Human Influenza A (H5) Domestic Case Screening Form

CDC Case ID:

1. Reported By

Date reported to state or local health department: __ __ / __ __ / __ __ __ __ (m m d d y y y y)	State/ local Assigned Case ID:
Last Name:	First Name:

State:	Affiliation:	Email:
Phone 1:	Phone 2:	Fax:

2. Patient Information

City of Residence: County: State:

Age at onset: _____ ☐ Year(s) ☐ Month(s)

Sex: ☐ Male ☐ Female

Race: *(Choose One)*
☐ American Indian/Alaska Native ☐ White
☐ Asian ☐ Unknown
☐ Black
☐ Native Hawaiian/Other Pacific Islander

Ethnicity: ☐ Non Hispanic ☐ Hispanic

3. Optional Patient Information

Last Name: First Name:

4. Signs and Symptoms

A. Date of symptom onset: __ __ / __ __ / __ __ __ __ (m m d d y y y y)

B. What symptoms and signs did the patient have during the course of illness? (check all that apply)

☐ Fever > 38° C (100.4° F) ☐ Feverish (temperature not taken) ☐ Conjunctivitis

☐ Cough ☐ Headache ☐ Shortness of breath

☐ Sore throat ☐ Other (specify): _____

C. Was a chest X-ray or chest CAT scan performed? ☐ Yes* ☐ No ☐ Unknown

If yes*, did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RDS)? ☐ Yes* ☐ No ☐ Unknown

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CENTERS FOR DISEASE CONTROL AND PREVENTION
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Epidemiologic Risk Factors

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5. Travel/Exposures

A. In the 10 days prior to illness onset, did the patient travel to any of the countries listed in the table below? If yes*, please fill in arrival and departure dates for all countries that apply. ☐ Yes* ☐ No** ☐ Unknown

****If patient did not travel outside U.S., skip to question 6.**

Country	Arrival Date	Departure Date	Country	Arrival Date	Departure Date
☐ Afghanistan			☐ Myanmar (Burma)		
☐ Bangladesh			☐ Nepal		
☐ Brunei			☐ North Korea		
☐ Cambodia			☐ Oman		
☐ China			☐ Pakistan		
☐ Hong Kong			☐ Papua New Guinea		
☐ India			☐ Philippines		
☐ Indonesia			☐ Saudi Arabia		
☐ Iran			☐ Singapore		
☐ Iraq			☐ South Korea		
☐ Israel			☐ Syria		
☐ Japan			☐ Taiwan		
☐ Jordan			☐ Thailand		
☐ Laos			☐ Turkey		
☐ Lebanon			☐ Viet Nam		
☐ Macao			☐ Yemen		
☐ Malaysia					

For the questions 5B to 5E,
In the 10 days prior to illness onset, <u>while in the countries</u> listed above . . . .

B. Did the patient come within 1 meter (3 feet) of any live poultry or domesticated birds (e.g. visited a poultry farm, a household raising poultry, or a bird market)? ☐ Yes* ☐ No ☐ Unknown

If Yes*

C. Did patient touch any recently butchered poultry? ☐ Yes ☐ No ☐ Unknown

D. Did the patient visit or stay in the same household with anyone with pneumonia or severe flu-like illness? ☐ Yes ☐ No ☐ Unknown

E. Did the patient visit or stay in the same household with a suspected human influenza A(H5) case?* ☐ Yes ☐ No ☐ Unknown

F. Did the patient visit or stay in the same household with a known human influenza A(H5) case?* ☐ Yes ☐ No ☐ Unknown

** SEE Influenza A (H5): Interim U.S. Case Definitions*

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6. Exposure for Non Travelers	
For patients whom did not travel outside the U.S., **in the 10 days prior to illness onset**, did the patient visit or stay in the same household with a traveler returning from one of the countries listed above who developed pneumonia or severe flu-like illness?	☐ Yes* ☐ No ☐ Unknown
If yes*, was the contact a confirmed or suspected H5 case patient?	☐ Yes* ☐ No ☐ Unknown
If yes*: CDC ID: _____ STATE ID: _____	

