**Avian Influenza Initial Case Investigation Form**

*For health departments to collect data on cases under investigation (CUI) for human infection with avian influenza viruses in the United States.* **Please black-out or retain information in the shaded boxes; do not send to CDC.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reporting county:** | | | **Case residence county:** | | | | | **Case phone:** |
| **Interviewer name:** | | | **Phone:** | | | | | **Email:** |
| **Case name:** | | | **Parent/guardian name (for minors):** | | | | | |
| **Please send the portion below to the Influenza Division at CDC** (email: fluviewsupport@cdc.gov) | | | | | | | | |
| **1.Date of report:** (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **2.Person reporting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **3.Contact phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **4.State Case ID #:** | | | | | **5.Specimen Collection Date** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **6.What is the subtype? (Required)**  Influenza A(H1N1) variant  Influenza A(H1N2) variant  Influenza A(H3N2) variant  Influenza A(H5N1) | Influenza A(H7N9)  Unknown  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ | | | | **7.State Lab Specimen ID #:** | | | |
| **8.Test type performed on specimen:** RT-PCR Rapid antigen (not recommended) Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **9.Was the specimen submitted to CDC?**  Yes No Unknown | | | |
| **10.At the time of this report, is the case**  Confirmed Probable Under Investigation Not a Case | | | | | | | | |
| **11.State of Residence:** | | **12.Country of usual residence:** | | | | **13.If usual resident of U.S., county of residence:** | | |
| **14.Date of Birth** (mm/dd/yyyy): | | | | | **15.Sex:**  Male Female Other | | | |
| **16a.Age: \_\_\_\_\_\_** **16b.Age Type:**  Days Weeks Months Years | | | | | | | | |
|  | | | | | | | | |
| **17.Did the patient have any of the following symptoms:** *(select all that apply)*Fever (≥100°F) Chills Cough Fatigue Sore Throat Runny or stuffy nose Sneezing Nausea/vomiting Diarrhea Headache Rash Muscle/body aches Red/draining eyes Difficulty breathing/shortness of breath  Seizures Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **18a.Illness Onset Date** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_  **18b.Illness Resolution Date** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **19a. Hospitalization?**  Yes No Unknown  **19b. If yes, date of hospitalization** (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **20a.ICU?**  Yes No Unknown  **20b.If yes, date of ICU admission** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_ | | | | | **21a.Death?** Yes No Unknown  **21b.If yes, date of death** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **22a.Has this person taken influenza antiviral chemoprophylaxis?** Yes No Unknown  **22b.If yes, date started:** (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | **23a.Has this person begun influenza antiviral treatment?**  Yes No Unknown  **23b.If yes, date started:** (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| **24.Contact of a confirmed case?** Yes No Unknown | | | | | **25.Employed at a health care facility?** Yes No Unknown | | | |
| **26.Any wild bird/poultry contact in 10 days before illness onset or positive test date if no symptoms?**YesNo Unknown | | | | | | | | |
| **27a.If wild bird/poultry contact, where did this contact occur?** *(select all that apply)*  Participated in a depopulation event Hunted and harvested a wild bird  Worked or lived on farm where HPAI was detected Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **27b.If participated in a depopulation event or worked/lived on a farm where HPAI was detected, indicate outbreak ID***:***\_\_\_\_\_** | | | | | | | | |
| **28.What activities did the person engage in during wild/bird poultry contact?** *(select all that apply)*  Lived in vicinity of birds……………..If yes, duration\* \_\_\_\_\_\_  Direct handling of birds……………..If yes, duration \_\_\_\_\_\_  Walking/working in area with birds..If yes, duration \_\_\_\_\_\_  Cleaning environment/manure…….If yes, duration \_\_\_\_\_\_  Dressing of game birds…………….If yes, duration \_\_\_\_\_\_  Other, specify: \_\_\_\_\_\_\_\_\_\_............If yes, duration \_\_\_\_\_\_  *\*Duration activity performed in HH:MM.* | | | | | **29.While performing these activities, what PPE was used/preventive measures taken?** *(select all that apply)*  Wore gloves……………………If yes, entire duration? Yes No  Wore eye protection…………..If yes, entire duration? Yes No  Wore medical facemask……...If yes, entire duration? Yes No  Wore N95/respirator…………..If yes, entire duration? Yes No  Wore gown…………………….If yes, entire duration? Yes No  Washed hands afterward…….If yes, entire duration? Yes No  Changed clothes afterward…..If yes, entire duration? Yes No | | | |
| **30.Any swine contact in 7 days before illness onset or positive test date if no symptoms?**  Yes No Unknown | | | | **31a.Agricultural event/live animal market attendance in 7 days prior to illness onset or positive test date if no symptoms?** Yes No Unknown  **31b.If yes, specify name and date** (mm/dd/yyyy): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **32.Has the person traveled outside of the U.S. in the 10 days prior to illness onset or positive test date if no symptoms?** Yes No Unknown  If yes, list the city, country, and dates of travel (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Notes/Comments:** | | | | | | | | |

* 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*.