

Secure COVID-19 VA

By using this reporting system, you agree that you will only provide anonymized information in connection with this project and will not provide any individually identifiable data, or personal data, relating to patients.

Reporting of COVID-19 cases in Vascular Anomalies (VA) globally

This form is to be completed by a health care professional caring for a patient with a vascular anomaly (excluding hemangiomas) and documented coronavirus (COVID-19).

Please report only confirmed COVID-19 cases, and report after sufficient time has passed to observe the disease course through resolution of acute illness and/or death.

Fields marked with a red asterisk (*) are required.

If you have any questions, please contact us at covid.va@email.chop.edu.

Reporter Information

Name of reporter*

Email address of reporter*

Name of physician providing care for VA*

Name of center/practice providing care for VA*

Patient Information

Age, in years *

Age, in months *

Patient's weight (kg)

Patient's height (cm)

Country of residence

- Not in this country list ---
- Åland Islands
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia, Plurinational State of
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, the Democratic Republic of the
- Cook Islands
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia

- Falkland Islands (Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Holy See (Vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic of
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, Democratic Peoples Republic of
- Korea, Republic of
- Kuwait
- Kyrgyzstan
- Lao Peoples Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Macedonia, the former Yugoslav Republic of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte

- Mexico
- Micronesia, Federated States of
- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Qatar
- Ré union
- Romania
- Russian Federation
- Rwanda
- Saint Barthélemy
- Saint Helena, Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden
- Switzerland

- Syrian Arab Republic
- Taiwan, Province of China
- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela, Bolivarian Republic of
- Vietnam
- Virgin Islands, British
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

State of residence

- ALABAMA ALASKA
 AMERICAN SAMOA ARIZONA
 ARKANSAS CALIFORNIA
 COLORADO CONNECTICUT
 DELAWARE DISTRICT OF COLUMBIA
 FLORIDA GEORGIA
 GUAM HAWAII IDAHO
 ILLINOIS INDIANA
 IOWA KANSAS KENTUCKY
 LOUISIANA MAINE
 MARYLAND MASSACHUSETTS
 MICHIGAN MINNESOTA
 MISSISSIPPI MISSOURI
 MONTANA NEBRASKA
 NEVADA NEW HAMPSHIRE
 NEW JERSEY NEW MEXICO
 NEW YORK NORTH CAROLINA
 NORTH DAKOTA OHIO
 OKLAHOMA OREGON
 PENNSYLVANIA PUERTO RICO
 RHODE ISLAND SOUTH CAROLINA
 SOUTH DAKOTA TENNESSEE
 TEXAS UTAH VERMONT
 VIRGIN ISLANDS VIRGINIA
 WASHINGTON WEST VIRGINIA
 WISCONSIN WYOMING

Patient's current gender identity

- Female
 Male
 Trans female/Trans woman
 Trans male/Trans man
 Genderqueer/Gender non-conforming
 Different identity

Please specify different gender identity

Sex assigned at birth

- Female
 Male
 Intersex

Race (may check more than one)

- White
 Black or African American
 American Indian / Native Alaskan
 Asian
 Native Hawaiian / Pacific Islander
 Other
 Unknown / Not applicable

Please specify other race

Ethnicity

- Hispanic/Latino
 Not Hispanic/Latino
 Unknown / Chose not to answer

Smoking/Vaping status

- Never smoked
 Former smoker
 Current smoker
 Unknown smoking status
 Never vaped
 Former vaper
 Current vaper
 Unknown vaping status

Other inhaled substances: marijuana

- Yes
 No
 Other

Please specify other inhaled substances

Vascular anomaly disease phenotype: (can check more than one)

Tumor

- Kaposiform hemangioendothelioma
 Pseudomyogenic hemangioendothelioma
 Kaposi sarcoma
 Epithelioid hemangioendothelioma
 Angiosarcoma
 Other

Please specify other tumor

Capillary Malformation

- Capillary malformation
 Capillary malformation with overgrowth (DCMO)
 Capillary malformation arteriovenous malformation (CM-AVM)
 Other

Please specify other capillary malformation

Lymphatic Malformation

- Lymphatic malformation Macrocytic
 Lymphatic malformation Microcystic
 Lymphatic malformation Mixed cystic
 Generalized Lymphatic Anomaly (GLA)
 Kaposiform Lymphangiomatosis (KLA)
 LM in Gorham-Stout disease
 Channel type LM (CCLA)
 Primary lymphedema
 Other

Please specify other lymphatic malformation

Venous malformation

- Common Venous malformation (VM)
 Familial VM cutaneo-mucosal (VMCM)
 Blue rubber bleb nevus syndrome (BRBNS)
 Verrucous venous malformation
 Other

Please specify other venous malformation

Arteriovenous malformation (AVM)

