Form Approved
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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

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/mm3)
Yes No Unknown

Lymphopenia (total lymphocytes <800/mm3 or lymphocytes <15% of total WBC)
Yes No Unknown

Thrombocytopenia (total platelets <150,000/mm3)
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
Broncheoalveolar 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
Broncheoalveolar 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_____
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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 to 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.