

California Department of Public Health
 Center for Infectious Diseases
 Division of Communicable Disease Control
 Infectious Diseases Branch
 Surveillance and Statistics Section
 MS 7306, P.O. Box 997377
 Sacramento, CA 95899-7377

HANTAVIRUS INFECTIONS CASE REPORT

PATIENT INFORMATION																							
Last Name	First Name	Middle Name	Suffix	Primary Language																			
Social Security Number (9 digits)		DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____																			
Address Number & Street – Residence			Apartment / Unit Number																				
City / Town		State	Zip Code																				
Census Tract	County of Residence		Country of Residence																				
Country of Birth		If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)																					
Home Telephone		Cellular Phone / Pager		Work / School Telephone																			
E-mail Address		Other Electronic Contact Information																					
Work / School Location		Work / School Contact																					
Gender <input type="checkbox"/> Female <input type="checkbox"/> Trans female / transwoman <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Trans male/ transman <input type="checkbox"/> Identity not listed <input type="checkbox"/> Declined to answer																							
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Yes, Est. Delivery Date (mm/dd/yyyy)																					
Medical Record Number		Patient's Parent/Guardian Name																					
Occupation Setting (see list on page 7)		Other Describe/Specify																					
Occupation (see list on page 7)		Other Describe/Specify																					
Race(s) (check all that apply, race descriptions on page 6) The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.																							
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (check all that apply, see list on page 6) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asian Indian</td> <td style="width: 50%;"><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Malaysian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Pakistani</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Sri Lankan</td> </tr> <tr> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Taiwanese</td> </tr> <tr> <td><input type="checkbox"/> Indonesian</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>						<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Filipino	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Hmong	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Thai	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Guamanian																							
<input type="checkbox"/> Other: _____																							
<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown																							
ADDITIONAL PATIENT DEMOGRAPHICS																							
Sex Assigned at Birth		Sexual Orientation																					
<input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Declined to answer		<input type="checkbox"/> Heterosexual or straight <input type="checkbox"/> Questioning, unsure, or patient doesn't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Gay, lesbian, or same-gender loving <input type="checkbox"/> Orientation not listed <input type="checkbox"/> Unknown <input type="checkbox"/> Bisexual																					
CLINICAL INFORMATION																							
Physician Name - Last Name			First Name		Telephone Number																		

First three letters of
patient's last name:

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SIGNS AND SYMPTOMS

Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Onset Date (mm/dd/yyyy)		Date First Sought Medical Care (mm/dd/yyyy)		
	Location where First Seen <input type="checkbox"/> Emergency Department <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient clinic / office <input type="checkbox"/> Urgent care center <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____				
Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever				Onset date (mm/dd/yyyy)	Highest temperature (specify °F/°C)
Sweats / chills / rigors				Onset date (mm/dd/yyyy)	
Weakness / lethargy / malaise				Onset date (mm/dd/yyyy)	
Shortness of breath				Onset date (mm/dd/yyyy)	
Chest pain				Onset date (mm/dd/yyyy)	
Cough				Onset date (mm/dd/yyyy)	
Respiratory distress (ARDS)				Onset date (mm/dd/yyyy)	
Fatigue				Onset date (mm/dd/yyyy)	
Headache				Onset date (mm/dd/yyyy)	
Confusion / delirium				Onset date (mm/dd/yyyy)	
Muscle ache				Onset date (mm/dd/yyyy)	
Nausea, vomiting, and / or diarrhea				Onset date (mm/dd/yyyy)	
Abdominal pain				Onset date (mm/dd/yyyy)	
Dizziness				Onset date (mm/dd/yyyy)	
Other symptom(s)				Symptom(s)	Onset date (mm/dd/yyyy)

HOSPITALIZATION

Did patient visit the emergency room for illness?

 Yes No Unknown

Was patient hospitalized?

 Yes No Unknown

If Yes, how many total hospital nights?

 Still hospitalized as of _____ (mm/dd/yyyy)

During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?

 Yes No Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on next page.

