

Avian Influenza Initial Case Investigation Form

For use by health departments for persons under investigation (PUI) for human infection with avian influenza viruses in the US

Local health departments should fax the completed form to their Health Service Region (HSR).

DSHS HSRs should fax completed forms to DSHS EAIDU at 512-776-7616.

Reporting health department:	Investigator:			Investigator phone:
Case Name:	Date of birth:	Age:	Sex:	Case Phone:
Address (street address, city, zip):	County of residence:			Case Email:

Date of report: (mm/dd/yyyy): ___/___/___	<input type="checkbox"/> New report <input type="checkbox"/> Update to previous report	Person reporting: _____ Contact phone: _____
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Unique ID (e.g., CountyName_###, Clark_001):	Specimen ID:
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Was the person involved in bird outbreak response activities (e.g. culling, disinfecting, cleaning)? Yes No Unknown

If yes, Indicate role of person in avian influenza response activities: USDA/APHIS employee responder

Contractor responder (Name of contract company: _____)

Other responder Other: _____

<p>Date of illness onset (mm/dd/yyyy): ___/___/___</p> <p>Was person hospitalized for this illness?</p> <p><input type="checkbox"/> Yes, date of admission: (mm/dd/yyyy) ___/___/___ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Facility name/location: _____</p> <p>Did patient die from this illness?</p> <p><input type="checkbox"/> Yes, died on: (mm/dd/yyyy) ___/___/___ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Symptoms: <input type="checkbox"/> Fever (≥100°F)/feverish <input type="checkbox"/> Diarrhea <input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Nausea <input type="checkbox"/> Sore throat <input type="checkbox"/> Vomiting <input type="checkbox"/> Runny/Stuffy Nose</p> <p><input type="checkbox"/> Fatigue <input type="checkbox"/> Sneezing <input type="checkbox"/> Seizures <input type="checkbox"/> Muscle or body aches</p> <p><input type="checkbox"/> Rash <input type="checkbox"/> Headaches <input type="checkbox"/> Eye tearing, redness, irritation</p> <p><input type="checkbox"/> Difficulty breathing/shortness of breathe <input type="checkbox"/> Other: _____</p>
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Has the patient been isolated? Self-isolation at home Isolated at hospital (ensure infection control precautions: <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>)

Did person have contact with poultry/birds in the 10 days prior to illness onset? Yes No Unknown

Contact may be directly touching poultry/birds or walking through an area where poultry/birds were present.

If yes, please describe the type of exposure(s) and date of last exposure:

If Yes, Was person wearing 100% of the recommended PPE for the duration of contact? Yes No Unknown

If No, Describe the type of PPE and the amount of time PPE was worn. Also, describe any breaches in PPE.
For example, wore only boots and gloves, wore PPE on only 1 day of contact, touched birds without gloves, etc).

Was this person tested for influenza? Yes No Unknown

Test type: Rapid antigen (not recommended) RT-PCR Other: _____ Unknown

Where was test performed? State public health laboratory Other: _____ Unknown

Test result: Influenza A Influenza A/B (type not distinguished) Influenza A (unsubtypeable) Influenza B

Influenza A (H1) Influenza A (H3) Influenza A (H5) Influenza A (H7) Negative Other: _____ Unknown

<p>Has this person taken influenza antiviral chemoprophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, date started: (mm/dd/yyyy) ___/___/___</p> <p>If yes, what chemoprophylaxis was taken _____</p>	<p>Has this person begun influenza antiviral treatment (for symptoms)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, date started: (mm/dd/yyyy) ___/___/___</p> <p>If yes, what antiviral treatment was taken _____</p>
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Notes/Comments:

- For PUIs, arrange for nasopharyngeal (NP) swab collection and RT-PCR testing at a Texas public health laboratory.
- Antiviral treatment should be given to all patients with possible infection with novel influenza A viruses. Local health departments should encourage all PUIs to discuss antiviral treatment with their healthcare provider.
- Healthcare facilities should use appropriate isolation precautions for PUIs for infection with novel influenza A viruses. Non-hospitalized PUIs should stay home from school, work, and social gatherings until cleared by public health.