



SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement B: SARS Surveillance

Appendix B2: SARS Domestic Case Reporting Form

Form Approved
OMB No. 0920-0008

Person Details

1. IDs	
CDC ID #: <i>CDC ID WILL BE AUTOMATICALLY GENERATED</i>	Date reported to CDC: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>m m d d y y y y</small>
State ID #: <input type="text"/>	Jurisdiction: <input type="text"/>
Date reported to state or local health department: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>m m d d y y y y</small>	
2. Submitted By	
Last Name:	First Name:
State:	Affiliation:
Phone:	E-mail:
3. Patient Information	
City of Residence:	
County of Residence:	
State of Residence:	
Age at onset: <input type="text"/> <input type="checkbox"/> Years <input type="checkbox"/> Months	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic	Race: <i>(Mark one or more)</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
Nationality/Citizenship:	
Residency: <input type="checkbox"/> US Residency <input type="checkbox"/> Non-US Residency	
4. Optional Patient Information	
Last Name:	First Name: <input type="text"/>

Supplement B: SARS Surveillance
(continued from previous page)

Clinical Information

5. Signs and Symptoms	
Date of symptom onset: __ __ / __ __ / __ __ __ __ m m d d y y y y	
Did the person have a fever (subjective or objective)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i> Date of fever onset: __ __ / __ __ / __ __ __ __ m m d d y y y y	
Was temperature > 38° C (100.4° F)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did the patient have any lower respiratory symptoms (e.g. cough, shortness of breath, difficulty breathing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was a chest X-ray or CAT scan performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i> Did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. Clinical Status	
Date of the first health care evaluation for this illness: __ __ / __ __ / __ __ __ __ m m d d y y y y	
Was patient hospitalized for > 24 hours during course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i> Name of Hospital: _____ City: _____ State: _____	
Date of Hospitalization: __ __ / __ __ / __ __ __ __ m m d d y y y y	
Date of Discharge: __ __ / __ __ / __ __ __ __ m m d d y y y y	
Was patient ever admitted to the intensive care unit (ICU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Supplement B: SARS Surveillance

(continued from previous page)

Was patient ever placed on mechanical ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did patient die as a result of his/her illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>	
Date of Death: __ __ / __ __ / __ __ __ __	
m m d d y y y y	
Was an autopsy performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was pathology consistent with pneumonia or RDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Epidemiologic Risk Factors

7. Occupation	
Is the individual a healthcare worker?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* A person who has close contact to patients, patient care areas (e.g., patient room) or patient care items (e.g. linens, patient specimens).</i>	
<i>If yes:</i>	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse/PA <input type="checkbox"/> Lab <input type="checkbox"/> Other Specify: _____
Specify healthcare worker type:	
Does patient have DIRECT patient care responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If not a healthcare worker, please list occupation: _____	

8. Contact and Travel	
In the 10 days prior to symptom onset, did the patient have the following?	
A. Close contact in the 10 days prior to symptom onset with a confirmed SARS-CoV case or a probable SARS-CoV case? *	<input type="checkbox"/> Yes If yes, go to section 9, then return <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS</i>	
B. Close contact with a person considered an RUI-2 or RUI-3? *	<input type="checkbox"/> Yes If yes, go to section 9, then return <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS</i>	

Supplement B: SARS Surveillance

(continued from previous page)

<p>C. Travel to foreign or domestic area with documented or suspected recent local transmission of SARS cases? <i>(See list of areas at end of document)</i></p> <p><i>If yes to C, list travel destination(s) (See list of areas at end of document)</i></p> <p>Destination: _____</p>	<p><input type="checkbox"/> Yes Enter Destination Below</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Date of Arrival: _____</p> <p style="text-align: center;">m m d d y y y y</p>	<p>Date of Departure: _____</p> <p style="text-align: center;">m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: _____</p> <p style="text-align: center;">m m d d y y y y</p>	<p>Date of Departure: _____</p> <p style="text-align: center;">m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: _____</p> <p style="text-align: center;">m m d d y y y y</p>	<p>Date of Departure: _____</p> <p style="text-align: center;">m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: _____</p> <p style="text-align: center;">m m d d y y y y</p>	<p>Date of Departure: _____</p> <p style="text-align: center;">m m d d y y y y</p>