HOSPITALIZATION – DETAILS

Hospital Name 1	Street Address		Admit Date (mm/dd/yyyy)	
	City		Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number Discharge Diagnosis
Hospital Name 2	Street Address		Admit Date (mm/dd/yyyy)	
	City		Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number Discharge Diagnosis

First three letters of
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TREATMENT / MANAGEMENT						
Received treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Yes, specify the treatments below.				
Treatment / Management	Yes	No	Unk	If Yes, Specify as Noted		
Supplementary oxygen				Date started (mm/dd/yyyy)	Date ended (mm/dd/yyyy)	
Intubated				Date started (mm/dd/yyyy)	Date ended (mm/dd/yyyy)	
Respirator				Date started (mm/dd/yyyy)	Date ended (mm/dd/yyyy)	
ECMO				Date started (mm/dd/yyyy)	Date ended (mm/dd/yyyy)	
Hemodynamic support (vasopressors)				Date started (mm/dd/yyyy)	Date ended (mm/dd/yyyy)	
Other treatment / management or complications				If Yes, specify treatment below		
TREATMENT / MANAGEMENT - OTHER / COMPLICATIONS						
Treatment / Management or Complication			Date Started (mm/dd/yyyy)		Date Ended (mm/dd/yyyy)	
OUTCOME						
Outcome? <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unknown		If Survived, Survived as of _____ (mm/dd/yyyy)			Date of Death (mm/dd/yyyy)	
LABORATORY INFORMATION						
LABORATORY RESULTS SUMMARY						
Specimen Type 1	Type of Test	Antigen <input type="checkbox"/> Sin Nombre virus <input type="checkbox"/> Hantavirus (unspecified) <input type="checkbox"/> Unknown antigen <input type="checkbox"/> Puumala virus <input type="checkbox"/> Other antigen: _____				Results
	Collection Date (mm/dd/yyyy)	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal		Laboratory Name	Telephone Number	
Specimen Type 2	Type of Test	Antigen <input type="checkbox"/> Sin Nombre virus <input type="checkbox"/> Hantavirus (unspecified) <input type="checkbox"/> Unknown antigen <input type="checkbox"/> Puumala virus <input type="checkbox"/> Other antigen: _____				Results
	Collection Date (mm/dd/yyyy)	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal		Laboratory Name	Telephone Number	
ADDITIONAL LABORATORY RESULTS						
DID THE PATIENT HAVE ANY OF THE FOLLOWING?						
Laboratory Test / Procedure	Yes	No	Unk	If Yes, Specify as Noted		
Thrombocytopenia (platelets \leq 150,000 mm ³)				Lowest platelet count		
Elevated hematocrit (Hct)				Highest Hct		
Elevated creatinine				Highest creatinine		
Thoracic Radiographs				Date (mm/dd/yyyy)	Chief Findings	
WBC (laboratory value)	Total Neutrophils (%)		Banded Neutrophils (%)		Lymphocytes (%)	
Oxygen saturation < 90% at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If Yes, attach a copy of the report.		

First three letters of
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EPIDEMIOLOGIC INFORMATION**DISEASE CASE CLASSIFICATION**

Case Classification (see case definition on page 5)

 Hantavirus pulmonary syndrome (HPS)
 Hantavirus infection, non-Hantavirus pulmonary syndrome (non-HPS)
 Unknown
INCUBATION PERIOD: 30 DAYS PRIOR TO ILLNESS ONSET**EXPOSURES / RISK FACTORS****DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EVENTS DURING THE INCUBATION PERIOD?**

Event	Yes	No	Unk	If Yes, Specify as Noted	
Entered confined, poorly ventilated space				Location(s)	Date (mm/dd/yyyy)
Cleaned confined, poorly ventilated space				Location(s)	Date (mm/dd/yyyy)
Observed rodents, rodent nest / droppings				Location(s)	Date (mm/dd/yyyy)
Handled rodents, rodent nest / droppings				Location(s)	Date (mm/dd/yyyy)

TRAVEL HISTORY (incubation period 30 days prior to illness onset)
 Has the patient traveled **outside the U.S.** during the incubation period?
 Yes No Unknown

 Did the patient travel **outside county of residence** during the incubation period?
 Yes No Unknown

If Yes, specify all locations and dates below.

