**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?**[ ] Yes[ ] No [ ] 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*.