## 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.

Reporting county:	Case residence county:		Case phone:		
Interviewer name:	Phone:		Email:		
Case name:	n name (for minor	s):			
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): 7.State Lab Specimen ID #:			
6.What is the subtype? (Required) □Influenza A(H7N9) □Influenza A(H1N1) variant □Unknown		•			
		8.Test type performed on specimen: $\Box$ RT-PCR $\Box$ Rapid antigen (not recommended) $\Box$ Other:			
□Influenza A(H1N2) variant □Other:		9.Was the specimen submitted to CDC?			
□Influenza A(H5N1)					
<b>10.At the time of this report, is the case</b> Confirmed Probable Under Investigation Not a Case					
11.State of Residence:12.C	country of usual re	y of usual residence: 13.If usual resident of U.S., county of residence:			
14.Date of Birth (mm/dd/yyyy):	<b>15.Sex:</b> □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):    19a.Hospitalization?   □Yes   □No   □Unknown					
18b.Illness Resolution Date (mm/dd/yyyy):	<b>19b. If yes, date of hospitalization</b> (mm/dd/yyyy):				
20a.ICU?  Yes  No  Unknown	21a.Death?				
20b.If yes, date of ICU admission (mm/dd/	21b.If yes, date of death (mm/dd/yyyy):				
22a.Has this person taken influenza antiv chemoprophylaxis? □Yes □No □Unk 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 □	<b>25.Employed at a health care facility?</b> □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 birdslf yes, duration*     □Direct handling of birdslf yes, duration     □Walking/working in area with birdslf yes, duration     □Cleaning environment/manureIf yes, duration     □Dressing of game birdsIf yes, duration     □Other, specify:If yes, duration     *Duration activity performed in HH:MM.		used/preventive measures taken? (select all that apply)     Wore gloves			
30.Any swine contact in 7 days before illness   31a.Agricultural event/live animal market attendance in 7 days prior to     anset or positive test date if no symptoms?   illness onset or positive test date if no symptoms?     anset or positive test date if no symptoms?   anset or positive test date if no symptoms?     anset or positive test date if no symptoms?   anset or positive test date if no symptoms?     anset or positive test date if no symptoms?   anset or positive test date if no symptoms?     anset or positive test date if no symptoms?   anset or positive test date if no symptoms?     anset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   anset or positive test date if no symptoms?     billiness onset or positive test date if no symptoms?   billiness onset or positive test date if no symptoms?					

## **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. Nonhospitalized 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.