Human Infection with Novel Influenza A Virus
Case Report Form

State Epi ID: __________________________ State Lab ID: __________________________

1. At the time of this report, is the case
   - Confirmed
   - Probable
   - Case under investigation (skip to Q.3)
   - Not a case (skip to Q.3)

2. What is the subtype?
   - Influenza A(H1N1) variant
   - Influenza A(H1N2) variant
   - Influenza A(H3N2) variant
   - Influenza A(H5N1)
   - Influenza A(H7N9)

3. Date of birth: ______/_____/______ (MM/DD/YYYY)

4. County of residence:

5. Race: (check)
   - White
   - Asian
   - American Indian/Alaska Native
   - Black
   - Native Hawaiian/Other Pacific Islander

6. Ethnicity: (check)
   - Hispanic or Latino
   - Not Hispanic or Latino

7. Sex: (check)
   - Male
   - Female

8. What date did symptoms associated with this illness start? ______/_____/______ (MM/DD/YYYY)

9. During this illness, did the patient experience any of the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (highest temp _______ °F)</td>
<td>Yes</td>
</tr>
<tr>
<td>If fever present, date of onset _____<strong>/_<strong><strong>/</strong></strong></strong> (MM/DD/YYYY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Felt feverish</td>
<td>Yes</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Yes</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Yes</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye infection/redness</td>
<td>Yes</td>
</tr>
<tr>
<td>Rash</td>
<td>Yes</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Yes</td>
</tr>
<tr>
<td>Seizures</td>
<td>Yes</td>
</tr>
<tr>
<td>Other, specify</td>
<td>Yes</td>
</tr>
</tbody>
</table>

10. Does the patient still have symptoms?
    - Yes (skip to Q.12)
    - No
    - Unknown (skip to Q.12)

11. When did the patient feel back to normal? ______/_____/______ (MM/DD/YYYY)

12. Did the patient receive any medical care for the illness?
    - Yes
    - No (skip to Q.29)
    - Unknown (skip to Q.29)

13. Where and on what date did the patient seek care (check all that apply)?
    - Doctor’s office date: ______/_____/______ (MM/DD/YYYY)
    - Emergency room date: ______/_____/______ (MM/DD/YYYY)
    - Urgent care clinic date: ______/_____/______ (MM/DD/YYYY)
    - Health department date: ______/_____/______ (MM/DD/YYYY)
    - Other date: ______/_____/______ (MM/DD/YYYY)

14. Was the patient hospitalized for the illness?
    - Yes
    - No (skip to Q.23)
    - Unknown (skip to Q.23)

15. Date(s) of hospital admission? First admission date: ______/_____/______ (MM/DD/YYYY) Second admission date: ______/_____/______ (MM/DD/YYYY)

16. Was the patient admitted to an intensive care unit (ICU)?
    - Yes
    - No (skip to Q.18)
    - Unknown (skip to Q.18)

17. Date of ICU admission: ______/_____/______ (MM/DD/YYYY) Date of ICU discharge: ______/_____/______ (MM/DD/YYYY)

18. Did the patient receive mechanical ventilation / have a breathing tube?
    - Yes
    - No (skip to Q.20)
    - Unknown (skip to Q.20)

19. For how many days did the patient receive mechanical ventilation or have a breathing tube? _____________ days

20. Was the patient discharged?
    - Yes
    - No (skip to Q.23)

21. Date(s) of hospital discharge? First discharge date: ______/_____/______ (MM/DD/YYYY) Second discharge date: ______/_____/______ (MM/DD/YYYY)

22. Where was the patient discharged to?
    - Home
    - Nursing facility/rehab
    - Hospice
    - Other

23. Did the patient have a new abnormality on chest x-ray or CAT scan?
    - No, x-ray or scan was normal
    - Yes, x-ray or scan detected new abnormality

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).
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24. Did the patient receive a diagnosis of pneumonia?
   □ Yes  □ No  □ Unknown

25. Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?
   □ Yes  □ No  □ Unknown

26. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm³) associated with this illness?
   □ Normal  □ Abnormal  □ Test not performed  □ Unknown

27. Did the patient have lymphopenia (total lymphocytes <800/mm³ or lymphocytes <15% of WBC) associated with this illness?
   □ Normal  □ Abnormal  □ Test not performed  □ Unknown

28. Did the patient have thrombocytopenia (total platelets <150,000/mm³) associated with this illness?
   □ Normal  □ Abnormal  □ Test not performed  □ Unknown

29. Did the patient experience any other complications as a result of this illness?
   □ Yes (please describe below)  □ No  □ Unknown

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

30. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?
   □ Yes, (please complete table below)  □ No  □ Unknown

<table>
<thead>
<tr>
<th>Drug</th>
<th>Start date (MM/DD/YYYY)</th>
<th>End date (MM/DD/YYYY)</th>
<th>Total number of days receiving antivirals</th>
<th>Dosage (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir (Tamiflu)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Zanamivir (Relenza)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Other influenza antiviral</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
</tbody>
</table>

31. Did the patient die as a result of this illness?
   □ Yes, Date of death: / / (MM/DD/YYYY)  □ No  □ Unknown

Influenza Testing

32. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)?  / / (MM/DD/YYYY)

33. Where was the specimen collected?
   □ Doctor’s office  □ Hospital  □ Emergency room  □ Urgent care clinic  □ Health department  □ Other  □ Unknown

34. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?
   □ Yes  □ No (skip to Q.38)  □ Unknown (skip to Q.38)

35. When was the RIDT specimen collected?  / / (MM/DD/YYYY)

36. What was the result?
   □ Influenza A  □ Influenza B  □ Influenza A/B (type not distinguished)  □ Negative  □ Other

37. What brand of RIDT was used?

Medical History -- Past Medical History and Vaccination Status

38. Does the patient have any of the following chronic medical conditions? Please specify ALL conditions that qualify.
   a. Asthma/reactive airway disease  □ Yes  □ No  □ Unknown
   b. Other chronic lung disease  □ Yes  □ No  □ Unknown (If YES, specify)
   c. Chronic heart or circulatory disease  □ Yes  □ No  □ Unknown (If YES, specify)
   d. Diabetes mellitus  □ Yes  □ No  □ Unknown (If YES, specify)
   e. Kidney or renal disease  □ Yes  □ No  □ Unknown (If YES, specify)
   f. Non-cancer immunosuppressive condition  □ Yes  □ No  □ Unknown (If YES, specify)
   g. Cancer chemotherapy in past 12 months  □ Yes  □ No  □ Unknown (If YES, specify)
   h. Neurologic/neurodevelopmental disorder  □ Yes  □ No  □ Unknown (If YES, specify)
   i. Other chronic diseases  □ Yes  □ No  □ Unknown (If YES, specify)

39. Does the patient frequently use a stroller or wheelchair? If yes, please describe.
   □ Yes  □ No  □ Unknown

40. Was patient pregnant or ≤6 weeks postpartum at illness onset?
   □ Yes, pregnant (weeks pregnant at onset)  □ Yes, postpartum (delivery date)  / / (MM/DD/YYYY)  □ No  □ Unknown

41. Did the patient currently smoke?
   □ Yes  □ No  □ Unknown

42. Was the patient vaccinated against influenza in the past year?
   □ Yes  □ No (skip to Q.45)  □ Unknown (skip to Q.45)

43. Month and year of influenza vaccination? Vaccination date 1:  / / (MM/YYYY)  Vaccination date 2:  / / (MM/YYYY)

44. Type of influenza vaccine (check all that apply):  □ Inactivated (injection)  □ Live attenuated (nasal spray)  □ Unknown
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**Epidemiologic Risk Factors**

45. In the 7 days prior to illness onset, did the patient travel outside of his/her usual area? □ Yes □ No (skip to Q.48) □ Unknown (skip to Q.48)

46. When and where did the patient travel? **Please describe details of the patient’s travel in the notes section at the end of the form.**

   - **Trip 1:** Dates of travel: _____/____/_____ to _____/____/_____ Country __________ State __________ City/County __________
   - **Trip 2:** Dates of travel: _____/____/_____ to _____/____/_____ Country __________ State __________ City/County __________

47. Did the patient travel in a group (check all that apply)? □ No, travelled alone □ Yes, with household members □ Yes, with non-household members □ Unknown

**Risk Factors—Domestic and Agricultural Animals**

48. In the 7 days before becoming ill, did the patient attend an agricultural fair/event or live animal market?

   - □ Yes (specify name, if >1 fair, please describe in the notes section ______________________) □ No (skip to Q.50) □ Unknown (skip to Q.50)

49. In the 7 days before becoming ill, on what days did the patient attend an agricultural fair/event or live animal market (check all that apply)?

   - □ on the day of illness onset □ 1 day before illness onset □ 2 days before illness onset □ 3 days before illness onset □ 4 days before illness onset □ 5 days before illness onset □ 6 days before illness onset □ 7 days before illness onset

50. In the 7 days before becoming ill, did the patient have **DIRECT** contact with (touch or handle) any livestock animals like poultry or pigs?

