

### Reporting a Suspect Case of Avian Influenza H5N1 Worksheet

This worksheet was designed to assist healthcare providers with collection of key information that will be used to determine whether H5N1 testing is warranted.

#### Demographics

Patient Name \_\_\_\_\_

County of residence \_\_\_\_\_

Age \_\_\_ years

DOB \_\_\_/\_\_\_/\_\_\_\_\_

Gender \_\_\_male \_\_\_female

#### Clinical Findings

Date of onset of first symptom \_\_\_/\_\_\_/\_\_\_\_\_

#### Symptoms / Signs

*Check all that apply*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fever > 38° C | <input type="checkbox"/> Rhinorrhea     | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Cough         | <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Nausea         |
| <input type="checkbox"/> Dyspnea       | <input type="checkbox"/> Myalgias       | <input type="checkbox"/> Vomiting       |
| <input type="checkbox"/> Sore throat   | <input type="checkbox"/> Fatigue        | <input type="checkbox"/> Diarrhea       |
| <input type="checkbox"/> Headache      | Other _____                             |   |

#### Travel History

##### Itinerary

*Include information on countries in which the case visited in the 10 days prior to symptom onset*

Country Traveled To	Arrival Date	Departure Date

##### Flight information

*Include flight information for flights that occurred 10 days prior to 5 days after symptom onset*

Carrier	Flight #	Date of flight	Departure City / Airport	Arrival City / Airport



**Exposure History**

*Please check all exposures that occurred in the **10 days** prior to symptom onset*

- Touched / handled sick or dead poultry
- Handled / consumed raw poultry
- Visited live bird market
- Had direct contact with surfaces contaminated with poultry feces
- Touched / handled sick or dead wild birds
- Came within 3 feet of a known or suspect human case of avian influenza H5N1
- Came within 3 feet of a person who was hospitalized or died of a severe unexplained respiratory illness

**Evaluation**

**Respiratory specimen collected?**

- Yes
- No

***If yes, check all types of respiratory specimens collected***

- Oropharyngeal swab
- Nasopharyngeal swab
- Nasal swab
- Nasal wash
- Nasal aspirate
- Other\_\_\_\_\_
- Other\_\_\_\_\_

**Contact Follow-up**

- # individuals who traveled with suspect case\_\_\_\_\_**
- # individuals who traveled with suspect case with flu-like illness\_\_\_\_\_**
- # household contacts to suspect case\_\_\_\_\_**
- # household contacts to suspect case with flu-like illness\_\_\_\_\_**

**Additional Notes**

