

### 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 email/fax the completed form to their Public Health Region (PHR).  
 DSHS PHRs should email completed forms to DSHS EAIDU at [flutexas@dshs.texas.gov](mailto:flutexas@dshs.texas.gov).

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

<b>Date of report: (mm/dd/yyyy):</b> ___/___/___	<input type="checkbox"/> <b>New report</b> <input type="checkbox"/> <b>Update to previous report</b>	<b>Person reporting:</b> _____
		<b>Contact phone:</b> _____

<b>Unique ID</b> (e.g., CountyName_###, Clark_001):	<b>Specimen ID:</b>
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**Was the person involved in animal outbreak response activities** (e.g. disinfecting, cleaning, etc.)?  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: \_\_\_\_\_

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

**Did patient have contact with animals on a farm in the 10 days prior to illness onset?**  Yes  No  Unknown  
*Contact may be directly touching animals or walking through an area where animals were present.*  
**If yes, complete Page 2 for all contact with animals.**

**Travel:**  
**Did the patient travel outside of Texas in the 30 days before onset?**  
 Yes, specify: \_\_\_\_\_  No  Unknown

**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

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

*For use by health departments for persons under investigation (PUI) for human infection with an animal virus such as avian influenza viruses in the US.*  
 Local health departments should send the completed form to their Public Health Region (PHR).  
 DSHS PHRs should securely email completed forms to DSHS EAIDU at [flutexas@dshs.texas.gov](mailto:flutexas@dshs.texas.gov).

- 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.

### ANIMAL CONTACT QUESTIONS

**Please complete the table below for all contacts with animals.**

<b>Contact animal</b> <i>Contact may be directly touching animals or walking through an area where animals were present.</i>	<b>Location</b>	<b>Date(s)</b>	<b>Was patient wearing 100% of the recommended PPE for the duration of contact?</b> <small>100% of the recommended PPE: properly-fitted unvented or indirectly vented safety goggles, disposable gloves, boots or boot covers, a NIOSH-approved respirator (e.g., N95), and disposable fluid-resistant[1]coveralls, and disposable head cover or hair cover</small>
<input type="checkbox"/> Cattle <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other If Other, specify: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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