Human Infection with Novel Influenza A Virus Case Report Form

Form Approved
OMB No. 0920-0004

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*):_____

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)
2. 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

3. Date of birth: _____/_____/_____ (MM/DD/YYYY)
4. Country of usual residence: _____ If usual resident of U.S., county of residence: _____
5. Race: (check all that apply) ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander
6. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
7. Sex: ☐ Male ☐ Female

Symptoms, Clinical Course, Treatment, Testing, and Outcome

8. What date did symptoms associated with this illness start? _____/_____/_____ (MM/DD/YYYY)
9. During this illness, did the patient experience any of the following?

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 ___/___/____ (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

10. Does the patient still have symptoms?
    ☐ Yes (skip to Q.12) ☐ No ☐ Unknown (skip to Q.12)
11. When did the patient feel back to normal? _____/_____/_____ (MM/DD/YYYY)
12. Did the patient receive any medical care for the illness?
    ☐ Yes ☐ No (skip to Q.29) ☐ Unknown (skip to Q.29)
13. 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
14. Was the patient hospitalized for the illness?
    ☐ Yes ☐ No (skip to Q.23) ☐ Unknown (skip to Q.23)
15. Date(s) of hospital admission? **First admission date:**___/___/____ (MM/DD/YYYY) **Second admission date:**___/___/____ (MM/DD/YYYY)
16. Was the patient admitted to an intensive care unit (ICU)?
    ☐ Yes ☐ No (skip to Q.18) ☐ Unknown (skip to Q.18)
17. Date of **ICU admission:** _____/_____/_____ (MM/DD/YYYY) Date of **ICU discharge:** _____/_____/_____ (MM/DD/YYYY)
18. Did the patient receive mechanical ventilation / have a breathing tube?
    ☐ Yes ☐ No (skip to Q.20) ☐ Unknown (skip to Q.20)
19. For how many days did the patient receive mechanical ventilation or have a breathing tube? _____ days
20. Was the patient discharged?
    ☐ Yes ☐ No (skip to Q.23) ☐ Unknown (skip to Q.23)
21. Date(s) of hospital discharge? **First discharge date:**___/___/____ (MM/DD/YYYY) **Second discharge date:**___/___/____ (MM/DD/YYYY)
22. Where was the patient discharged?
    ☐ Home ☐ Nursing facility/rehab ☐ Hospice ☐ Other _____ ☐ Unknown
23. 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

24. Did the patient receive a diagnosis of pneumonia?
☐ Yes ☐ No ☐ Unknown

25. Did the patient receive a diagnosis of ARDS?
☐ Yes ☐ No ☐ Unknown

26. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm^3) associated with this illness?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown

27. Did the patient have lymphopenia (total lymphocytes <800/mm^3 or lymphocytes <15% of WBC) associated with this illness?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown

28. Did the patient have thrombocytopenia (total platelets <150,000/mm^3) associated with 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) ☐ No ☐ Unknown

_____

_____

30. 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

31. Did the patient die as a result of this illness?
☐ Yes, **Date of death**:_____/_____/_____ (MM/DD/YYYY) ☐ No ☐ Unknown

Influenza Testing

32. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? _____/_____/_____ (MM/DD/YYYY)

33. Where was the specimen collected? ☐ Doctor's office ☐ Hospital ☐ Emergency room ☐ Urgent care clinic ☐ Health department
☐ Other _____ ☐ Unknown

34. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?
☐ Yes ☐ No (skip to Q.38) ☐ Unknown (skip to Q.38)

35. When was the RIDT specimen collected? _____/_____/_____ (MM/DD/YYYY)

36. What was the result? ☐ Influenza A ☐ Influenza B ☐ Influenza A/B (type not distinguished) ☐ Negative ☐ Other _____

37. What brand of RIDT was used? _____

Medical History -- Past Medical History and Vaccination Status

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

a. Asthma/reactive airway disease ☐ Yes ☐ No ☐ Unknown
b. Other chronic lung disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
c. Chronic heart or circulatory disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
d. Diabetes mellitus ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
e. Kidney or renal disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
f. Non-cancer immunosuppressive condition ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
g. Cancer chemotherapy in past 12 months ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
h. Neurologic/neurodevelopmental disorder ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
i. Other chronic diseases ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____

39. Does the patient frequently use a stroller or wheelchair? If yes, please describe.
☐ 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. Does the patient currently smoke?
☐ Yes ☐ No ☐ Unknown

42. Was the patient vaccinated against influenza in the past year?
☐ Yes ☐ No (skip to Q.45) ☐ Unknown (skip to Q.45)

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): ☐ Inactivated (injection) ☐ Live attenuated (nasal spray) ☐ Unknown

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Epidemiologic Risk Factors

45. 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)
46. 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_____
47. 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

48. 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)
49. 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
50. 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)
51. 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_____
52. Where did the direct contact occur (check all that apply)?
    ☐ Home ☐ Work ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐Other_____
53. 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)
54. 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_____
55. Where did the indirect contact occur (check all that apply)?
    ☐ Home ☐ Work ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐Other_____
56. 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.

57. 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
58. From Q. 57, what was the total number of different days the patient reported **ANY** pig contact (direct, indirect, or both)? _____ days
59. Does anyone else in the household own, keep or care for livestock animals?
    ☐ Yes ☐ No (skip to Q.61) ☐ Unknown (skip to Q.61)
60. 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

61. 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)
62. 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

63. 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)
64. Approximately how many children are in the patient's class or room at the child care facility? _____
65. 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)
66. Approximately how many students are in the patient's class at the school? _____ children
67. 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)
68. List ID numbers from Q.62 (the table above) for household members working at or attending a child care facility or school:
_____
69. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
☐ Yes ☐ No ☐ Unknown
70. 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)
71. Specify healthcare facility job/role:
☐ Physician ☐ Nurse ☐ Administration staff ☐ Housekeeping ☐ Patient transport ☐ Volunteer ☐ Other_____
72. Did the patient have direct patient contact while working or volunteering at a healthcare facility?
☐ Yes ☐ No ☐ Unknown
73. 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 _____
74. 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 _____
75. 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
76. 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	

77. 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	

78. 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			

79. 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)?

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.