COUNTY OF LOS ANGELES
Public Health

Acute Communicable Disease Control
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Los Angeles, CA 90012
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publichealth.lacounty.gov/acd/

HANTAVIRUS PULMONARY SYNDROME SCREENING FORM

Name of person completing form: _____ Today's date: _____

Report source: _____ Agency: _____ Phone:(____)_____

Physician: _____ Phone: :(____)_____ Email address:_____

Patient Name-Last	First	Middle Initial	Date of birth	Age	Sex ☐ Male ☐ Female

Address- Number, Street, Apt #	City	State	ZIP Code

Telephone number Home ( )	Work ( )	Cell ( )

Race (check one)

☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other:____

If Native American, Name of tribe. _____

Ethnicity (check one)

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

PRESENT ILLNESS

Onset date	Hospitalized? ☐ Yes ☐ No	Hospital name	Medical record no.	Admit date	Discharge date

Transferred to /from another hospital? ☐Yes ☐No If Yes, Hospital name: _____

Medical record no. _____ Admit date: : ____/____/____ Discharge date: : ____/____/____

Symptoms (check all that apply):

☐ Fever (≥ 101° F/38° C): Highest _____
☐ Cough
☐ Vomiting
☐ Malaise
☐ Abdominal pain
☐ Myalgia
☐ Headache
☐ Diarrhea
☐ Conjunctivitis
☐ Other: Specify. _____

Outcome? ☐ Died ☐ Recovered ☐ Unknown

If Died, Date died: ____/____/_____

Was an autopsy done? ☐Yes ☐No If Yes,

Was autopsy compatible with non-cardiogenic pulmonary edema? ☐Yes ☐No

Did the patient require supplemental oxygen? ☐Yes ☐No

Did the patient have an O_2 saturation <90%? ☐Yes ☐No

Was the patient intubated? ☐Yes ☐No

Did the patient have bilateral interstitial pulmonary infiltrates? ☐Yes ☐No If Yes, Date: _____/_____/_____

Did the patient develop ARDS within one week of admission? ☐Yes ☐No If Yes, Date: _____/_____/_____

Was the patient on ribavirin? ☐Yes ☐No

RULING OUT HANTAVIRUS (If patient meets any of the following criteria, they do not meet the surveillance case definition.)

Did the patient have a history of the following?

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, mycoplasia, etc.) ☐Yes ☐No

Acute pancreatitis ☐Yes ☐No

Patient name (last, first) _____ Date of Birth _____

LABORATORY VALUES

☐ Thrombocytopenia (platelets <150,000): Lowest _____		☐ Elevated hematocrit: Highest hematocrit _____	
WBC:	Total neutrophils: _____%	Banded neutrophils: _____%	Lymphocytes: _____%
Hantavirus serology results:	Date of collection: : _____/_____/_____	Laboratory:	
Hantavirus serum antibody:	IgM:	IgG:	Combined or unspecified:
Sin Nombre Virus antibody:	IgM:	IgG:	

RODENT EXPOSURE

History of rodent exposure in the 6 weeks before onset of illness/symptoms? ☐Yes ☐No

If Yes, Place of contact. _____ Date of exposure : _____/_____/_____

Type of rodent. _____

INITIAL IMPRESSION (refer to B-73 for case definitions)

☐ NOT CASE ☐ SUSPECT CASE ☐ CONFIRMED CASE

REMARKS