State: \_\_\_\_\_\_\_\_ Date reported to health department: \_\_\_/\_\_\_/\_\_\_\_\_ (MM/DD/YYYY) Date interview completed: \_\_\_/\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

Form Approved

OMB No. 0920-1011

Exp. Date 03/31/2017

State Epi ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Lab ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household ID (*CDC use only*):\_\_\_\_\_\_\_\_\_CDC ID (*CDC use only*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cluster ID (*CDC use only*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At the time of this report, is the case

Confirmed  Probable  Case under investigation (skip to Q.3)  Not a case (skip to Q.3)

1. What is the subtype?

Influenza A(H1N1) **variant**  Influenza A(H1N2) **variant**  Influenza A(H3N2) **variant**  Influenza A(H5N1)  Influenza A(H7N9)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown

**Demographic Information**

1. Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)
2. Country of usual residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If usual resident of U.S., county of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Race:  White  Asian  American Indian/Alaska Native  Black  Native Hawaiian/Other Pacific Islander

(check all that apply)

1. Ethnicity: Hispanic or Latino  Not Hispanic or Latino
2. Sex:  Male Female

**Symptoms, Clinical Course, Treatment, Testing, and Outcome**

1. What date did symptoms associated with this illness start? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. During this illness, did the patient experience any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Symptom Present?** | **Symptom** | **Symptom Present?** |
| Fever (highest temp \_\_\_\_\_\_\_\_\_ oF) | Yes  No  Unk | Shortness of breath | Yes  No  Unk |
| If fever present, date of onset \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) | | 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 | Yes  No  Unk | Seizures | Yes  No  Unk |
| Headache | Yes  No  Unk | Other, specify | Yes  No  Unk |

1. Does the patient still have symptoms?

Yes (skip to Q.12)  No  Unknown (skip to Q.12)

1. When did the patient feel back to normal? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)
2. Did the patient receive any medical care for the illness?

Yes  No (skip to Q.29)  Unknown (skip to Q.29)

1. Where and on what date did the patient seek care (check all that apply)?

Doctor’s office **date**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  Emergency room **date**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  Urgent care clinic **date**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  Health department **date**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **date**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  Unknown

1. Was the patient hospitalized for the illness?

Yes  No (skip to Q.23)  Unknown (skip to Q.23)

1. Date(s) of hospital admission? **First** **admission** **date:**\_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Second admission** **date:**\_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)
2. Was the patient admitted to an intensive care unit (ICU)?

Yes  No (skip to Q.18)  Unknown (skip to Q.18)

1. Date of **ICU admission:** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) Date of **ICU discharge:** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. Did the patient receive mechanical ventilation / have a breathing tube?

Yes  No (skip to Q.20)  Unknown (skip to Q.20)

1. For how many days did the patient receive mechanical ventilation or have a breathing tube? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days
2. Was the patient discharged?

Yes  No (skip to Q.23)  Unknown (skip to Q.23)

1. Date(s) of hospital discharge? **First** **discharge** **date:**\_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Second discharge** **date:**\_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)
2. Where was the patient discharged?

Home  Nursing facility/rehab  Hospice  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown

1. Did the patient have a new abnormality on chest x-ray or CAT scan?

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

1. Did the patient receive a diagnosis of pneumonia?

Yes  No  Unknown

1. Did the patient receive a diagnosis of ARDS?

Yes  No  Unknown

1. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm3) associated with this illness?

Normal  Abnormal  Test not performed  Unknown

1. Did the patient have lymphopenia (total lymphocytes <800/mm3 or lymphocytes <15% of WBC) associated with this illness?

Normal  Abnormal  Test not performed  Unknown

1. Did the patient have thrombocytopenia (total platelets <150,000/mm3) associated with this illness?

Normal  Abnormal  Test not performed  Unknown

1. Did the patient experience any other complications as a result of this illness?  Yes (please describe below)  No  Unknown

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?

Yes, (please complete table below)  No  Unknown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug | Start date  (MM/DD/YYYY) | End date  (MM/DD/YYYY) | Total number of days receiving antivirals | Dosage  (if known) |
| Oseltamivir (Tamiflu) |  |  |  | mg |
| Zanamivir (Relenza) |  |  |  | mg |
| Other influenza antiviral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | mg |

1. Did the patient die as a result of this illness?

Yes, **Date of death**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)  No  Unknown

**Influenza Testing**

1. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. Where was the specimen collected?  Doctor’s office  Hospital  Emergency room  Urgent care clinic  Health department  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown
3. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?

Yes  No (skip to Q.38)  Unknown (skip to Q.38)

1. When was the RIDT specimen collected? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. What was the result?  Influenza A  Influenza B  Influenza A/B (type not distinguished)  Negative  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What brand of RIDT was used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History -- Past Medical History and Vaccination Status**

1. Does the patient have any of the following chronic medical conditions? Please specify **ALL** conditions that qualify.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Asthma/reactive airway disease | Yes | No | Unknown |  |
| 1. Other chronic lung disease | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Chronic heart or circulatory disease | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Diabetes mellitus | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Kidney or renal disease | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Non-cancer immunosuppressive condition | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Cancer chemotherapy in past 12 months | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Neurologic/neurodevelopmental disorder | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Other chronic diseases | Yes | No | Unknown | (If YES, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Does the patient frequently use a stroller or wheelchair? If yes, please describe.

Yes  No  Unknown

1. 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

1. Does the patient currently smoke?

Yes  No  Unknown

1. Was the patient vaccinated against influenza in the past year?

Yes  No (skip to Q.45)  Unknown (skip to Q.45)

1. Month and year of influenza vaccination? **Vaccination** **date 1:**\_\_\_\_/\_\_\_\_\_ (MM/YYYY) **Vaccination date 2:**\_\_\_\_/\_\_\_\_\_ (MM/YYYY)
2. Type of influenza vaccine (check all that apply):  Inactivated (injection)  Live attenuated (nasal spray)  Unknown

**Epidemiologic Risk Factors**

1. In the 7 days prior to illness onset, did the patient travel outside of his/her usual area?  Yes  No (skip to Q.48)  Unknown (skip to Q.48)
2. When and where did the patient travel? **Please describe details of the patient’s travel in the notes section at the end of the form.**

**Trip 1**: Dates of travel: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ City/County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trip 2**: Dates of travel: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ City/County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the patient travel in a group (check all that apply)?

No, travelled alone  Yes, with household members  Yes, with non-household members  Unknown

**Risk Factors—Domestic and Agricultural Animals**

1. In the 7 days before becoming ill, did the patient attend an agricultural fair/event or live animal market?

Yes (specify name, if >1 fair, please describe in the notes section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No (skip to Q.50)  Unknown (skip to Q.50)

1. In the 7 days before becoming ill, on what days did the patient attend an agricultural fair/event or live animal market (check all that 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  5 days before illness onset  6 days before illness onset  7 days before illness onset

1. In the 7 days before becoming ill, did the patient have **DIRECT** contact with (touch or handle) any livestock animals like poultry or pigs?

Yes  No (skip to Q.53)  Unknown (skip to Q.53)

1. What type(s) of animals did the patient have direct contact with (check all that apply)?

Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did the direct contact occur (check all that apply)?

Home  Work  Agricultural fair or event  Live animal market  Petting zoo Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the 7 days before becoming ill, did the patient have **INDIRECT** contact with (walk through an area containing or come within 6 feet of) any livestock animals?

Yes  No (skip to Q.56)  Unknown (skip to Q.56)

1. What type(s) of animals did the patient have indirect contact with (check all that apply)?

Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did the indirect contact occur (check all that apply)?

Home  Work  Agricultural fair or event  Live animal market  Petting zoo Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the 7 days before becoming ill, did the patient have direct or indirect contact with any animal exhibiting signs of illness?

Yes (specify animal type and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No  Unknown

***Please answer Q.57–58 if ANY contact (direct, indirect, or both) with pigs/hogs identified above. If no contact identified, please skip to Q.59*.**

1. In the 7 days before becoming ill, on what days did the patient have **ANY** contact (direct, indirect, or both) with pigs (check all that 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  5 days before illness onset  6 days before illness onset  7 days before illness onset

1. From Q. 57, what was the total number of different days the patient reported **ANY** pig contact (direct, indirect, or both)? \_\_\_\_\_\_\_\_\_\_\_\_ days
2. Does anyone else in the household own, keep or care for livestock animals?

Yes  No (skip to Q.61)  Unknown (skip to Q.61)

1. What type(s) of animals are kept or cared for by household members (check all that apply)?

Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread**

1. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?

Yes (skip to Q.63)  No  Unknown (skip to Q.63)

1. How many people resided in the patient’s household(s) in the week before or after illness onset (excluding the patient)? \_\_\_\_\_\_\_\_

**A household member is anyone with at least one overnight stay +/- 7 days from patient’s illness onset, and the patient may have resided in >1 household. Please complete the table below for each household member and continue in the notes section if more space is needed.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID | Household (HH) | Relation to patient (e.g. parent, brother, friend) | Sex (M/F) | Age | Fever or any respiratory symptom +/– 7 days from case patient’s onset? | Date of  illness onset | If HH member  **ILL** | | If HH member **NOT ILL** |
| Any pig/hog contact ≤7 days before his/her onset? | Attend agricultural fair ≤7 days before his/her onset? | Pig/hog contact or fair attendance ≤10 days before patient’s onset? |
| 1 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |
| 2 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |
| 3 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |
| 4 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |
| 5 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |
| 6 | A  B  C |  |  |  | Y  N  U |  | Y  N  U | Y  N  U | Y  N  U |

1. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?

Yes (before becoming ill)  Yes (after becoming ill)  No (skip to Q.65)  Unknown (skip to Q.65)

1. Approximately how many children are in the patient’s class or room at the child care facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In the 7 days before or after becoming ill, did the patient attend or work at a school?

Yes (before becoming ill)  Yes (after becoming ill)  No (skip to Q.67)  Unknown (skip to Q.67)

1. Approximately how many students are in the patient’s class at the school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ children
2. In the 7 days before or after the patient became ill, did anyone else in the patient’s household(s) work at or attend a child care facility or school?

Yes  No (skip to Q.69)  Unknown (skip to Q.69)

1. List ID numbers from Q.62 (the table above) for household members working at or attending a child care facility or school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes  No  Unknown

1. In the 7 days before or after becoming ill, did the patient work in or volunteer at a healthcare facility or setting?

Yes  No (skip to Q.73)  Unknown (skip to Q.73)

1. Specify healthcare facility job/role:

Physician  Nurse  Administration staff  Housekeeping  Patient transport  Volunteer  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the patient have direct patient contact while working or volunteering at a healthcare facility?

Yes  No  Unknown

1. In the 7 days before becoming ill, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?

Yes  No  Unknown

If yes, what were the dates? \_\_\_\_/\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_\_ City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the 7 days before becoming ill, was the patient in a clinic or a doctor’s office for any reason?

Yes  No  Unknown

If yes, what were the dates? \_\_\_\_/\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_\_ City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the 7 days before becoming ill, did the patient have close contact (e.g. caring for, speaking with, or touching) with anyone **other than a household member** who routinely has contact with pigs/hogs?

Yes  No  Unknown

1. Does the patient know anyone **other than a household member** who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia **in the 7 days BEFORE** the case patient’s illness onset?

Yes (**please list those ill before the case patient in the table below**)  No  Unknown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship to patient | Sex (M/F) | Age | Date of  illness onset | Any pig/hog contact or fair attendance ≤7 days before his/her onset? | Comments |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |

1. Does the patient know anyone **other than a household member** who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia **beginning AFTER** the case patient’s illness onset?

Yes (**please list those ill after the case patient in the table below**)  No  Unknown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship to patient | Sex (M/F) | Age | Date of  illness onset | Any pig/hog contact or fair attendance ≤7 days before his/her onset? | Comments |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |
|  |  |  |  | Y  N  U |  |

1. Is the patient a contact of a confirmed or probable case of novel influenza A infection?

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 (M/F) | Age | Date of illness onset  (MM/DD/YYYY) |
|  |  |  | Confirmed  Probable |  |  |  |
|  |  |  | Confirmed  Probable |  |  |  |
|  |  |  | Confirmed  Probable |  |  |  |
|  |  |  | Confirmed  Probable |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.**