- Sporadic
 HHT
 CM-AVM
 Arteriovenous fistula (AVF) (congenital)
 Other
-

Please specify other arteriovenous malformation

Combined vascular malformation

- Capillary-venous malformation CVM
 Capillary-lymphatic malformation CLM
 Capillary-arteriovenous malformation CAVM
 Lymphatic-venous malformation LVM
 Capillary-lymphatic-venous malformation CLVM
 Capillary-lymphatic arteriovenous malformation CLAVM
 Capillary-venous-arteriovenous malformation CVAVM
 Capillary-lymphatic-venous-arteriovenous malformation CLVAVM
 Other
-

Please specify other combined vascular malformation

Vascular malformations associated with other anomalies

- Klippel-Trenaunay syndrome
 Parkes Weber syndrome
 Sturge -Weber syndrome
 Maffucci Syndrome
 Macrocephaly -CM (M-CM/MCAP)
 Microcephaly-CM (MICCA)
 CLOVES syndrome
 Proteus Syndrome
 Intramuscular hemangioma
 Multifocal lymphangioendotheliomatosis with thrombocytopenia/cutaneovisceral angiomatosis and thrombocytopenia (MLT/CAT)
 PTEN hamartoma tumor syndrome (PHTS)
 Fibroadipose Vascular Anomaly (FAVA)
 Other
-

Please specify "other" vascular malformation associated with other anomalies

Genotype

- Yes
 No
 Unknown

Please specify genotype (check all that apply)

- GNAQ
- GNA11
- GNA14
- IDH1
- IDH2
- FOS
- BRAF
- RAS
- MYC
- CAMTA1
- TFE3
- STAMBP
- PIK3CA
- RASA1
- EPHB4
- HHT1 ENG
- HHT2 ACVRL1
- HHT3
- JPHT SMAD4
- FLT4
- VEGFR3
- VEGFC
- GJC2
- Connexin 47
- FOXC2
- SOX18
- GATA2
- CCBE1
- KIF11
- PTPN14
- TIE2
- Glomulin
- AKT1
- MAP3K3
- MAP2K1
- PTEN
- NRAS
- KRAS
- Other

Please specify other genotype

Home VA Medications

Home VA medications (all medications for treatment and symptomatic support of the VA) at the time of COVID-19 diagnosis [please include medications stopped within two weeks of time of diagnosis (check all boxes that apply)].

- Acetaminophen, paracetamol (Tylenol®, Dafalgan®)
- Ibuprofen, (Advil®, Motrin®, Nuprin®)
- Aspirin
- Celecoxib (Celebrex®)
- Narcotics
- LMWH: Dalteparin (Fragmin®), Enoxaparin (Lovenox®, Clexane®), Tinzaparin (Innohep®), Nadroparine (Fraxiparine®)
- Warfarin (Coumadin®, Marevan®)
- Rivaroxaban (Xarelto®)
- Apixaban (Eliquis®)
- Betrixaban (Bevyxxa®)
- Dabigatran etexilate (Pradaxa®)
- Edoxaban (Savaysa®, Lixiana®)
- Rapamycin, Sirolimus (Rapamune)
- Everolimus (Afinitor®, Zortress®)
- Vincristine, Leurocristine (Oncovin®)
- Steroids
- Cyclophosphamide
- Alpelisib, BYL719 (Piqray®)
- Miransertib, ARQ092
- Thalidomide (Thalomid®)
- Pomalidomide (Pomalyst®)
- Sildenafil (Viagra®)
- Propranolol (Inderal®, Hemangirol®)
- Sulfamethoxazole/Trimethoprim (Bactrim®)
- IVIG
- Prophylactic antibiotics
- Other

Please specify narcotics

Please specify other home VA medications

Vascular Anomaly extent of disease

Please specify VA extent of disease

- Focal
- Diffuse
- Involvement of vital organs
- Other

Please specify other VA extent of disease

Vascular Anomaly Co-morbidities

Vascular Anomaly Co-morbidities (check all that apply): These are secondary to the vascular anomaly

- Pain
- Ectatic veins
- Lymphatic blebs
- Bleeding
- Coagulopathy
- Contractures
- Pulmonary hypertension
- Portal hypertension
- Pulmonary embolus
- Deep venous thrombosis
- Pericardial effusion
- Pleural effusion
- Mediastinal mass
- Lung disease
- History of cellulitis
- Immune dysfunction secondary to disease
- Renal issues
- Bone disease
- Lymphedema
- Protein losing enteropathy

Is coagulopathy severe (Fibrinogen < 100 mg/dl, platelets < 100,000 per ml, and/or D-dimer >10 x normal)?

- Yes
- No

Does the patient have any of the following comorbidities?

