**Fax completed form to Alberta Health, CD: 780-415-9609**

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| **SECTION 1: PERSONAL IDENTIFIERS** | | | | | | | | | | | | | | | | | | | |
| Birth Date: Choose a date | | | | | | | | | | | | **NDR#** | | | | | | | |
| Gender:  Male  Female  Other  Unknown | | | | | | | | | | | | Municipality: | | | | | | | |
| **SECTION 2: CLINICAL FINDINGS** | | | | | | | | | | | | | | | | | | | |
| **Diagnosis Date:** Choose a date | | | | | | | | | | **Date medical attention sought:** Choose a Date | | | | | | | | | |
| **Hospitalized?** | No | | Unknown | | | | Yes | | | If Yes, number of times hospitalized: | | | | | | | | | |
| **Name of Hospital** | | | | | | | | | | | | | | **Admit Date** | | | | **Discharge Date** | |
| 1. | | | | | | | | | | | | | | Choose a date | | | | Choose a date | |
| 2. | | | | | | | | | | | | | | Choose a date | | | | Choose a date | |
| 3. | | | | | | | | | | | | | | Choose a date | | | | Choose a date | |
| **Fatal** 🡪 Death Date: | | | | | | Died from disease  Disease contributed to death (secondary cause) | | | | | | | | | | | Died – other causes  Died – unknown cause | | |
| **Autopsy performed?** | | No | | Unknown | | | | | Yes | | 🡪 Was autopsy exam compatible with non-cardiogenic pulmonary edema? | | | | | | | | Yes  No  Unk |
| **Fever >38.3oC** | | | | | No | | | Unknown | | | | | Yes | | | | | | |
| **O2 Sats ≤ 90% at any time during illness?** | | | | | No | | | Unknown | | | | | Yes | | | | | | |
| Chest X-Ray shows bilateral pulmonary infiltrates? | | | | | No | | | Unknown | | | | | Yes | | | 🡪 Date of CXR: Choose a date | | | |
| **Respiratory compromise requiring supplemental O2?** | | | | | No | | | Unknown | | | | | Yes | | | | | | |
| **Intubated and mechanically ventilated?** | | | | | No | | | Unknown | | | | | Yes | | 🡪 Date of initial intubation: Choose a date | | | | |
| Extracorporeal Membrane Oxygenation (ECMO)? | | | | | No | | | Unknown | | | | | Yes | | 🡪 Date ECMO started: Choose a date  🡪 Number of Days: | | | | |
| Treatment with Ribavirin? | | | | | No | | | Unknown | | | | | Yes | | 🡪 Date treatment started: Choose a date | | | | |
| Low platelet count (≤150,000)? | | | | | No | | | Unknown | | | | | Yes | | 🡪 Indicate lowest platelet count:  🡪 Date of lowest platelet count: Choose a date | | | | |
| Elevated hematocrit? | | | | | No | | | Unknown | | | | | Yes | | 🡪 Indicate highest hematocrit:  🡪 Date of highest hematocrit: Choose a date | | | | |
| History of underlying medical conditions? | | | | | No | | | Unknown | | | | | Yes | | Specify: | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other possible explanations for acute illness (e.g. sepsis, burns, trauma)?** | | | | | | | | |
| Other clinical comments: | | | | | | | | |
| **SECTION 3: EXPOSURE HISTORY** | | | | | | | | |
| **Occupation:** | | | **Place of work (to nearest municipality):** | | | | | |
| **In the 6 weeks prior to onset of illness was there exposure WITHIN Alberta to rodents or their excretions?** | | | | Yes | No | | Unknown | |
| **Date of Exposure** | **Home/Recreation/Work?** | **Location of Exposure**  *(to nearest municipality)* | | | | **Description of Exposure**  *(e.g. found mouse droppings while cleaning garage)* | | **Exposure to**  *(e.g., mice…)* |
| Choose a date | Choose one |  | | | |  | |  |
| Choose a date | Choose one |  | | | |  | |  |
| Choose a date | Choose one |  | | | |  | |  |

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| **SECTION 4: TRAVEL HISTORY** | | | | | | | | | | | | | | | |
| **In the 6 weeks prior to onset of illness did case travel outside of Alberta?** | | | | | | | | | Yes | | | No | Unknown | | |
| **If Yes, please provide travel dates and location:** | | | | | | | | | | | | | | | |
| **Date Arrived at Location** | **Date Left Location** | | | **Resort Name/Destination Details** | | | | **Municipality** | | | **Prov/Terr/State** | | | | **Country** |
| Choose a date | Choose a date | | |  | | | |  | | |  | | | |  |
| Choose a date | Choose a date | | |  | | | |  | | |  | | | |  |
| Choose a date | Choose a date | | |  | | | |  | | |  | | | |  |
| **SECTION 5: LABORATORY FINDINGS** | | | | | | | | | | | | | | | |
| **Specimen #** | | **Report Date** | | | **Collection Date** | **Specimen Type**  (e.g. blood, lung tissue) | | | | Test Performed (e.g. Hantavirus PCR) | | | | Test Result (e.g. Positive) | |
|  | | Choose a date | | | Choose a date |  | | | |  | | | |  | |
|  | | Choose a date | | | Choose a date |  | | | |  | | | |  | |
|  | | Choose a date | | | Choose a date |  | | | |  | | | |  | |
| **SECTION 6: ADDITIONAL INFORMATION/REPORTING** | | | | | | | | | | | | | | | |
| **Submitter:** | | | | | | **FNIHB location Reporting:** Choose one | | | | | | | | | |
| **Telephone number:** (   )    **-**     ext | | | | | | **Date Reported to Alberta Health**: Choose a date | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | |