

Human Infection with Novel Influenza A Virus Case Report Form

State: Date reported to health department:/_ / (MM/DD/YYYY) Date interview completed:/ / (MM/DD/YYYY)								
State Epi ID: State Lab ID:								
Household ID (CDC use only):CDC ID (CDC use only):Cluster ID (CDC use only):								
	At the time of this report, is the case							
	Confirmed Probable Case un	der investigation (skip to Q.3)) \Box Not a case (skip to Q.3)					
2.	What is the subtype?							
	☐ Influenza A(H1N1) variant ☐ Influenza	enza A(H1N2) variant	Influenza A(H3N2) variant Influe	enza A(H5N1)				
	Other			nown				
Der	mographic Information							
3.		D/YYYY)						
4.	County of residence:							
5.	·	American Indian/Alaska	Native 🗌 Black 🗌 Native Hawai	ian/Other Pacific Islander				
	all that apply)							
6. 7	Ethnicity: Hispanic or Latino							
7.		nale						
	nptoms, Clinical Course, Treatme							
8. 9.	What date did symptoms associated with the During this illness, did the patient experien		(MM/DD/YYYY)					
9.	Symptom	Symptom Present?	Symptom	Symptom Present?				
	Fever (highest temp °F)	Yes No Unk	Shortness of breath	Yes No Unk				
	If fever present, date of onset /		Vomiting	Yes No Unk				
	Felt feverish	Yes No Unk	Diarrhea	Yes No Unk				
	If felt feverish, date of onset//	(MM/DD/YYYY)	Eye infection/redness	Yes No Unk				
	Cough	Yes No Unk	Rash	Yes No Unk				
	Sore Throat	Yes No Unk	Fatigue	Yes No Unk				
	Muscle aches Headache	Yes No Unk	Seizures	Yes No Unk				
10	Does the patient still have symptoms?	Yes No Unk	Other, specify	Yes No Unk				
10.		nknown (skip to Q.12)						
11.	When did the patient feel back to normal?		/YYYY)					
	Did the patient receive any medical care for		,					
		Unknown (skip to Q.29)						
13.	Where and on what date did the patient see							
	Doctor's office date://	(MM/DD/YYYY)	mergency room date:///	(MM/DD/YYYY)				
	Urgent care clinic date: (MM/DD/YYYY) \square Health department date: (MM/DD/YYYY)							
	☐ Other date:// (MM/DD/YYYY) ☐ Unknown							
14.	Was the patient hospitalized for the illness?							
	Yes \square No (skip to Q.23) \square Unknown (skip to Q.23)							
	5. Date(s) of hospital admission? First admission date: / / (MM/DD/YYYY) Second admission date: / / (MM/DD/YYYY)							
16.	6. Was the patient admitted to an intensive care unit (ICU)? \square Note \square							
17	Yes No (skip to Q.18) Date of ICU admission: /	Unknown (skip to Q.18)	e of ICU discharge: / /					
	Did the patient receive mechanical ventilati							
10.		Unknown (skip to Q.20)						
19	9. For how many days did the patient receive mechanical ventilation or have a breathing tube? days							
	20. Was the patient discharged?							
	· ·	Unknown (skip to Q.23)						
21.	Date(s) of hospital discharge? First discha		DD/YYYY) Second discharge date:	/ / (MM/DD/YYYY)				
	Where was the patient discharged?	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	、				
	Home Nursing facility/rehab	Hospice Othe	r 🛛 Uı	nknown				
23.	Did the patient have a new abnormality on							
🗌 No, x-ray or scan was normal 🗌 Yes, x-ray or scan detected new abnormality 🗌 No, chest x-ray or CAT scan not performed 🗌 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,								

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).

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24.	Did the patient receive a diagnosis of pneumonia?		-					
	Yes No Unknown							
25.	Did the patient receive a diagnosis of ARDS?							
	Yes No Unknown	3.						
26.	Did the patient have leukopenia (white blood cell count <5000 le	-	lated with this illness	?				
27	☐ Normal ☐ Abnormal ☐ Test not performed Did the patient have lymphopenia (total lymphocytes <800/mm ³	Unknown	(a of WBC) associated	with this illness?				
27.	□ Normal □ Abnormal □ Test not performed		o or whee) associated	with this filless:				
28.	Did the patient have thrombocytopenia (total platelets <150,000/		this illness?					
	Normal Abnormal Test not performed	Unknown						
29.	Did the patient experience any other complications as a result of	this illness? 🗌 Yes	(please describe below	v) 🗌 No 🗌 Unk	nown			
30.	Did the patient receive influenza antiviral medications?							
	Yes, (please complete table below) No Unk	known	F ., 1 , 1 , <i>t</i> .					
	Drug	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Dosage (if known)				
	Oseltamivir (Tamiflu)			mg				
	Zanamivir (Relenza)			mg				
	Other influenza antiviral			mg				
31.	Did the patient die as a result of this illness?							
	Yes, Date of death: / / (MM/DD/YYYY)	No	Unknown					
	uenza Testing	A			(DT			
32.	When was the specimen collected that indicated novel influenza PCR)? / / (MM/DD/YYYY)	A virus infection by I	Reverse Transcription	-Polymerase Chain Rea	ction (R1-			
33.	Where was the specimen collected? \Box Doctor's office \Box Ho	spital 🗍 Emergency	v room 🔲 Urgent ca	re clinic 🔲 Health de	epartment			
	Other				1			
34.	Was a rapid influenza diagnostic test (RIDT) used on any respira	• •	eted?					
	Yes No (skip to Q.38) Unknown (skip to							
	When was the RIDT specimen collected? ////////////////////////////////////			tive 🗖 Other				
	What brand of RIDT was used?	enza A/B (type not dis	sunguisned) 🗋 Nega					
	dical History Past Medical History and Vaccinati	on Status		_				
	Does the patient have any of the following chronic medical cond		ALL conditions that	qualify.				
	a. Asthma/reactive airway disease	Unknown						
	-	\square Unknown (If Y	ES, specify)					
	f. Non-cancer immunosuppressive condition \Box Yes \Box No							
	g. Cancer chemotherapy in past 12 months Yes No							
39.	Does the patient frequently use a stroller or wheelchair? If yes, p							
	Yes] No 🛛 Unknown				
40.	Was patient pregnant or ≤ 6 weeks postpartum at illness onset?							
	Yes, pregnant (weeks pregnant at onset) Yes, postpartum (delivery date) / / (MM/DD/YYYY) No Unknown							
41.	41. Does the patient currently smoke?							
42	Yes No Unknown Was the patient vaccinated against influenza in the past year?							
τ <i>Δ</i> .	\square Yes \square No (skip to Q.45) \square Unknown (skip to Q.45)							
43.	43. Month and year of influenza vaccination? Vaccination date 1: _/(MM/YYYY) Vaccination date 2: _/(MM/YYYY)							
44.	Type of influenza vaccine (check all that apply):	(injection) Live	attenuated (nasal spra	uy) 🗌 Unknown				



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	pidemiologic R								
			-	atient tr	ravel outside of his/h	er usual area?	Yes 🗌 No (skip t	o Q.48) 🗌 Unknown	n (skip to Q.48)
4	6. When and when								
							State		
						Country	State	City/County	
4	7. Did the patient \Box			~ ~	• ·	1	1		
					embers 📋 Yes, with	n non-household	l members 🗌 Unkn	own	!
-	Risk Factors—Dom								
4					tend an agricultural	tair/event or live	e animal market?		· · · · · · · · · · · · · · · · · · ·
		-					\square No (skip to		
4	-	-		-	•	-	ir/event or live anima		nat apply)?
	 ☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset ☐ 4 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset 								
5							handle) any livestock		or pige?
Э					own (skip to Q.53)	i with (touch of	nanule) any investors	ammais like poultry	or pigs:
5		· • ·			contact with (check	all that apply)9			
5		-	ultry/wild				igs/hogs 🗌 Other		
5	2. Where did the d							·	
U						l market 🗌 F	Petting zoo Othe	r	
5		- •					through an area conta		6 feet of) any
	livestock anima						-	-	, <u>,</u>
	Yes [No (skip to Q.5	6) 🗌 U	Jnknov	vn (skip to Q.56)				
5	P A C <i>T</i>	•			ct contact with (chec				
	Horses	Cows Por	ultry/wild	birds	□ Sheep □	Goats 🗌 Pi	igs/hogs 🗌 Other		
5	5. Where did the in		· ·			_	_		
					ent 🗌 Live anima				
5				tient ha			y animal exhibiting s		
,		y animal type and l		ndiraat	t or both) with nigs) above. If no contact	∐ No ∐ Unkr	
							ct, indirect, or both) v		
5	-	-		-	-		s onset \Box 3 days be		in uppiy):
			-				sonset \Box 7 days be		
5			-			-	contact (direct, indire		days
					re for livestock anim		· · · · · · · · · · · · · · · · · · ·	· /·	
	5	No (skip to Q.61	-	•	own (skip to Q.61)				
6	0. What type(s) of	animals are kept of	r cared fo	r by ho	usehold members (c				
			ultry/wild		Sheep 0		s/hogs Other_		
:		·····			l, and Secondary Sp				
6	-					home, boarding	school, college dorm	itory)?	
 Yes (skip to Q.63) No Unknown (skip to Q.63) 62. How many people resided in the patient's household(s) in the week before or after illness onset (excluding the patient)? 									
6									
A household member is anyone with at least one overnight stay in the week before or after the patient's illness onset, and the patient may have resided in >1 household during this period. Please complete the table below for each household member.									
	may nave resid	ieu in >1 nousehol	u aaring	unis pe	eriou. Flease comple	ete the table be			If UII manula
		D olation to			Fever or any		If HH r II		If HH member NOT ILL
		Relation to patient (e.g.	Sex		respiratory	Date of			
ID	Household (HH)	parent, brother,	(M/F)	Age	symptom +/- 7	illness onset	Any pig/hog	Attend	Pig/hog contact or fair attendance
		friend)	(11/17)		days from case		contact ≤7 days before his/her	agricultural fair ≤7 days before	≤ 10 days before
		inclu)			patient's onset?		onset?	≤/ days before his/her onset?	≥10 days before patient's onset?
1									
1									
2									
2 3	A B C A B C								
2 3 4	A B C A B C A B C								Y N U Y N U Y N U Y N U
2	A B C A B C								

And of MEMARY SO PARTY	Hui	man Inf				Influenza A Virus orm	5			
63.	3. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?									
64	Yes (attend) Yes (work) Approximately how many children					kip to Q.65) care facility?				
	In the 7 days before or after becom	-					-			
	Yes (attend) Yes (work)	-	-			kip to Q.67)				
	Approximately how many student									
67.	In the 7 days before or after the particular the particular ∇					's household(s) work at or atte	nd a chile	d care f	acility or school?	
68.	Yes No (skip to Q.6 List ID numbers from Q.62 (the tag)	·	-	vn (skip to Q.69) old members wor		or attending a child care facili	ty or sch	ool:		
69.	Does the patient handle samples (a Yes No	animal or hur Iknown	nan) susp	pected of containing	ng influ	ienza virus in a laboratory or o	ther settin	ng?		
70.	In the 7 days before or after becom Yes No (skip to Q.7)		-	t work in or volur nown (skip to Q.7		a healthcare facility or setting	?			
71.	Specify healthcare facility job/role	e:	_							
	Physician Nurse Admi						ner			
72.	Did the patient have direct patient	contact while	e working	g or volunteering	at a hea	althcare facility?				
73.	In the 7 days before becoming ill,		ent in a ho	ospital for any rea	ison (i.e	e., visiting, working, or for trea	tment)?			
	If yes, what were the dates? _ In the 7 days before becoming ill,	//	,	_//	City/T	`own				
74.			ent in a cl	inic or a doctor's	office	for any reason?				
	Yes No Un If yes, what were the dates?	nknown		/ /	City/T	`own				
75.	In the 7 days before becoming ill,) with an	vone ot	her than their	
	household members who routinely	-			0	, , , , , , , , , , , , , , , , , , ,	,			
		nknown								
76.	Does the patient know anyone oth						igh or soi	e throa	t, or another	
	respiratory illness like pneumonia					Solution Set?				
		Sex		Date of		pig/hog contact or fair attendar	nce			
	Relationship to patient	(M/F)	Age	illness onset		≤7 days before his/her onset?		C	Comments	
						Y N U				
						$\Box Y \Box N \Box U$				
						$\Box Y \Box N \Box U$				
						$\Box Y \Box N \Box U$				
77.	Does the patient know anyone oth						igh or soi	e throa	t, or another	
	respiratory illness like pneumonia \Box Ves (please list those ill after			-		No Unknown				
Sex Date of Any nig/hog contact or fair attendanc							nce			
	Relationship to patient	(M/F)	Age	illness onset		≤7 days before his/her onset?		C	Comments	
						□ Y □ N □ U				
						$\Box Y \Box N \Box U$				
						Y N U				
						$\Box Y \Box N \Box U$				
78.	Is the patient a contact of a confirm	-								
	☐ Yes (please list patient's confirmed or probable contacts in the table below) ☐ No ☐ Unknown									
	Relationship to patient	State	Epi ID	State Lab	ID	Case status	Sex	Age	Date of illness onset	
	Relationship to patient	State	Lpi iD	State Lab	ID	Case status	(M/F)	Age	(MM/DD/YYYY)	
	<u> </u>					Confirmed Probable			(
	•			•		•		•	•	

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79. Any additional comments or notes (e.g. names/dates of fairs attended by case patient; dates of household members fair attendance and location of fair; information about other ill contacts)?

This is the end of the case report form. Thank you very much for your time.

Please fax completed forms to 1.888.232.1322

If you have any questions please feel free to contact the Epidemiology and Prevention Branch at 404.639.3747.