Contact History

<p>9. Information on Ill Contacts</p> <p><i>Add Contact information for ill contacts identified by question 8A or 8B above. These ill contacts should have been identified previously and have been given either a CDC or STATE ID. If an ID has not been given, enter contact name, but update when ID number is available.</i></p>
Contact Information (1)
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p>
<p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>

Supplement B: SARS Surveillance

(continued from previous page)

<p>Classification of Contact (SEE APPENDIX B1):</p> <p><input type="checkbox"/> RUI-2</p> <p><input type="checkbox"/> RUI-3</p> <p><input type="checkbox"/> Probable SARS CoV case</p> <p><input type="checkbox"/> Confirmed SARS CoV case</p>	<p>Nature of contact:</p> <p><input type="checkbox"/> Same household</p> <p><input type="checkbox"/> Coworker</p> <p><input type="checkbox"/> Healthcare environment</p> <p><input type="checkbox"/> Other _____</p>	<p>Contact Start:</p> <p>____ / ____ / ____</p> <p>m m / d d / y y y y</p> <p>Contact End:</p> <p>____ / ____ / ____</p> <p>m m / d d / y y y y</p>
<p>Did the ill contact recently travel to an area with SARS transmission? <i>(see list of areas at end of document)</i></p> <p><i>If Yes, where?</i></p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
Contact Information (2)		
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p> <p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>		
<p>Classification of Contact (SEE APPENDIX B1):</p> <p><input type="checkbox"/> RUI-2</p> <p><input type="checkbox"/> RUI-3</p> <p><input type="checkbox"/> Probable SARS CoV case</p> <p><input type="checkbox"/> Confirmed SARS CoV case</p>	<p>Nature of contact:</p> <p><input type="checkbox"/> Same household</p> <p><input type="checkbox"/> Coworker</p> <p><input type="checkbox"/> Healthcare environment</p> <p><input type="checkbox"/> Other _____</p>	<p>Contact Start:</p> <p>____ / ____ / ____</p> <p>m m / d d / y y y y</p> <p>Contact End:</p> <p>____ / ____ / ____</p> <p>m m / d d / y y y y</p>
<p>Did the ill contact recently travel to an area with SARS transmission? <i>(see list of areas at end of document)</i></p> <p><i>If Yes, where?</i></p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
Contact Information (3)		
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p> <p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>		

Supplement B: SARS Surveillance

(continued from previous page)

<p>Classification of Contact (SEE APPENDIX B1):</p> <p><input type="checkbox"/> RUI-2</p> <p><input type="checkbox"/> RUI-3</p> <p><input type="checkbox"/> Probable SARS CoV case</p> <p><input type="checkbox"/> Confirmed SARS CoV case</p>	<p>Nature of contact:</p> <p><input type="checkbox"/> Same household</p> <p><input type="checkbox"/> Coworker</p> <p><input type="checkbox"/> Healthcare environment</p> <p><input type="checkbox"/> Other _____</p>	<p>Contact Start:</p> <p>____ / ____ / ____</p> <p>m m d d y y y y</p> <p>Contact End:</p> <p>____ / ____ / ____</p> <p>m m d d y y y y</p>
<p>Did the ill contact recently travel to an area with SARS transmission? <input type="checkbox"/> Yes</p> <p>(see list of areas at end of document) <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>If Yes, where?</i></p> <p>_____</p>		

Travel History

10. Patient Travel Information			
If recent foreign travel, did the patient receive a Health Alert or other SARS educational information on arrival in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was the patient symptomatic during travel from a SARS affected area of within 24 hours of return to the US or local area?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>			
1) Please provide to the CDC the name of the SARS suspect who has traveled (enter name from section 3)			
2) If yes, list all travel either by public conveyance (airplane, train bus) or with a tour group, 24 hours before onset of fever or symptoms and thereafter:			
<i>List each portion or leg or the trip below:</i>			
Trip or portion (1)			
Departure Date: ____ / ____ / ____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Transport Company:		Transport No:	
Comment:			
Trip or portion (2)			
Departure Date: ____ / ____ / ____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other

