

Influenza

* Required

Facility ID#: _____ Med Admin#: _____

Healthcare Worker Demographics

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: F M Other *Date of Birth: _____ / _____ / _____

*Work Location: _____ *Occupation: _____ Clinical Specialty: _____

Information about the Antiviral Medication

Infectious agent: **Influenza** *For season: _____ (specify years)

*Indication (select one)	*#	Influenza subtype	*Antiviral medication (Enter code from below)	*Start date	Stop date	*Adverse reactions?
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		____ / ____ / ____ mm dd yyyy	____ / ____ / ____ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Antiviral medications
 AMAN—amantadine (Symmetrel®) RIMAN—rimantadine(Flumadine®) ZANAM—zanamivir (Relenza®) OSELT—oseltamivir (Tamiflu®)

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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering 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, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #1: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #2: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #3: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #4: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #5: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #6: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #7: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #8: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #9: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Adverse reactions to antiviral medication #10: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute respiratory failure
<input type="checkbox"/> Anaphylactic reaction
<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Behavior disturbances
<input type="checkbox"/> Bronchospasm
<input type="checkbox"/> Cardiac arrest
<input type="checkbox"/> Cardiac failure
<input type="checkbox"/> Coma
<input type="checkbox"/> Convulsions; seizure
<input type="checkbox"/> Delirium, delusions, stupor
<input type="checkbox"/> Erythema multiforme | <input type="checkbox"/> Hemorrhagic colitis
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hypotension; orthostatic hypotension
<input type="checkbox"/> Leukopenia; neutropenia
<input type="checkbox"/> Life threatening overdose
<input type="checkbox"/> Liver function test elevation
<input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma)
<input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction
<input type="checkbox"/> Oropharyngeal edema
<input type="checkbox"/> Psychosis | <input type="checkbox"/> Pulmonary edema
<input type="checkbox"/> Serious skin rash
<input type="checkbox"/> Suicide or self-harm attempt
<input type="checkbox"/> Swelling of face or tongue
<input type="checkbox"/> Syncope
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome
<input type="checkbox"/> Urinary retention
<input type="checkbox"/> Other _____ |
|---|--|--|

Custom Fields

Label	Label
_____ / ___ / ____	_____ / ___ / ____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments