Human Infection with Novel Influenza A Virus
Case Report Form

Reporter Information

State: _____ Date reported to health department: ____/____/_____ (MM/DD/YYYY) State/Local ID: _____

CDC ID (*CDC use only*): ☐ HH ID (*CDC use only*): ☐ Cluster ID (*CDC use only*): ☐

Name of reporter: Last _____ First_____

Telephone _____ Email _____

Case-Patient Demographic Information

1. At the time of this report, is the case
   ☐ Confirmed ☐ Probable
2. Date of birth: _____/_____/_____ (MM/DD/YYYY)
3. Race: (check all that apply) ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ Other _____
4. Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
5. Sex: ☐ Male ☐ Female

Symptoms, Clinical Course, Treatment, Testing, and Outcome

6. What date did symptoms associated with this illness start? _____/_____/_____ (MM/DD/YYYY)
7. During this illness, did the patient experience any of the following?

Symptom	Symptom Present?	Symptom	Symptom Present?
Fever (highest temp _____ °F)	☐ Yes ☐ No ☐ Unk	Shortness of breath	☐ Yes ☐ No ☐ Unk
If fever present, date of onset ___/___/____(MM/DD/YYYY)		Vomiting	☐ Yes ☐ No ☐ Unk
Felt feverish	☐ Yes ☐ No ☐ Unk	Diarrhea	☐ Yes ☐ No ☐ Unk
If felt feverish, date of onset ___/___/____(MM/DD/YYYY)		Eye infection/redness	☐ Yes ☐ No ☐ Unk
Cough	☐ Yes ☐ No ☐ Unk	Rash	☐ Yes ☐ No ☐ Unk
Sore Throat	☐ Yes ☐ No ☐ Unk	Fatigue	☐ Yes ☐ No ☐ Unk
Muscle aches	☐ Yes ☐ No ☐ Unk	Seizures	☐ Yes ☐ No ☐ Unk
Headache	☐ Yes ☐ No ☐ Unk	Other, specify	☐ Yes ☐ No ☐ Unk

8. Does the patient still have symptoms?
   ☐ Yes (skip to Q.10) ☐ No ☐ Unknown (skip to Q.10)
9. When did the patient feel back to normal? _____/_____/_____ (MM/DD/YYYY)
10. Did the patient receive any medical care for the illness?
    ☐ Yes ☐ No (skip to Q.27) ☐ Unknown (skip to Q.27)
11. 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)
    ☐ Retail store clinic **date**:_____/_____/_____ (MM/DD/YYYY) ☐ Health department **date**:_____/_____/_____ (MM/DD/YYYY)
    ☐ Other _____ **date**:_____/_____/_____ (MM/DD/YYYY) ☐ Unknown
12. Was the patient hospitalized for the illness?
    ☐ Yes ☐ No (skip to Q.21) ☐ Unknown (skip to Q.21)
13. Date(s) of hospital admission? **date 1:**_____/_____/_____ (MM/DD/YYYY) **date 2:**_____/_____/_____ (MM/DD/YYYY)
14. Was the patient admitted to an intensive care unit (ICU)?
    ☐ Yes ☐ No (skip to Q.16) ☐ Unknown (skip to Q.16)
15. ICU admission date _____/_____/_____ (MM/DD/YYYY) ICU discharge date _____/_____/_____ (MM/DD/YYYY)
16. Did the patient receive mechanical ventilation / have a breathing tube?
    ☐ Yes ☐ No (skip to Q.18) ☐ Unknown (skip to Q.18)
17. For how many days did the patient receive mechanical ventilation or have a breathing tube? _____ days
18. Was the patient discharged?
    ☐ Yes ☐ No (skip to Q.21) ☐ Unknown (skip to Q.21)
19. Date(s) of hospital discharge? **date 1:**_____/_____/_____ (MM/DD/YYYY) **date 2:**_____/_____/_____ (MM/DD/YYYY)
20. Where was the patient discharged?
    ☐ Home ☐ Nursing facility/rehab ☐ Hospice ☐ Other _____ ☐ Unknown
21. Did the patient have a new abnormality on chest x-ray or CAT scan?
    ☐ Normal ☐ Abnormal ☐ Chest x-ray or CAT scan not performed ☐ Unknown
22. Did the patient receive a diagnosis of pneumonia?
    ☐ Yes ☐ No ☐ Unknown
23. Did the patient receive a diagnosis of ARDS?
    ☐ Yes ☐ No ☐ Unknown

24. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm^3)?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
25. Did the patient have lymphopenia (total lymphocytes <800/mm^3 or lymphocytes <15% of WBC)?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
26. Did the patient have thrombocytopenia (total platelets <150,000/mm^3)?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
27. Did patient experience any other complications as a result of this illness? ☐ Yes ☐ No If yes, describe.

_____

_____

28. Did the patient receive antiviral medications?
☐ Yes, (please complete table below) ☐ No ☐ Unknown

Drug	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Dosage (if known)
Oseltamivir (Tamiflu)			mg
Zanamivir (Relenza)			mg
Rimantadine (Flumadine)			mg
Amantadine (Symmetrel)			mg
Other _____			mg

29. Did the patient die as a result of this illness?
☐ Yes **date**:_____/_____/_____ (MM/DD/YYYY) ☐ No ☐ Unknown

For the following section, please complete for **ANY** influenza specimen tested. If you require additional space, please include in a separate sheet.

Specimen 1

30. Date of specimen 1 collection: _____/_____/_____ (MM/DD/YYYY)
31. What was specimen type?
☐ Nasopahryngeal (NP) swab ☐ Nasopahryngeal (NP) aspirate ☐ Nasal aspirate ☐ Sputum ☐ Oropharyngeal swab
☐ Endotracheal aspirate ☐ Chest tube fluid ☐ Broncheoalveolar lavage specimen (BAL) ☐ Other _____ ☐ Unknown
32. Where was the specimen collected? ☐ Doctor's office ☐ Hospital ☐ Emergency room ☐ Retail store clinic ☐ Health department
☐ Other _____ ☐ Unknown
33. What was the test type? ☐ Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) ☐ Viral culture ☐ Rapid antigen test
☐ Fluorescent antibody test (FA) ☐ Other _____ ☐ Unknown
34. What was the result? ☐ Influenza A ☐ Influenza B ☐ Influenza A/B (type not distinguished) ☐ Influenza A(H1N1)pdm09
☐ Influenza A(H1N1) seasonal ☐ Influenza A(H3N2) seasonal ☐ Influenza A(H5N1) ☐ Inconclusive ☐ Negative
☐ Other _____ ☐ Unknown

Specimen 2

35. Date of specimen 2 collection: _____/_____/_____ (MM/DD/YYYY)
36. What was specimen type?
☐ Nasopahryngeal (NP) swab ☐ Nasopahryngeal (NP) aspirate ☐ Nasal aspirate ☐ Sputum ☐ Oropharyngeal swab
☐ Endotracheal aspirate ☐ Chest tube fluid ☐ Broncheoalveolar lavage specimen (BAL) ☐ Other _____ ☐ Unknown
37. Where was the specimen collected? ☐ Doctor's office ☐ Hospital ☐ Emergency room ☐ Retail store clinic ☐ Health department
☐ Other _____ ☐ Unknown
38. What was the test type? ☐ Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) ☐ Viral culture ☐ Rapid antigen test
☐ Fluorescent antibody test (FA) ☐ Other _____ ☐ Unknown
39. What was the result? ☐ Influenza A ☐ Influenza B ☐ Influenza A/B (type not distinguished) ☐ Influenza A(H1N1)pdm09
☐ Influenza A(H1N1) seasonal ☐ Influenza A(H3N2) seasonal ☐ Influenza A(H5N1) ☐ Inconclusive ☐ Negative
☐ Other _____ ☐ Unknown

Medical History -- Past Medical History and Vaccination Status

40. Does the patient have any of the following chronic medical conditions? Please specify **ALL** conditions that qualify.

a. Asthma ☐ 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 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) _____

41. Can patient walk without assistance? If no, describe.
☐ Yes ☐ No _____ ☐ Unknown
42. Was patient pregnant at illness onset?
☐ Yes (weeks pregnant at onset)_____ ☐ No ☐ Unknown
43. Does the patient currently smoke?
☐ Yes ☐ No ☐ Unknown
44. Was the patient vaccinated against influenza in the past year?
☐ Yes ☐ No (skip to Q.47) ☐ Unknown (skip to Q.47)
45. Date(s) of influenza vaccination? **date 1:**_____/_____/_____ (MM/DD/YYYY) **date 2:**_____/_____/_____ (MM/DD/YYYY)
46. Type of influenza vaccine (check all that apply): ☐ Inactivated (injection) ☐ Live attenuated (intranasal) ☐ Unknown

Epidemiologic Risk Factors

47. In the 7 days prior to illness onset, did the patient travel to anywhere other than his/her usual area?
☐ Yes ☐ No (skip to Q.49) ☐ Unknown (skip to Q.49)
48. Where did the patient travel 7 days prior to illness onset?

Trip 1: Dates of travel: _____/_____/_____ to _____/_____/_____ Type of trip ☐ Domestic ☐ International
Country (if international) _____ State _____ City/County_____

Trip 2: Dates of travel: _____/_____/_____ to _____/_____/_____ Type of trip ☐ Domestic ☐ International
Country (if international) _____ State _____ City/County_____

Trip 3: Dates of travel: _____/_____/_____ to _____/_____/_____ Type of trip ☐ Domestic ☐ International
Country (if international) _____ State _____ City/County_____

Risk Factors—Domestic and Agricultural Animals

49. In the 7 days prior to illness onset, did the patient have direct contact with (touch or handle) any livestock animals like poultry or pigs?
☐ Yes ☐ No (skip to Q.52) ☐ Unknown (skip to Q.52)
50. 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_____
51. Where did the direct contact occur (check all that apply)?
☐ Home ☐ Work ☐ Agricultural fair or event ☐ Petting zoo ☐ Other_____
52. In the 7 days prior to illness onset, 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.55) ☐ Unknown (skip to Q.55)
53. 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_____
54. Where did the indirect contact occur (check all that apply)?
☐ Home ☐ Work ☐ Agricultural fair or event ☐ Petting zoo ☐ Other_____
55. Did the patient have direct or indirect contact with any animal exhibiting signs of illness in the 7 days prior to illness onset?
☐ Yes (specify animal type _____) ☐ No ☐ Unknown

If no direct or indirect pig contact identified above, please skip to Q.59.

