

Novel Influenza A Virus Case Screening Form

May be used by local health departments for cases under investigation (CUI) for possible human infection with novel influenza A viruses (e.g., variant H3N2v, avian H7N9). Please refer to case definitions for novel influenza A viruses for additional guidance.

Reporting county:		Case residence county:		Case phone:	
Interviewer name:		Phone:		Email:	
Case name:		Parent/guardian name (for minors):			
Date of report: (mm/dd/yyyy): ___/___/___		<input type="checkbox"/> New report		<input type="checkbox"/> Update to previous report	
Unique ID (e.g., CountyName_###, Clark_001):			Specimen ID:		
Indicate how case was identified					
<input type="checkbox"/> Ill traveler identified returning to US		<input type="checkbox"/> Clinician notified health department		<input type="checkbox"/> Unusual lab result	
<input type="checkbox"/> Other: _____					
Age: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months		If Age Unknown: <input type="checkbox"/> Child <input type="checkbox"/> Adult		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Date of illness onset (mm/dd/yyyy): ___/___/___		Symptoms: <input type="checkbox"/> Fever (≥100°F) <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Fatigue <input type="checkbox"/> Vomiting			
		<input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches <input type="checkbox"/> Red/draining eyes <input type="checkbox"/> Other: _____			
Was person hospitalized for this illness?			Did person die as a result of this illness?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If Yes, date of admission: (mm/dd/yyyy): ___/___/___			If Yes, date of death: (mm/dd/yyyy): ___/___/___		
Did person have contact with <u>swine</u> in the 10 days prior to illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Did person have contact with <u>poultry/birds</u> in the 10 days prior to illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Contact may be directly touching swine or walking through an area where swine are present. (If Yes, describe):			Contact may be directly touching poultry/birds or walking through an area where poultry/birds are present. (If Yes, describe):		
Did person travel ≤ 10 days prior to illness to an area where confirmed cases of novel influenza A were reported?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, list destination and dates of travel (including date of return to US):					
Did person attend an agricultural event (such as a fair or live animal market) ≤ 10 days prior to illness?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, list events and dates of attendance:					
Did person have contact ≤ 10 days prior to illness with someone who had fever or respiratory illness?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, describe relationship and dates of contact:					
Was this person tested for influenza? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Test type: <input type="checkbox"/> Rapid antigen <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other					
Test result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza A/B (type not distinguished) <input type="checkbox"/> Negative <input type="checkbox"/> Other: _____					
Specimen collection date (mm/dd/yyyy): ___/___/___ Has a specimen been sent to CDC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What PPE did healthcare personnel use when caring for patient or obtaining specimens?					
<input type="checkbox"/> N95 mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Eye protection <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Is this person a contact of another CUI, or probable or confirmed case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, Unique ID of the other case and nature of the relationship (e.g., Case is the sister of Clark_002):					

Public reporting burden of this collection of information is estimated to average 15 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).

- For CUIs, arrange for nasopharyngeal (NP) swab collection and RT-PCR testing at a state public health laboratory.
- Patients with influenza-like illness should discuss possible antiviral treatment with a healthcare provider.
- Healthcare facilities should use appropriate isolation precautions for cases under investigation for infection with novel influenza A viruses. Non-hospitalized cases under investigation should stay home from school, work, and social gatherings until fever is gone for at least 24 hours without the use of fever-reducing medications.
- If this case is later determined to be a confirmed case of infection with novel influenza A, please notify CDC and complete the CDC *Human Infection with Novel Influenza A Virus Case Report Form*.