



INVESTIGATION WORKSHEET

Confirmed Not a Case

Hantavirus Disease

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

(____) - ____ - ____

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

Symptomatic Y N Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Y N Max Temp: _____ °F/°C (unk)

Chills Y N

Myalgia Y N

Headache Y N

GI symptoms Y N

Low back pain Y N

Did the case experience any of the following: (Check all that apply, if * then describe in detail)

Bilateral diffuse interstitial edema

Hemorrhagic manifestations*

Acute Respiratory Distress Syndrome

Renal involvement*

Noncardiogenic pulmonary edema

Describe: _____

Physician-diagnosed Hantavirus

pulmonary syndrome (HPS)

Please specify the clinical form of Hantavirus:

Hantavirus infection, non-pulmonary syndrome

Hantavirus pulmonary syndrome (HPS)

Hantavirus hemorrhagic fever with renal syndrome (HFRS), including Korean Hemorrhagic Fever

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic _____ Date Started _____ Duration _____

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

LABORATORY RESULTS

Test	Pathogen	Collection Date	Source <small>(CSF, Serum, etc)</small>	Result <small>(Describe result)</small>
Antibody	_____	___/___/___	_____	_____
Repeat aby	_____	___/___/___	_____	_____
PCR (DNA)	_____	___/___/___	_____	_____
Culture	_____	___/___/___	_____	_____
Other	_____	___/___/___	_____	_____

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|--|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

*Incubation Period: HPS ranges from a few days to 6 weeks; HFRS ranges from a few days to 2 months, usually 2-4 weeks

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

Comments/other pertinent information: