyyy		<b>Health Department</b>	<b>Phone</b> ###-###-####
<b>Ext.</b>				
<b>Investigation ID</b>	<b>Part of an Outbreak?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<b>Outbreak Name</b>		<b>Lost to follow-up?</b> <input type="radio"/> Yes <input type="radio"/> No

## Epidemiologic Information

<b>History of any rodent exposure in 6 weeks prior to onset of illness?</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>If Yes, date of contact:</b> mm/dd/yyyy
<b>Type of rodent:</b> (Check all that apply) <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown		<b>Place of contact (town, county, state):</b>
<b>Describe Public Health Action Taken</b>		