56. In the 7 days prior to illness onset, during how many days did the patient have direct or indirect contact with pigs?
☐ 1 day ☐ 2–3 days ☐ 4–6 days ☐ 7 days
57. When was the earliest date of direct or indirect contact with pigs?
☐ ≥7 days before illness onset ☐ 6 days before ☐ 5 days before ☐ 4 days before ☐ 3 days before ☐ 2 days before
☐ 1day before ☐ on the day of illness onset
58. When was the most recent date of direct or indirect contact with pigs?
☐ ≥7 days before illness onset ☐ 6 days before ☐ 5 days before ☐ 4 days before ☐ 3 days before ☐ 2 days before
☐ 1day before ☐ on the day of illness onset
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_____

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

61. Does the patient reside in an institutional setting?
☐ Yes (skip to Q.63) ☐ No ☐ Unknown (skip to Q.63)

62. How many people resided in the patient's household(s) in the 7 days prior to and 7 days after illness onset (excluding the patient)? _____
A household member is anyone with at least one overnight stay +/–7 days from 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.

Household	Relation to patient	Sex (M/F)	Age	Respiratory illness +/– 7 days from case patient's onset?	Date of illness onset (MM/DD/YYYY)	Contact with livestock prior to case patient's onset?	Please specify animal contact
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	
☐A ☐B ☐C				☐Y ☐N ☐U		☐Y ☐N ☐U	

63. Does the patient attend or work at a child care facility?
☐ Yes (work) ☐ Yes (attend) ☐ No (skip to Q.65) ☐ Unknown (skip to Q.65)

64. Approximately how many children are in the patient's class or room at the child care facility? _____

65. Does the patient attend or work at a school?
☐ Yes (work) ☐ Yes (attend) ☐ No (skip to Q.67) ☐ Unknown (skip to Q.67)

66. Approximately how many students are in the patient's class at the school? _____ children

67. Does anyone else in the patient's household work at or attend a child care facility or school?
☐ Yes ☐ No (skip to Q.69) ☐ Unknown (skip to Q.69)

68. For household members working at or attending a child care facility or school, state age and specify:
Age_____ ☐ Attends facility/school ☐ Employed by facility/school ☐ Other _____
Age_____ ☐ Attends facility/school ☐ Employed by facility/school ☐ Other _____
Age_____ ☐ Attends facility/school ☐ Employed by facility/school ☐ Other _____

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

70. Does the patient work in or volunteer at a healthcare facility or setting?
☐ Yes ☐ No (skip to Q.73) ☐ Unknown (skip to Q.73)

71. Specify healthcare facility job/role:
☐ Physician ☐ Nurse ☐ Administration staff ☐ Housekeeping ☐ Patient transport ☐ Volunteer ☐ Other_____

72. Did the patient have direct patient contact while working or volunteering at a healthcare facility?
☐ Yes ☐ No ☐ Unknown

73. In the 7 days prior to illness onset, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?
☐ Yes ☐ No ☐ Unknown
If yes, what were the dates? ____/____/_____, ____/____/_____ City/Town _____

74. In the 7 days prior to illness onset, was the patient in a clinic or a doctor's office for any reason?
☐ Yes ☐ No ☐ Unknown
If yes, what were the dates? ____/____/_____, ____/____/_____ City/Town _____

75. In the 7 days prior illness onset, did the patient have close contact (e.g. caring for, speaking with, or touching) with anyone other than their household members who routinely has contact with livestock animals?
☐ Yes ☐ No ☐ Unknown

76. In the 7 days prior to illness onset, did the patient have close contact (e.g. caring for, speaking with, or touching) with anyone other than their household members who had fever, respiratory symptoms like cough or sore throat, or a respiratory illness like pneumonia?
☐ Yes (**please list in table below**) ☐ No ☐ Unknown

Relationship to patient	Sex (M/F)	Age	Date of illness onset (MM/DD/YYYY)	Any contact with livestock animals?	Please specify animal contact
				☐Y ☐N ☐U	
				☐Y ☐N ☐U	
				☐Y ☐N ☐U	

Continued from previous page

Relationship to patient	Sex (M/F)	Age	Date of illness onset (MM/DD/YYYY)	Any contact with livestock animals?	Please specify animal contact
				☐ Y ☐ N ☐ U	
				☐ Y ☐ N ☐ U	

77. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or a respiratory illness like pneumonia beginning after the case patient's illness onset?

☐ Yes (**please list in table below**) ☐ No ☐ Unknown

Relationship to patient	Sex (M/F)	Age	Date of illness onset (MM/DD/YYYY)

78. Any additional comments or notes?

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