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
<input type="checkbox"/> Domestic <input type="checkbox"/> Unknown <input type="checkbox"/> International					
<input type="checkbox"/> Domestic <input type="checkbox"/> Unknown <input type="checkbox"/> International					
<input type="checkbox"/> Domestic <input type="checkbox"/> Unknown <input type="checkbox"/> International					

NOTES / REMARKS**REPORTING AGENCY**

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)
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First Reported By

 Clinician Laboratory Other (specify): _____
EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Contact Name / Case Number
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CASE CLASSIFICATION*Case Classification (see case definition below)* Confirmed**STATE USE ONLY***Case Classification* Confirmed Not a case Need additional information**CASE DEFINITION****HANTA VIRUS INFECTION, NON-HANTAVIRUS PULMONARY SYNDROME (NON-HPS) (2015)****CLINICAL DESCRIPTION**

Non-HPS Hantavirus infection is a febrile illness with non-specific viral symptoms including fever, chills, myalgia, headache, and gastrointestinal symptoms, but no cardio-pulmonary symptoms. Typical clinical laboratory findings include hemoconcentration, left shift in the white blood cell count, neutrophilic leukocytosis, thrombocytopenia, and circulating immunoblasts. Patients that develop cardio-pulmonary symptoms should be classified as having HPS.

LABORATORY CRITERIA

- Detection of hantavirus-specific immunoglobulin M or rising titers of hantavirus-specific immunoglobulin G, or
- Detection of hantavirus-specific ribonucleic acid in clinical specimens, or
- Detection of hantavirus antigen by immunohistochemistry in lung biopsy or autopsy tissues

CASE CLASSIFICATION

Confirmed: A clinically compatible case of Non-HPS Hantavirus Infection with laboratory evidence.

COMMENTS

Hantavirus infection, non-Hantavirus pulmonary syndrome has been added to the list of National Notifiable Infectious Conditions per CSTE Position Statement 14-ID-08. Office of Management and Budget (OMB) Paperwork Reduction Act (PRA) approval of the NNDSS Revision, 0920-0728, was received on January 21, 2016.

Laboratory testing should be performed or confirmed at a reference laboratory.

HANTAVIRUS PULMONARY SYNDROME (HPS) (2015)**CLINICAL DESCRIPTION**

Hantavirus Pulmonary Syndrome (HPS) is an acute febrile illness (i.e., temperature greater than 101.0 F [greater than 38.3 C]) with a prodrome consisting of fever, chills, myalgia, headache, and gastrointestinal symptoms, and one or more of the following clinical features:

- Bilateral diffuse interstitial edema, or
- Clinical diagnosis of acute respiratory distress syndrome (ARDS), or
- Radiographic evidence of noncardiogenic pulmonary edema, or
- An unexplained respiratory illness resulting in death, and includes an autopsy examination demonstrating noncardiogenic pulmonary edema without an identifiable cause, or
- Healthcare record with a diagnosis of hantavirus pulmonary syndrome, or
- Death certificate lists hantavirus pulmonary syndrome as a cause of death or a significant condition contributing to death

LABORATORY CRITERIA

- Detection of hantavirus-specific immunoglobulin M or rising titers of hantavirus-specific immunoglobulin G, or
- Detection of hantavirus-specific ribonucleic acid in clinical specimens, or
- Detection of hantavirus antigen by immunohistochemistry in lung biopsy or autopsy tissues

CASE CLASSIFICATION

Confirmed: A clinically compatible case of HPS with laboratory evidence.

COMMENTS

Laboratory testing should be performed or confirmed at a reference laboratory. Because the clinical illness is nonspecific and ARDS is common, a screening case definition can be used to determine which patients to test. In general, a predisposing medical condition (e.g., chronic pulmonary disease, malignancy, trauma, burn, and surgery) is a more likely cause of ARDS than HPS, and patients who have these underlying conditions and ARDS need not be tested for hantavirus.

First three letters of
patient's last name:

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RACE DESCRIPTIONS	
Race	Description
American Indian or Alaska Native	Patient has origins in any of the original peoples of North and South America (including Central America).
Asian	Patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.
ASIAN GROUPS	
<ul style="list-style-type: none"> <li style="width: 20%; margin-right: 20%;">• Bangladeshi <li style="width: 20%; margin-right: 20%;">• Filipino <li style="width: 20%; margin-right: 20%;">• Japanese <li style="width: 20%; margin-right: 20%;">• Maldivian <li style="width: 20%;">• Sri Lankan <li style="width: 20%; margin-right: 20%;">• Bhutanese <li style="width: 20%; margin-right: 20%;">• Hmong <li style="width: 20%; margin-right: 20%;">• Korean <li style="width: 20%; margin-right: 20%;">• Nepalese <li style="width: 20%;">• Taiwanese <li style="width: 20%; margin-right: 20%;">• Burmese <li style="width: 20%; margin-right: 20%;">• Indian <li style="width: 20%; margin-right: 20%;">• Laotian <li style="width: 20%; margin-right: 20%;">• Okinawan <li style="width: 20%;">• Thai <li style="width: 20%; margin-right: 20%;">• Cambodian <li style="width: 20%; margin-right: 20%;">• Indonesian <li style="width: 20%; margin-right: 20%;">• Madagascar <li style="width: 20%; margin-right: 20%;">• Pakistani <li style="width: 20%;">• Vietnamese <li style="width: 20%; margin-right: 20%;">• Chinese <li style="width: 20%; margin-right: 20%;">• Iwo Jiman <li style="width: 20%; margin-right: 20%;">• Malaysian <li style="width: 20%; margin-right: 20%;">• Singaporean 	
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS	
<ul style="list-style-type: none"> <li style="width: 20%; margin-right: 20%;">• Carolinian <li style="width: 20%; margin-right: 20%;">• Kiribati <li style="width: 20%; margin-right: 20%;">• Micronesian <li style="width: 20%; margin-right: 20%;">• Pohnpeian <li style="width: 20%;">• Tahitian <li style="width: 20%; margin-right: 20%;">• Chamorro <li style="width: 20%; margin-right: 20%;">• Kosraean <li style="width: 20%; margin-right: 20%;">• Native Hawaiian <li style="width: 20%; margin-right: 20%;">• Polynesian <li style="width: 20%;">• Tokelauan <li style="width: 20%; margin-right: 20%;">• Chuukese <li style="width: 20%; margin-right: 20%;">• Mariana Islander <li style="width: 20%; margin-right: 20%;">• New Hebrides <li style="width: 20%; margin-right: 20%;">• Saipanese <li style="width: 20%;">• Tongan <li style="width: 20%; margin-right: 20%;">• Fijian <li style="width: 20%; margin-right: 20%;">• Marshallese <li style="width: 20%; margin-right: 20%;">• Palauan <li style="width: 20%; margin-right: 20%;">• Samoan <li style="width: 20%;">• Yapese <li style="width: 20%; margin-right: 20%;">• Guamanian <li style="width: 20%; margin-right: 20%;">• Melanesian <li style="width: 20%; margin-right: 20%;">• Papua New Guinean <li style="width: 20%;">• Solomon Islander 	

First three letters of patient's last name:

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OCCUPATION SETTING

- | | |
|--|--|
| <ul style="list-style-type: none"> • Childcare/Preschool • Correctional Facility • Drug Treatment Center • Food Service • Health Care - Acute Care Facility • Health Care - Long Term Care Facility • Health Care - Other | <ul style="list-style-type: none"> • Homeless Shelter • Laboratory • Military Facility • Other Residential Facility • Place of Worship • School • Other |
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OCCUPATION

- | | |
|--|--|
| <ul style="list-style-type: none"> • Agriculture - farmworker or laborer (crop, nursery, or greenhouse) • Agriculture - field worker • Agriculture - migratory/seasonal worker • Agriculture - other/unknown • Animal - animal control worker • Animal - farm worker or laborer (farm or ranch animals) • Animal - veterinarian or other animal health practitioner • Animal - other/unknown • Clerical, office, or sales worker • Correctional facility - employee • Correctional facility - inmate • Craftsman, foreman, or operative • Daycare or child care attendee • Daycare or child care worker • Dentist or other dental health worker • Drug dealer • Fire fighting or prevention worker • Flight attendant • Food service - cook or food preparation worker • Food service - host or hostess • Food service - waiter or waitress • Food service - other/unknown • Homemaker • Laboratory technologist or technician • Laborer - private household or unskilled worker • Manager, official, or proprietor • Manicurist or pedicurist • Medical - emergency medical technician or paramedic • Medical - health care worker | <ul style="list-style-type: none"> • Medical - medical assistant • Medical - pharmacist • Medical - physician assistant or nurse practitioner • Medical - physician or surgeon • Medical - registered nurse • Medical - other/unknown • Military - officer • Military - recruit or trainee • Protective service - police officer • Protective service - other • Professional, technical, or related profession • Retired • Sex worker • Student - preschool or kindergarten • Student - elementary or middle school • Student - high (secondary) school • Student - college or university • Student - other/unknown • Teacher/employee - preschool or kindergarten • Teacher/employee - elementary or middle school • Teacher/employee - high (secondary) school • Teacher/instructor/employee - college or university • Teacher/instructor/employee - other/unknown • Unemployed - seeking employment • Unemployed - not seeking employment • Unemployed - other/unknown • Other • Refused • Unknown |
|--|--|