Laboratory Evaluation

7. State and local level influenza test results	
Specimen 1	
☐ NP swab ☐ Broncheoalveolar lavage specimen (BAL) ☐ NP aspirate ☐ OP swab ☐ Other _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Type: ☐ RT-PCR ☐ Direct fluorescent antibody (DFA) ☐ Viral Culture ☐ Rapid Antigen Test* *Name of Rapid Test:	Result: ☐ Influenza A ☐ Influenza B ☐ Influenza (type unk) ☐ Negative ☐ Pending
Specimen 2	
☐ NP swab ☐ Broncheoalveolar lavage specimen (BAL) ☐ NP aspirate ☐ OP swab ☐ Other _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Type: ☐ RT-PCR ☐ Direct fluorescent antibody (DFA) ☐ Viral Culture ☐ Rapid Antigen Test* *Name of Rapid Test:	Result: ☐ Influenza A ☐ Influenza B ☐ Influenza (type unk) ☐ Negative ☐ Pending
Specimen 3	
☐ NP swab ☐ Broncheoalveolar lavage specimen (BAL) ☐ NP aspirate ☐ OP swab ☐ Other _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Type: ☐ RT-PCR ☐ Direct fluorescent antibody (DFA) ☐ Viral Culture ☐ Rapid Antigen Test* *Name of Rapid Test:	Result: ☐ Influenza A ☐ Influenza B ☐ Influenza (type unk) ☐ Negative ☐ Pending

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8. List specimens sent to the CDC

Select a SOURCE* from the following list for each specimen: Serum (acute), serum (convalescent), NP swab, NP aspirate, broncheoalveolar lavage specimen (BAL), OP swab, tracheal aspirate, or tissue

Specimen 1: ☐ Clinical Material ☐ Extracted RNA ☐ Virus Isolate	Source*: _____	Collected : __ __ / __ __ / __ __ __ __ (m m d d y y y y) Date Sent: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Specimen 2: ☐ Clinical Material ☐ Extracted RNA ☐ Virus Isolate	Source*: _____	Collected : __ __ / __ __ / __ __ __ __ (m m d d y y y y) Date Sent: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Specimen 3: ☐ Clinical Material ☐ Extracted RNA ☐ Virus Isolate	Source*: _____	Collected : __ __ / __ __ / __ __ __ __ (m m d d y y y y) Date Sent: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Specimen 4: ☐ Clinical Material ☐ Extracted RNA ☐ Virus Isolate	Source*: _____	Collected : __ __ / __ __ / __ __ __ __ (m m d d y y y y) Date Sent: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Specimen 5: ☐ Clinical Material ☐ Extracted RNA ☐ Virus Isolate	Source*: _____	Collected : __ __ / __ __ / __ __ __ __ (m m d d y y y y) Date Sent: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Carrier:	Tracking #:	

9. Case Notes:

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CDC Contact Information (FOR CDC USE ONLY)	
Case status and date status applied: ☐ Clinical Case (lab results pending) __ __ / __ __ / __ __ __ __ (m m d d y y y y) ☐ Influenza A pos. Case (subtype pending) __ __ / __ __ / __ __ __ __ (m m d d y y y y) ☐ Confirmed Case __ __ / __ __ / __ __ __ __ (m m d d y y y y)	☐ Ruled Out/Non-Case: __ __ / __ __ / __ __ __ __ (m m d d y y y y) Reason: ☐ Influenza A neg. (by PCR, viral culture, or influenza A serology) ☐ Non-H5 Influenza Strain ☐ Other etiology* ☐ Did not meet case definition
Date Entered by CDC: __ __ / __ __ / __ __ __ __ (m m d d y y y y)	Contact Date: __ __ / __ __ / __ __ __ __ (m m d d y y y y)
Name of CDC Contact:	

*Alternative Diagnosis			
A. Was an alternative non-influenza respiratory pathogen detected? If yes* specify:	☐ Yes*	☐ No	☐ Unknown
B. Was there a diagnosis other than respiratory infection? If yes* specify:	☐ Yes*	☐ No	☐ Unknown