

Novel Influenza Case History Form

(Please see page 3 for case definitions)

Patient information

CDPH Case ID #: _____

Last name _____ First name _____ DOB ____/____/____

Street address _____ City _____ Zip code _____

County of residence _____ Telephone numbers home _____ cell/other _____

Race: White Black Native-American Asian/PI Other Unknown

Ethnicity: Hispanic Non-Hispanic Sex: Female Male HCW: Yes No Unk

Reporting agency

Reporting LHJ _____

Name _____ Phone _____

Outcome status

Outpatient Date of first clinical evaluation: ____/____/____

Hospitalized ≥24 hrs

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Admitted to the ICU Yes No Unk

ICU admit date ____/____/____

Died Date of death: ____/____/____

Autopsy performed Yes No Unk

Location of autopsy: _____

Signs and symptoms

Date of onset of symptom(s) ____/____/____

Symptoms

Fever ≥37.8 Cough Sore throat

Nausea/vomiting Seizures Diarrhea

Shortness of breath Altered mental status

Headache _____ % O₂ sat on _____ % O₂

Other: _____

Significant past medical history

Cardiac disease Yes No Unk

Chronic pulmonary disorder Yes No Unk

Immunosuppression (e.g. cancer) Yes No Unk

Immunosuppressive meds (e.g. steroids) Yes No Unk

Metabolic disorder (e.g. DM, renal) Yes No Unk

Neuromuscular disorder (e.g. CP) Yes No Unk

Hemoglobinopathy (e.g. SCD) Yes No Unk

Genetic disorder (e.g. Downs) Yes No Unk

Pregnant Yes No Unk If yes, EDC: ____/____/____

Postpartum Yes No Unk If yes, delivery: ____/____/____

Weight: _____ kg lbs Height: _____ BMI: _____

Other conditions (e.g. hypertension) Yes No Unk

If YES for any of the above, please specify: _____

Vaccination status

Received flu vaccine for current season: Yes No Unk

Diagnostic/Laboratory studies

Influenza testing:

Date of specimen collection ____/____/____

Specimen type/s _____

Test/s performed and results

Rapid test Positive Negative

DFA Positive Negative

Culture Positive Negative

RT-PCR If PCR, specify test result (pls attach a

copy of the PCR test result): _____

Chest X-ray Positive Negative Not done

If positive, evidence of pneumonia Yes No Unk

If positive, evidence of ARDS Yes No Unk

Other abnormal results (LP, MRI/CT, LFTs, etc.) _____

2° bacterial infection Yes No Unk

If yes, community-acquired hospital-acquired

Specify pathogen _____

Specimen source _____

Date of specimen collection ____/____/____

Other micro results: _____

Clinical course

Antiviral treatment: Yes No Unk

Oseltamivir Dosage _____ Dates _____

Zanamivir Dosage _____ Dates _____

Other, Specify: _____

Intubated Yes No Unk

Complications

Pneumonia ARDS Sepsis Renal failure

Enceph-alitis/alopathy Pulmonary embolus

Other, specify: _____

Novel Influenza Case History Form (p.2)

CDPH Case ID # _____

Risk factors (The following questions pertain to 10 days prior to symptom onset, unless otherwise specified)

History of travel

 Yes No Unk*If yes, list all places visited and arrival and departure dates:*

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Close contact (within 3 ft) with a person who is a suspected, probable or confirmed novel human influenza A case

 Yes No Unk*If yes, specify:* _____

Touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds or swine) or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

 Yes No Unk*If yes, specify:* _____

Exposure to animal (including poultry, wild birds or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

 Yes No Unk*If yes, specify:* _____

Exposure to environments contaminated by animal feces (including poultry, wild birds or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

 Yes No Unk*If yes, specify:* _____

Consumption of raw or undercooked animals (including poultry, wild birds or swine) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month

 Yes No Unk*If yes, specify:* _____

Contact with any animals

 Yes No Unk*If yes, specify contact with dogs, cats, horses, wild birds, poultry, swine:* _____

Direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (i.e. state or county fair) in the last month

 Yes No Unk*If yes, specify event/location and date/s of contact:* _____

Visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (i.e. state or county fair) in the last month

 Yes No Unk*If yes, specify event/location and date/s of visit:* _____

Epi-link to laboratory-confirmed or probable novel influenza A case

 Yes No Unk

Visit or stay in the same household with anyone with pneumonia or severe influenza-like illness

 Yes No Unk

Visit or stay in the same household with anyone who died following the visit

 Yes No Unk

Handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting

 Yes No Unk

Novel Influenza Case History Form (p.3)

Novel Influenza A Case Definition

Novel influenza A virus infections are all human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses. These viruses include those that are subtyped as non-human in origin and those that are unsubtypeable with standard methods and reagents.

The clinical presentation of illness should be compatible with influenza virus infection.

Laboratory criteria for diagnosis

A specimen from a human that is reverse-transcriptase-polymerase chain reaction (RT-PCR) or culture-positive for influenza A and tests negative for currently circulating human H1 and H3 subtypes. Depending on the situation, a confirmatory reverse-transcriptase-polymerase chain reaction (RT-PCR) specific for the novel influenza virus of concern may or may not be available.

Specimens from cases with human infection with unsubtypeable influenza A viruses should be forwarded to the local public health laboratory or the California Department of Public Health Viral and Rickettsial Diseases Laboratory (CDPH-VRDL) for confirmation.

Case classification

Confirmed – A human case with illness consistent with a novel influenza A virus that has been confirmed by the public health laboratory, CDPH-VRDL or the Centers for Disease Control and Prevention (CDC). Depending on the situation, a confirmatory RT-PCR specific for the novel influenza virus of concern may or may not be available.

Probable – A human case with illness consistent with a novel influenza A virus infection that has been tested by the public health laboratory, CDPH-VRDL or CDC and were unsubtypeable with standard methods and reagents for circulating human influenza H1 and H3 viruses.

Suspect – A human case with illness consistent with a novel influenza A virus infection for which laboratory testing by a public health laboratory, CDPH-VRDL or CDC is pending, and is 1) epidemiologically linked to a confirmed case or 2) had exposure to a possible source of novel virus infection (e.g. swine, poultry, travel history, or laboratory exposure),

To report a case, please contact the LA County Acute Communicable Disease Control Program and fax this form to (213) 482-4856. Please forward any available medical records (e.g. H&P, micro reports, discharge summary, autopsy report, etc.). Please contact your local health department to report these cases as soon as possible so that we can assist with collection and shipment of specimens for further characterization.