

### Novel Human Influenza A Virus Infection Case Report Form

Reported by:

State: \_\_\_\_\_

County: \_\_\_\_\_

Date reported to state/local health department

\_\_/\_\_/\_\_

State/Local Case ID

\_\_\_\_\_

Name of Person Reporting to CDC: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number :( )\_\_\_\_-\_\_\_\_\_ Fax Number :( )\_\_\_\_-\_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Patient Demographic Data

Date of Birth: \_\_/\_\_/\_\_

Race: American Indian/Alaska Native                      White

Asian    Black

Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic                      Non-Hispanic

Sex: Male      Female

Is the patient pregnant?      Yes              No              Unknown

#### Clinical and Diagnostic Data:

Date of symptom onset: \_\_/\_\_/\_\_

Signs and symptoms: (check all that apply)

Fever >38 C (100.4 F) \_\_\_\_\_ T max      Sore throat  
Feverish but temperature not taken                      Conjunctivitis  
Cough    Shortness of breath  
Headache    Diarrhea  
Seizures    Other, specify \_\_\_\_\_

Was the patient vaccinated against human influenza in the past year?

Yes              No              Unknown  
If yes, date of vaccination \_\_/\_\_/\_\_  
Type of vaccine: Inactivated Live attenuated                      Unknown

Did the patient receive antiviral medications?

Yes              No              Unknown

Public reporting burden of this collection of information is estimated to average 30 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
Oseltamivir			
Zanamivir			
Rimantidine			
Amantadine			
Other _____			

Laboratory Findings:

Leukopenia (white blood cell count <5,000 leukocytes/mm<sup>3</sup>)

Yes                  No                  Unknown

Lymphopenia (total lymphocytes <800/mm<sup>3</sup> or lymphocytes <15% of total WBC)

Yes                  No                  Unknown

Thrombocytopenia (total platelets <150,000/mm<sup>3</sup>)

Yes                  No                  Unknown

Does the patient have any underlying medical conditions?

Yes                  No                  Unknown

If yes, please specify \_\_\_\_\_

Does the patient have compromised immune function such as HIV infection, cancer, chronic corticosteroid therapy, diabetes, or organ transplant recipient?

Yes                  No                  Unknown

If yes to compromised immune function, specify:

\_\_\_\_\_

Was the patient hospitalized?    Yes                  No                  Unknown

Did the patient require mechanical ventilation?

Yes                  No                  Unknown

Did the patient have a chest x-ray or CAT scan performed?

Normal                  Abnormal                  Test not performed                  Unknown

If abnormal:

Was there evidence of pneumonia?

Yes                  No                  Unknown

Did this patient have acute respiratory distress syndrome?

Yes                  No                  Unknown

Did the patient die as a result of this illness? Yes No Unknown

Diagnostic tests:

Test 1

Specimen type:

NP swab NP aspirate Nasal aspirate Sputum  
Oropharyngeal swab Endotracheal aspirate Chest tube fluid  
Bronchoalveolar lavage specimen (BAL) Serology  
Other

Date collected: \_\_/\_\_/\_\_

Test type:

RT-PCR Direct fluorescent antibody (DFA)  
Viral culture Rapid antigen test

Test result:

Influenza A Influenza B Influenza type unknown  
Negative Pending

Test 2

Specimen type:

NP swab NP aspirate Nasal aspirate Sputum  
Oropharyngeal swab Endotracheal aspirate Chest tube fluid  
Bronchoalveolar lavage specimen (BAL) Serology  
Other

Date collected: \_\_/\_\_/\_\_

Test type:

RT-PCR Direct fluorescent antibody (DFA)  
Viral culture Rapid antigen test

Test result:

Influenza A Influenza B Influenza type unknown  
Negative Pending

Indicate when and what type of specimens (including sera) were sent to CDC

\_\_/\_\_/\_\_ Specimen type \_\_\_\_\_  
\_\_/\_\_/\_\_ Specimen type \_\_\_\_\_  
\_\_/\_\_/\_\_ Specimen type \_\_\_\_\_

### Epidemiologic Risk Factors

In the 10 days prior to illness onset, did the patient travel?

Yes                      No                      Unknown

If yes, please fill in the arrival and departure dates for all countries visited.

Country\_\_\_\_\_                      Arrival\_\_\_\_\_                      Departure\_\_\_\_\_

Country\_\_\_\_\_                      Arrival\_\_\_\_\_                      Departure\_\_\_\_\_

Country\_\_\_\_\_                      Arrival\_\_\_\_\_                      Departure\_\_\_\_\_

Country\_\_\_\_\_                      Arrival\_\_\_\_\_                      Departure\_\_\_\_\_

Country\_\_\_\_\_                      Arrival\_\_\_\_\_                      Departure\_\_\_\_\_

The following questions concern the 10 days prior to illness onset...

Did the patient have close contact (within 1 meter (3 feet)) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable or confirmed novel human influenza A case?

Yes                      No                      Unknown

Did the patient touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds, or swine) or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes                      No                      Unknown

Was the patient exposed to animal (including poultry, wild birds, or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes                      No                      Unknown

Was the patient exposed to environments contaminated by animal feces (including poultry, wild birds, or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes                      No                      Unknown

Did the patient consume raw or undercooked animals (including poultry, wild birds, or swine products) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes                      No                      Unknown

Did the patient have any animal contact?

Yes                      No                      Unknown

If yes, please specify contact with dogs, cats, horses, wild birds, poultry or swine.

---

---

---

Did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?

Yes            No            Unknown

Does the patient work in a health care facility or setting?

Yes            No            Unknown

Did the patient visit or stay in the same household with any one with pneumonia or severe influenza-like illness?

Yes            No            Unknown

Did the patient visit or stay in the same household with anyone who died following the visit?

Yes            No            Unknown

Did the patient visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (state or county fair) in the last month?

Yes            No            Unknown

Did the patient have direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (state or county fair) in the last month?

Yes            No            Unknown

If this patient has a diagnosis of novel influenza A virus infection that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed or probable novel influenza A case?

Yes            No            Unknown

## Novel Human Influenza A Case Definition

Clinical presentation: Illness compatible with influenza virus infection.

Laboratory evidence: A novel human influenza virus is defined as a influenza A virus substantially different from currently circulating human influenza H1 and H3 strains such that it cannot be subtyped using standard methods and reagents. This would include influenza A H1 and H3 viruses of animal origin (e.g. swine and avian H1 and H3 viruses) and non-H1 or H3 subtype influenza A viruses (e.g. H2, H5, H7, and H9 subtypes). Novel influenza A viruses will be identified as unsubtypable with methods available for detection of currently circulating human influenza viruses at state public health laboratories (e.g., real-time RT-PCR).

Confirmation of an influenza A virus as a novel virus will be performed by CDC's influenza laboratory. Criteria for epidemiologic linkage: a) the patient has had contact with one or more persons who either have/had the disease and b) transmission of the agent by the usual modes of transmission is plausible. A case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

Confirmed case: A case of human infection with a novel influenza A virus confirmed by CDC's influenza laboratory.

Probable case: A case meeting the clinical criteria and epidemiologically linked to a confirmed case, but for which no laboratory testing for influenza virus infection has been performed.

Suspected case: A case meeting the clinical criteria, pending laboratory confirmation. Any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses is classified as a suspected case until the confirmation process is complete.