



Human Infection with Novel Influenza A Virus Case Report Form

Form Approved
OMB No. 0920-0004
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Reporter Information

State: _____ Date reported to state/local health department: ___/___/___ (MM/DD/YYYY)

State/Local Case ID: _____

Name of reporter: Last _____ First _____

Telephone: _____ Fax: _____ E-mail: _____

Case-Patient Demographic Information

Date of Birth: ___/___/___ (MM/DD/YYYY)

County of Residence: _____

Race: White Asian American Indian/Alaska Native
 Black Native Hawaiian/Other Pacific Islander Unknown
 Other _____

Ethnicity: Hispanic Non-Hispanic Unknown

Sex: Male Female

Medical History – Symptoms, Clinical Course, and Outcome

Date of symptom onset: ___/___/___ (MM/DD/YYYY)

Signs and symptoms: (check all that apply)

Fever $\geq 38^{\circ}\text{C}$ (100.4 $^{\circ}\text{F}$) _____ Tmax Sore throat
 Feverish, but temperature not taken Conjunctivitis
 Cough Shortness of breath
 Headache Diarrhea
 Seizures Other, specify _____

Was the patient hospitalized? Yes No Unknown

Did the patient require mechanical ventilation? Yes No Unknown

Did the patient have a chest x-ray or CAT scan performed?

Normal Abnormal Test not performed Unknown

If abnormal:

Was there evidence of pneumonia?

Yes No Unknown

Did this patient have acute respiratory distress syndrome?

Yes No Unknown

Did the patient die as a result of this illness? Yes No Unknown

Medical History -- Vaccination Status, Treatment, and Past Medical History

Was the patient vaccinated against human influenza in the past year?

- Yes No Unknown

If yes, date of vaccination: ____/____/____ (MM/DD/YYYY)

Type of vaccine: Inactivated Live attenuated Unknown

Did the patient receive antiviral medications?

- Yes No Unknown

If yes, complete table below

Drug	Date Initiated (MM/DD/YYYY)	Date Discontinued (MM/DD/YYYY)	Dosage (if known)
Oseltamivir			
Zanamivir			
Rimantidine			
Amantadine			
Other: _____			

Is the patient pregnant? Yes No Unknown

Does the patient have any underlying medical conditions? Yes No Unknown

If yes, please specify: _____

Does the patient have compromised immune function such as HIV infection, cancer, chronic corticosteroid therapy, diabetes, or organ transplant recipient?

- Yes No Unknown

If yes to compromised immune function, please specify: _____

Medical History --Laboratory Findings and Influenza Specific Diagnostic Testing

Laboratory Findings:

Leukopenia (white blood cell count <5,000 leukocytes/mm³)

- Yes No Unknown

Lymphopenia (total lymphocytes <800/mm³ or lymphocytes <15% of total WBC)

- Yes No Unknown

Thrombocytopenia (total platelets <150,000/mm³)

- Yes No Unknown

Influenza Specific Diagnostic tests:

Test 1

Specimen type:

- Nasopharyngeal (NP) swab
- Sputum
- Chest tube fluid
- Other
- Nasopharyngeal (NP) aspirate
- Oropharyngeal swab
- Bronchoalveolar lavage specimen (BAL)
- Nasal aspirate
- Endotracheal aspirate
- Serology

Date collected: ____/____/____ (MM/DD/YYYY)

Test type:

- Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR)
- Viral culture
- Rapid antigen test
- Direct fluorescent antibody (DFA)

Test result:

- Influenza A
- Negative
- Influenza B
- Pending
- Influenza type unknown

Test 2

Specimen type:

Specimen type:

- Nasopharyngeal (NP) swab
- Sputum
- Chest tube fluid
- Other
- Nasopharyngeal (NP) aspirate
- Oropharyngeal swab
- Bronchoalveolar lavage specimen (BAL)
- Nasal aspirate
- Endotracheal aspirate
- Serology

Date collected: ____/____/____ (MM/DD/YYYY)

Test type:

- Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR)
- Viral culture
- Rapid antigen test
- Direct fluorescent antibody (DFA)

Test result:

- Influenza A
- Negative
- Influenza B
- Pending
- Influenza type unknown

Indicate when and what type of specimens (including sera) were sent to CDC:

Date Submitted: ____/____/____ (MM/DD/YYYY), Specimen type: _____

Date Submitted: ____/____/____ (MM/DD/YYYY), Specimen type: _____

Date Submitted: ____/____/____ (MM/DD/YYYY), Specimen type: _____

Epidemiologic Risk Factors

In the 10 days prior to illness onset, did the patient travel?

- Yes
- No
- Unknown

If yes, please fill in the arrival and departure dates for all countries visited.

Country _____	Arrival _____	Departure _____
Country _____	Arrival _____	Departure _____
Country _____	Arrival _____	Departure _____
Country _____	Arrival _____	Departure _____
Country _____	Arrival _____	Departure _____

The following questions concern the 10 days prior to illness onset:

Did the patient have close contact (within 1 meter (3 feet)) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable or confirmed novel human influenza A case?

Yes No Unknown

Did the patient touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds, or swine) or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes No Unknown

Was the patient exposed to animal (including poultry, wild birds, or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes No Unknown

Was the patient exposed to environments contaminated by animal feces (including poultry, wild birds, or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes No Unknown

Did the patient consume raw or undercooked animals (including poultry, wild birds, or swine products) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month?

Yes No Unknown

Did the patient have any animal contact?

Yes No Unknown

If yes, please specify contact with dogs, cats, horses, wild birds, poultry or swine: _____

Did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?

Yes No Unknown

Does the patient work in a health care facility or setting?

Yes No Unknown

Did the patient visit or stay in the same household with any one with pneumonia or severe influenza-like illness?

Yes No Unknown

Did the patient visit or stay in the same household with anyone who died following the visit?

Yes No Unknown

Did the patient visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (state or county fair) in the last month?

Yes No Unknown

Did the patient have direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (state or county fair) in the last month?

Yes No Unknown

If this patient has a diagnosis of novel influenza A virus infection that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed or probable novel influenza A case?

Yes No Unknown

Novel Influenza A Case Definition

Novel influenza A virus infections are all human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses. These viruses include those that are subtyped as non-human in origin and those that are unsubtypeable with standard methods and reagents.

The clinical presentation of illness should be compatible with influenza virus infection.

Laboratory criteria for diagnosis

A specimen from a human that is reverse transcriptase-polymerase chain reaction (RT-PCR) or culture-positive for influenza A and tests negative for currently circulating human H1 and H3 subtypes.

Cases of human infection with unsubtypeable influenza A viruses detected by a public health laboratory should be sent to CDC's Influenza Virus Surveillance and Diagnosis Branch for laboratory-confirmation.

Case classification

Confirmed – A case of human infection with a novel influenza A virus detected by a public health laboratory that has been laboratory confirmed by CDC.

Probable – A case of human infection with a novel influenza A virus detected by a public health laboratory or a case that meets the clinical criteria and is epidemiologically linked to a confirmed case, and for which laboratory confirmation by CDC's influenza laboratory was not done or was inconclusive.

Suspected – (1) A case of human infection with a novel influenza A virus detected by a public health laboratory, and for which laboratory confirmation by CDC is pending; or (2) A case that meets the clinical criteria and is epidemiologically linked to a confirmed case, and for which laboratory testing for influenza is pending.