Does the patient have any of the following comorbidities (check all that apply)?

- Cardiovascular disease (coronary artery disease, heart failure, arrhythmia, etc)
- Diabetes
- Asthma
- COPD
- Other Chronic Lung Disease (NOT asthma/COPD)
- Hypertension
- Cancer
- Chronic liver disease (PSC, NAFLD, cirrhosis, etc.)
- Current cigarette smoker
- Current user of other tobacco products other than cigarettes (vaping, etc.)
- Anxiety, depression, and/or behavioral problems
- Attention deficit/hyperactivity disorder
- Celiac disease
- Developmental delay or learning disability
- Headaches
- Kidney Disease
- Obesity
- Seizure disorder
- Sleep disturbances
- Stroke
- Thyroid disease
- Liver dysfunction
- G6PD deficiency
- Other

Specify other relevant comorbidity _____

COVID-19 Questions

Year of diagnosis of COVID-19

- 2019 2020 2021
 2022 2023 2024
 2025 2026 2027
 2028 2029 2030
 2031 2032 2033
 2034 2035 2036
 2037 2038 2039
 2040

Month of diagnosis of COVID-19

- January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

COVID-19 Diagnosis was confirmed by?

- Positive testing
 Presumptive based on history and/or CT
 Presumptive based on history and chest x-ray

Positive testing by?

- PCR-based Testing
 Antibody Testing
 Other

Please specify other positive testing

Specify approximate number of days of symptoms from COVID-19 (if known)

Did patient have worsened VA disease at the time of COVID-19?

- Yes
 No

Please choose a severity of COVID-19

- Asymptomatic - no clinical signs or symptoms during the positive COVID-19 period.
 Mild - symptoms of acute upper respiratory tract infection, including fever, fatigue, myalgia, cough, sore throat, runny nose, and sneezing or gastrointestinal symptoms or digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea.
 Moderate - pneumonia, with or without clinical symptoms, no hypoxia.
 Severe - early respiratory symptoms or gastrointestinal symptoms followed by dyspnea and hypoxia (O2 saturations less than 92%).
 Critical - ARDS, respiratory failure, encephalopathy, shock, coagulopathy, multi-organ impairment (lung, heart, kidney, brain) that may be life threatening.

Have patient's symptoms resolved at the time of this report?

- Yes
 No
 Unknown
 Patient never developed symptoms (just tested positive)

Did patient develop any of these symptoms at the time of COVID-19 infection?

Stroke

- Yes
 No
 Unknown

CNS bleed

- Yes
 No
 Unknown

Bleeding

- Yes
 No
 Unknown

Cellulitis

- Yes
 No
 Unknown

Pneumonia

- Yes
 No
 Unknown

Bacterial Sepsis

- Yes
 No
 Unknown

Growth of their vascular anomaly

- Yes
 No
 Unknown

Anemia

- Yes
 No
 Unknown

Thrombocytopenia

- Yes
 No
 Unknown

Hypofibrinogenemia

- Yes
 No
 Unknown

Worsening D-dimer

- Yes
 No
 Unknown

Coagulopathy

- Yes
 No
 Unknown

Worsening pain Yes
 No
 Unknown

Pulmonary hypertension Yes
 No
 Unknown

Heart failure Yes
 No
 Unknown

Kidney failure Yes
 No
 Unknown

Was dialysis needed? Yes
 No
 Unknown

Did the patient recover kidney function? Yes
 No
 Unknown

Cytokine storm Yes
 No
 Unknown

Thrombosis Yes
 No
 Unknown

Complement activation Yes
 No
 Unknown

COVID-19 Treatment

Did patient die of COVID-19 or other complications caused by or contributed to by COVID-19? Yes
 No
 Unknown

Was patient evaluated in a hospital ER? Yes
 No
 Unknown

Has the patient been hospitalized? Yes
 No
 Unknown

Name of hospital _____

Length of stay (days) _____

Did patient require a ventilator? Yes
 No
 Unknown

Did the patient receive blood transfusion? Yes
 No

Did patient require admission to an intensive care unit (including step-down units)? Yes
 No
 Unknown

COVID-19 specific treatment

Did the patient receive any treatment specific to COVID-19 ? (check all that apply)

- Ribavirin/Tribavirin
- Remdesivir
- Lopinavir/Ritanovir(Kaletia)®
- Avipiravir/Favipiravir
- Chloroquine/Hydroxychloroquine/Plaquenil®
- Siltuximab
- Losartan/Cozaar®
- Tocilizumab/Atlizumab
- Azithromycin/Z-pak®, AzaSite®, Zithromax®
- Convalescent plasma
- Mesenchymal stem cells
- IVIG
- Other
- Unkown

Please specify other COVID-19 specific treatment _____