Supplement B: SARS Surveillance

(continued from previous page)

Transport Company:		Transport No:	
Comment:			
Trip or portion (3)			
Departure Date: ____ / ____ / ____-____-____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Tour Group <input type="checkbox"/> Train <input type="checkbox"/> Other <input type="checkbox"/> Cruise <input type="checkbox"/> Bus
Transport Company:		Transport No:	
Comment:			
Trip or portion (4)			
Departure Date: ____ / ____ / ____-____-____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Tour Group <input type="checkbox"/> Train <input type="checkbox"/> Other <input type="checkbox"/> Cruise <input type="checkbox"/> Bus
Transport Company:		Transport No:	
Comment:			

(This page may be duplicated if needed)

Classification of Patient

11. Classification of patient by state of municipality (using CSTE/CDC definitions): SEE APPENDIX B1	
Initial Classification (check one only): <i>Report Under Investigation (RUI)</i> <input type="checkbox"/> RUI-1 <input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> RUI-4 <i>OR SARS disease classification</i> <input type="checkbox"/> Probable SARS-CoV Case <input type="checkbox"/> Confirmed SARS-CoV Case	Updated Classification (check one only): <input type="checkbox"/> RUI-1 <input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> RUI-4 <input type="checkbox"/> Probable SARS-CoV Case <input type="checkbox"/> Confirmed SARS-CoV Case <input type="checkbox"/> Not a case: negative serology (>28 days post onset) <input type="checkbox"/> Not a case: alternative diagnosis accounts for illness
	Date Updated (most recent): ____ / ____ / ____-____-____ m m d d y y y y

Supplement B: SARS Surveillance

(continued from previous page)

Laboratory Evaluation

12. Local SARS testing		
Chose from the following specimens to enter for each test: Whole blood, serum (acute), serum (convalescent), NP swab, NP aspirate, Bronchoalveolar lavage specimen, OP swab, urine, stool, tissue.		
Specimen 1		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 2		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 3		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 4		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate

Supplement B: SARS Surveillance

(continued from previous page)

Specimen 5		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ <small>m m d d y y y y</small>
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 6		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ <small>m m d d y y y y</small>
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 7		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ <small>m m d d y y y y</small>
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 8		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ <small>m m d d y y y y</small>
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate

13. Alternative Diagnosis
Was an alternative respiratory pathogen detected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes indicate which one (see list below):</i> _____

Supplement B: SARS Surveillance

(continued from previous page)

Alternative pathogen (e.g., Influenza A, Influenza B, RSV, rhinovirus, adenovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma*, *Chlamydia pneumoniae*, human parainfluenza virus 1, human parainfluenza 2, human parainfluenza 3, human metapneumovirus, *Legionella* sp., other.):

14. List specimens sent to the CDC

Chose from the following specimens to enter below:

Whole blood, plasma, serum (acute), serum (convalescent), NP swab, NP aspirate, bronchoalveolar lavage specimen, OP swab, tracheal aspirate, pleural tap, urine, stool, tissue.

Specimen 1: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 2: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 3: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 4: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 5: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 6: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 7: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 8: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y

Supplement B: SARS Surveillance

(continued from previous page)

Notes

15. Notes:

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering information and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

Supplement B: SARS Surveillance

(continued from previous page)

Note: List of areas with current confirmed or suspected SARS transmission

(If SARS-CoV transmission recurs, the list of foreign or domestic areas with documented or suspected recent local transmission of SARS-CoV will be listed here.)

Types of locations specified will vary (e.g., country, airport, city, building, floor of building). The last date a location may be a criterion for exposure for illness onset is 10 days (one incubation period) after removal of that location from CDC travel alert status. The patient's travel should have occurred on or before the last date the travel alert was in place. Transit through a foreign airport meets the epidemiologic criteria for possible exposure in a location for which a CDC travel advisory is in effect. Information regarding CDC travel alerts and advisories and assistance in determining appropriate dates are available at <http://www.cdc.gov/ncidod/sars/travel.htm>.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)