



Avian (H5N1) Influenza Suspect Case Screening Form



Patient's Last Name: _____ First Name: _____

Address: _____ City: _____ County: _____

Date of Birth ___/___/___ or Age: _____ Race: _____ Gender: Male Female

Occupation (if HCW, note type and if direct patient care involved): _____

TESTING FOR AVIAN INFLUENZA A (H5N1) SUSPECT CASES IS RECOMMENDED:

A patient who has an illness that requires hospitalization or is fatal; AND has a documented fever >38°C (100.4°F); AND has radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS) or other respiratory illness with no alternate diagnosis established; AND has at least one of the following exposures within 10 days of symptom onset:

- A. Travel to 'an area' with documented avian (H5N1) influenza in poultry², wild birds and/or humans with at least one of the following:
- Direct contact with (e.g. touching) sick or dead domestic poultry²; OR
 - Direct contact with surfaces contaminated with poultry² feces; OR
 - Consumption of raw or incompletely cooked poultry² or poultry² products; OR
 - Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1; OR
 - Close contact (within 1 meter or 3 feet) of a person who was hospitalized or died due to unexplained respiratory illness.

If yes, list country(ies) and dates of travel: _____

If yes, list details of suspect H5N1 poultry, wild bird or human exposure history: _____

B. Close contact (within 1 meter) of an ill patient who was confirmed or suspected to have H5N1; OR

C. Worked with live influenza H5N1 virus in a laboratory.

Additional details: _____

TESTING ON A CASE-BY-CASE BASIS IN CONSULTATION WITH THE LOCAL HEALTH DEPT SHOULD BE CONSIDERED:

- o A hospitalized or ambulatory patient with mild or atypical disease (e.g. diarrhea or encephalitis without respiratory disease) with one of the above exposures (A, B or C) OR
- o A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable or suspicious, but does not meet criteria listed above (e.g. returned traveler from an affected country with unclear exposure, or with contact with well-appearing poultry)

List details: _____

1. See http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm (click on "GRAPH" at top) for a list of affected countries.
2. The definition of poultry is: domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

CLINICAL INFORMATION/HOSPITAL COURSE

Date of symptom onset: ___/___/___ Date of first clinical evaluation: ___/___/___

Is patient hospitalized? Yes No Unk If yes: Name of hospital and county: _____

Date of admission: ___/___/___ Date of discharge: ___/___/___

Is patient in the ICU? Yes No Unk Intubated? Yes No Unk

Symptoms: (e.g., fever, chills, myalgias, headache, cough, sore throat, n/v, alt mental status, seizures, etc) Documented temp: _____ O₂ sat: _____

Notes on hospital course, complications (e.g., ARDS, bacterial pneumonia, encephalitis, sepsis/MOF, etc) and antibiotics/antivirals received: _____

Past Medical History (also note risk factors for influenza complications, e.g. cardiopulmonary disease, immunosuppression, pregnancy, etc) : _____

Laboratory: WBC with diff: _____ Hct: _____ Platelet: _____ Liver function: AST: _____ ALT: _____

Chest X-ray/CT: _____ Date: ___/___/___

Did the patient die? Yes No Unk If yes, date of death: ___/___/___ Was autopsy performed? Yes No Unk

 MICROBIOLOGY RESULTS FROM CLINIC/HOSPITAL/LPHL (e.g., rapid antigen testing, bacterial/viral culture, PCR, biopsy/path results): _____

 Reporting LHD/physician contact: _____ Phone/fax: _____

Report all suspected cases immediately to Acute Communicable Disease Control (ACDC) at 213-240-7941.
 ACDC will provide guidance on specimen collection. **FAX THIS FORM TO 213-482-4856.**