   - □ Yes □ No (skip to Q.53) □ Unknown (skip to Q.53)

51. What type(s) of animals did the patient have direct contact with (check all that apply)?

   - □ Horses □ Cows □ Poultry/wild birds □ Sheep □ Goats □ Pigs/hogs □ Other __________________

52. Where did the direct contact occur (check all that apply)?

   - □ Home □ Work □ Agricultural fair or event □ Live animal market □ Petting zoo □ Other __________________

53. In the 7 days before becoming ill, did the patient have **INDIRECT** contact with (walk through an area containing or come within 6 feet of) any livestock animals?

   - □ Yes □ No (skip to Q.56) □ Unknown (skip to Q.56)

54. What type(s) of animals did the patient have indirect contact with (check all that apply)?

   - □ Horses □ Cows □ Poultry/wild birds □ Sheep □ Goats □ Pigs/hogs □ Other __________________

55. Where did the indirect contact occur (check all that apply)?

   - □ Home □ Work □ Agricultural fair or event □ Live animal market □ Petting zoo □ Other __________________

56. In the 7 days before becoming ill, did the patient have direct or indirect contact with any animal exhibiting signs of illness?

   - □ Yes (specify animal type and location ______________________) □ No □ Unknown

Please answer Q.57–58 if ANY contact (direct, indirect, or both) with pigs/hogs identified above. If no contact identified, please skip to Q.59.

57. In the 7 days before becoming ill, on what days did the patient have ANY contact (direct, indirect, or both) with pigs (check all that apply)?

   - □ on the day of illness onset □ 1 day before illness onset □ 2 days before illness onset □ 3 days before illness onset □ 4 days before illness onset □ 5 days before illness onset □ 6 days before illness onset □ 7 days before illness onset

58. From Q. 57, what was the total number of different days the patient reported ANY pig contact (direct, indirect, or both)? ____________ days

59. Does anyone else in the household own, keep or care for livestock animals?

   - □ Yes □ No (skip to Q.61) □ Unknown (skip to Q.61)

60. What type(s) of animals are kept or cared for by household members (check all that apply)?

   - □ Horses □ Cows □ Poultry/wild birds □ Sheep □ Goats □ Pigs/hogs □ Other __________________

**Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread**

61. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?

   - □ Yes (skip to Q.63) □ No □ Unknown (skip to Q.63)

62. How many people resided in the patient’s household(s) in the week before or after illness onset (excluding the patient)? ____________

   - A household member is anyone with at least one overnight stay in the week before or after the patient’s illness onset, and the patient may have resided in >1 household during this period. Please complete the table below for each household member.

<table>
<thead>
<tr>
<th>ID</th>
<th>Household (HH)</th>
<th>Relation to patient (e.g. parent, brother, friend)</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Fever or any respiratory symptom ≥7 days from case patient’s onset?</th>
<th>Date of illness onset</th>
<th>If HH member ILL</th>
<th>If HH member NOT ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
<tr>
<td>2</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
<tr>
<td>3</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
<tr>
<td>4</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
<tr>
<td>5</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
<tr>
<td>6</td>
<td>□ A □ B □ C</td>
<td></td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
<td>□ Y □ N □ U</td>
</tr>
</tbody>
</table>
63. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?
   - Yes (before becoming ill)
   - Yes (after becoming ill)
   - No (skip to Q.65)
   - Unknown (skip to Q.65)

64. In the 7 days before or after becoming ill, did the patient attend or work at a school?
   - Yes (before becoming ill)
   - Yes (after becoming ill)
   - No (skip to Q.67)
   - Unknown (skip to Q.67)

65. Did anyone else in the patient’s household(s) work at or attend a child care facility or school?
   - Yes
   - No (skip to Q.69)
   - Unknown (skip to Q.69)

66. List ID numbers from Q.62 (the table above) for household members working at or attending a child care facility or school:

67. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
   - Yes
   - No
   - Unknown

68. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia in the 7 days BEFORE the case patient’s illness onset?
   - Yes
   - No
   - Unknown

69. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia in the 7 days AFTER the case patient’s illness onset?
   - Yes
   - No
   - Unknown

70. Is the patient a contact of a confirmed or probable case of novel influenza A infection?
   - Yes
   - No
   - Unknown
79. Any additional comments or notes (e.g. travel details, names/dates of fairs attended by case patient, dates of household members fair attendance and location of fair, information about other ill contacts)?

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This is the end of the case report form. Thank you very much for your time.
Please fax completed forms to 1.888.232.1322
If you have any questions please feel free to contact the Epidemiology and Prevention Branch at 404.639.3747.