BC Centre for Disease Control
Epidemiology Services (fax: 604-660-0197)

C O N FI D E N T I A L

Last updated January 8 2004

Severe Respiratory Illness (SRI)/Severe Acute Respiratory Syndrome (SARS) Investigation Report Form, 2003-2004

☐ ***New Case*** ☐ ***Case Update*** ***(only complete updated areas)*** **Provincial ID:_____**

NOTE: *If there is insufficient space on this form for information, or if you need room for multiple entries (e.g., more than one hospital, place of travel, hotel, flight, contact, etc.), please use the* ***"Notes"*** *section at the bottom to provide the additional information. If that is not enough room, please use an additional form(s), and indicate in the Notes section that it* ***accompanies*** *the initial case report form.*

HEALTH AUTHORITY INFORMATION

Date of report (dd/mm/yyy): ___/___/_____ PHN/Person Reporting: _____
Health Unit Reporting: _____ Phone: _____

PATIENT INFORMATION

Last name:_____ First name: _____
Occupation: ☐ HCW ☐ Other: _____ Date of Birth (dd/mm/yyyy): ___/___/_____
Gender: ☐ Male ☐ Female ☐ Unknown **Ethnicity:** ☐ Caucasian ☐ First Nations ☐ Other_____
City of Primary Residence: _____ Postal Code: _____

CASE TYPE *(refer to case definitions provided)*

☐ **Confirmed SARS** *(clinical, radiographic, lab evidence of SARS; no alternate Dx)*
☐ **Probable SARS** *(clinical, radiographic evidence of SARS; epidemiologic link to SARS; no alternate Dx)*
☐ **SARS Symptomatic Contact** *(clinical symptoms of SARS; epidemiologic link to a person with SARS)*
☐ **SARS Person Under Investigation** *(clinical symptoms of SARS; potential epidemiologic link to SARS)*
☐ **Person hospitalized with SRI + epidemiologic link to SARS**
☐ **Person in SRI cluster in Health Care Unit**
☐ **Unknown**

If epi-linked to a person/place linked to SARS (confirmed or potential), please indicate link:

☐ Returned from zone of re-emergence (ZRE) ☐ Contact with traveler to ZRE
☐ Lab worker handling live SARS Co-V ☐ Link to nosocomial cluster

CLINICAL INFORMATION

Date symptom onset (dd/mm/yyyy)? ___/___/_____ **Date fever onset** (dd/mm/yyyy)? ___/___/_____

Fever >38°	☐ Yes	☐ No	☐ Unknown	Headache	☐ Yes	☐ No	☐ Unknown
Cough	☐ Yes	☐ No	☐ Unknown	Myalgia	☐ Yes	☐ No	☐ Unknown
Breathing Difficulty	☐ Yes	☐ No	☐ Unknown	Diarrhea	☐ Yes	☐ No	☐ Unknown
Rash	☐ Yes	☐ No	☐ Unknown	Other: _____			
Chest X-Ray?	☐ Yes	☐ No	☐ Unknown	**CXR Date** (dd/mm/yyyy): ___/___/_____			
CXR Infiltrates?	☐ Yes	☐ No	☐ Unknown	**CXR Summary:** _____			

Laboratory evidence of SARS Co-V? ☐ Yes ☐ No ☐ Unknown ☐ Results Pending

Patient hospitalized? ☐ Yes ☐ No Hospital Name: _____ City:_____
Reason for hospitalization: ☐ SARS ☐ SRI/ARDS ☐ Other: _____
Admitted (dd/mm/yyyy): ___/___/_____ Discharged (dd/mm/yyyy): ___/___/_____ **OR** ☐ Not discharged
ICU? ☐ Yes ☐ No **Ventilated?** ☐ Yes ☐ No **Intubated?** ☐ Yes ☐ No **On O2?** ☐ Yes ☐ No
Lowest O2 Sat: _____ Lowest platelet count: _____ WBC: _____ Diff: _____

Current diagnosis: ☐ ARDS ☐ Atypical pneumonia ☐ Other: _____
Current disposition: ☐ Recovered ☐ Improving ☐ Stable ☐ Deteriorating ☐ Deceased ___/___/_____
If deceased, cause of death? _____ Autopsy performed? ☐ Yes ☐ No ☐ Unknown
If autopsied, findings consistent w/RDS pathology w/out identifiable cause? ☐ Yes ☐ No ☐ Unknown
Patient isolated? ☐ Yes ☐ No Isolated from (dd/mm/yyyy) ___/___/_____ to ___/___/_____

SIGNIFICANT FACTORS

Underlying medical condition? ☐ Yes ☐ No ☐ Unknown

If yes, ☐ Heart ☐ Lung ☐ Immune System ☐ Kidney Disease ☐ Diabetes ☐ Other: _____

Patient vaccinated for influenza in 2003/2004 season? ☐ Yes ☐ No ☐ Unknown

EXPOSURE HISTORY

Travel within 10 days of symptom onset? ☐ Yes ☐ No ☐ Unknown **If yes,** ☐ Canada ☐ International

Country/city of travel:_____ Travel dates (dd/mm/yyyy): ___/___/_____ to ___/___/_____

Hotel accommodation (name): _____ Dates (dd/mm/yyyy): ___/___/_____ to ___/___/_____

During travel, contact with: ☐ Hospital ☐ Doctor's office ☐ Person with ILI ☐ SARS case ☐ Unknown

Flight within 10 days of symptom onset? ☐Yes ☐ No ☐ Unknown

Flight: _____ Seat#: _____ City of origin: _____ Date (dd/mm/yyyy) ___/___/____

Patient ill on flight? ☐ Yes ☐ No ☐ Unknown

Was patient on an organized tour? ☐ Yes ☐ No ☐ Unknown **Tour name:** _____

Patient ill on tour? ☐ Yes ☐ No ☐ Unknown Tour dates (dd/mm/yyyy): ___/___/_____ to ___/___/_____

Contact of previously identified case? ☐ Yes ☐ No ☐ Unknown **Name of contact:** _____

Type of contact: ☐ Household ☐ Health Care Setting ☐ Airline ☐ Organized Tour ☐ Other: _____

First contact with case (dd/mm/yyyy): ___/___/_____ Last contact with case (dd/mm/yyyy): ___/___/_____

In the 10 days prior to symptoms onset, did this person have direct contact with a:

☐ person who works in a health care facility? ☐ person who traveled to Asia? ☐ area with SARS clusters?

☐ person symptomatic w/febrile resp. illness? ☐ Flight (**if yes, flt#:**_____) ☐ None of the above ☐ Unknown

BLOOD PRODUCTS

Did patient receive or donate blood in 10 days prior to symptom onset? ☐ Received ☐ Donated ☐ Neither

Did patient donate blood after symptoms onset? ☐ Yes ☐ No ☐ Unknown

SPECIMENS COLLECTED

Blood culture	☐ Yes	☐ No	Whole blood	☐ Yes	☐ No	Acute sera	☐ Yes	☐ No
Convalescent sera	☐ Yes	☐ No	Nasopharyngeal swab	☐ Yes	☐ No	Stool	☐ Yes	☐ No
Tracheal aspirate	☐ Yes	☐ No	Cerebral spinal fluid	☐ Yes	☐ No	BAL	☐ Yes	☐ No
Autopsy specimens	☐ Yes	☐ No	Other #1: _____			Other #2: _____		

CASE CONTACTS

List case contacts and type of contact (household, health care setting, airplane, school, work, etc.):

Name: _____ Type of contact: _____ Contact date ___/___/_____

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Name: _____ Type of contact: _____ Contact date ___/___/_____

Notes:_____