



**Section 4.****Clinical Status**

Date of first clinical evaluation for this illness: \_\_\_\_/\_\_\_\_/\_\_\_\_

Laboratory results (note most abnormal value): Hct: \_\_\_\_ Platelet: \_\_\_\_ WBC: \_\_\_\_ Differential: \_\_\_\_\_

AST: \_\_\_\_ ALT: \_\_\_\_ Alk phos: \_\_\_\_ Tbili: \_\_\_\_ LDH: \_\_\_\_ CPK: \_\_\_\_ BUN: \_\_\_\_ Creatinine: \_\_\_\_

Was a chest X-ray or chest CAT scan performed?  Yes  No  Unk

If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, was there evidence of pneumonia or respiratory distress syndrome?  Yes  No  Unk

Comments/interpretation: \_\_\_\_\_

Was the patient hospitalized for > 24 hours?  Yes  No  Unk

If yes: Name of hospital: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

City: \_\_\_\_\_ County/State: \_\_\_\_\_

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the patient seen or transferred from another clinic or facility after first symptom onset?  Yes  No  Unk

If yes, clinic or facility name: \_\_\_\_\_ Dates seen/hospitalized: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

(If more, please list on back of page).

Was the patient ever in the ICU?  Yes  No  UnkWas the patient ever on mechanical ventilation?  Yes  No  UnkDid the patient die as a result of this illness?  Yes  No  Unk

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, was an autopsy performed?  Yes  No  Unk

If yes, please forward autopsy report.

Pathologist name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Section 5.****Avian (H5N1) Influenza Epidemiological Risk Factors****In the 10 days prior to symptom onset:**

1. Did the patient travel to an area with documented avian (H5N1) influenza in birds and/or humans?

 Yes  No  Unk *If yes, complete section 6.*

2. Did the patient have history of any of the following exposures in an H5N1-affected country?

a. Direct contact with domestic poultry\*(e.g. touching sick or dead chickens or ducks or well-appearing ducks?)  Yes  No  Unkb. Consumption of uncooked poultry or poultry products?  Yes  No  Unkc. Direct contact with surfaces contaminated with poultry feces?  Yes  No  Unk

3. Did the patient come in close contact (within 1 meter) with a known or suspected human case of H5N1?

 Yes  No  Unk *If yes, please fill out source case information in ANNEX 1.*

Comments: \_\_\_\_\_

\*The definition of poultry is domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

**Section 6.****Travel History**

Complete if travel to foreign or domestic area with documented or suspected recent local transmission of avian (H5N1) influenza cases in birds or humans. List each portion or leg of the trip in the space below. Copy or use additional pages if necessary.

**Leg 1**

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure City/Country: \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival City/Country: \_\_\_\_\_

Transport type:  Airline  Train  Auto  Cruise  Bus  Tour group  Other \_\_\_\_\_

Transport company: \_\_\_\_\_ Transport number: \_\_\_\_\_

Residence at arrival city (e.g., hotel, relative's home): \_\_\_\_\_ Purpose/activities: \_\_\_\_\_

Contact with live or dead domestic poultry or their excretions (e.g., visited a poultry farm, bird market, etc)?  Yes  No

Comment: \_\_\_\_\_

Section 6 continued:

Leg 2

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure City/Country: \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival City/Country: \_\_\_\_\_

Transport type:  Airline  Train  Auto  Cruise  Bus  Tour group  Other \_\_\_\_\_

Transport company: \_\_\_\_\_ Transport number: \_\_\_\_\_

Residence at arrival city (e.g., hotel, relative's home): \_\_\_\_\_ Purpose/activities: \_\_\_\_\_

Contact with live or dead domestic poultry or their excretions (e.g., visited a poultry farm, bird market, etc)?  Yes  No

Comment: \_\_\_\_\_

Leg 3

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure City/Country: \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival City/Country: \_\_\_\_\_

Transport type:  Airline  Train  Auto  Cruise  Bus  Tour group  Other \_\_\_\_\_

Transport company: \_\_\_\_\_ Transport number: \_\_\_\_\_

Residence at arrival city (e.g., hotel, relative's home): \_\_\_\_\_ Purpose/activities: \_\_\_\_\_

Contact with live or dead domestic poultry or their excretions (e.g., visited a poultry farm, bird market, etc)?  Yes  No

Comment: \_\_\_\_\_

**Section 7.****Local Clinic/Hospital Laboratory Results****\*\*\*NOTE: VIRAL CULTURE SHOULD NOT BE PERFORMED IN SUSPECT AVIAN INFLUENZA CASES\*\*\*** Rapid influenza test:  Neg  Pos  Unk Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_*If positive, result:*  Influenza A  Influenza B  Influenza A/B, not distinguishedSpecimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  sputum  
 endotracheal asp  bronchoalveolar lavage  pleural fluid  other, specify \_\_\_\_\_Test performed:  Directigen Flu  FLU OIA  QuickVue Influenza Test  ZstatFlu  NOW Flu Test Rapid RSV test:  Neg  Pos  Unk Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_Specimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  sputum  
 endotracheal asp  bronchoalveolar lavage  pleural fluid  other, specify \_\_\_\_\_ Respiratory culture:  Neg  Pos  Unk Organism isolated: \_\_\_\_\_ Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_Specimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  sputum  
 endotracheal asp  bronchoalveolar lavage  pleural fluid  other, specify \_\_\_\_\_ Blood culture:  Neg  Pos  Unk Organism isolated: \_\_\_\_\_ Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other test results:

Test: \_\_\_\_\_ Result: \_\_\_\_\_ Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test: \_\_\_\_\_ Result: \_\_\_\_\_ Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Were other respiratory co- pathogens/bacterial infections detected in the patient?  Yes  No  Unk*If yes, indicate which pathogen(s):* \_\_\_\_\_

Comments: \_\_\_\_\_

**Section 8.****Local Public Health Laboratory Results****Influenza A Results (check all tests that were performed):**

Rapid influenza test:     Neg     Pos     Unk    Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

    Specimen type:     nasopharyngeal swab     nasopharyngeal wash     oropharyngeal swab     sputum  
                            endotracheal asp     bronchoalveolar lavage     pleural fluid     other, specify \_\_\_\_\_

    Test performed:     Directigen Flu     FLU OIA     QuickVue Influenza Test     ZstatFlu     NOW Flu Test

DFA:     Neg     Pos     Unk    Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

    Specimen type:     nasopharyngeal swab     nasopharyngeal wash     oropharyngeal swab     sputum  
                            endotracheal asp     bronchoalveolar lavage     pleural fluid     other, specify \_\_\_\_\_

PCR for influenza     Neg     Pos     Unk    Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

    Specimen type:     nasopharyngeal swab     nasopharyngeal wash     oropharyngeal swab     sputum  
                            endotracheal asp     bronchoalveolar lavage     pleural fluid     other, specify \_\_\_\_\_

    If subtyping available:     H1 positive     H3 positive     H5 positive     untypeable     other, specify \_\_\_\_\_

Were respiratory co-pathogens other than influenza A detected by PCR or other testing?     Yes     No     Unk

    If yes, check pathogen:     influenza B     RSV     adenovirus     human metapneumovirus     other \_\_\_\_\_

    Method of detection:     EIA     DFA     PCR     other, specify \_\_\_\_\_

Comments: \_\_\_\_\_

**Section 9.****Trace Forward Contact Information**

Trace –forward contact information refers to those individuals the patient has had contact with **since** becoming ill. In WHO Pandemic Phase 3, CDHS recommends that information be collected on all “trace-forward” contacts for the purposes of symptom monitoring, laboratory testing and possible administration of antiviral medication. A sample template for recording trace-forward contact information is provided in Annex 2.

**Section 10.****Submitted by:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Affiliation: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you would like to consult with a member of the avian influenza team at CDHS, please contact the CDHS Duty Officer of the Day, or the CDHS Viral and Rickettsial Disease Laboratory (Janice Louie or Carol Glaser).

**Section 11.****Additional Comments**

**Annex 1.****Source Case Information**

Please complete Annex 1 to provide source case information for a patient with any history of contact with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset.

Was the source case a laboratory-confirmed case of influenza A (H5N1)?  Yes  No  Unk

List country/area(s) where contact with the source case occurred: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Years  Months Gender:  Male  Female

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Nature of contact:  Household  Co-worker  Health care  Other, specify \_\_\_\_\_

Please describe the nature of the contact: \_\_\_\_\_

Date of patient's last exposure to source case: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ANNEX 2: AVIAN INFLUENZA A (H5N1) CONTACT FOLLOW-UP SHEET

## For use in WHO Pandemic Phase 3

For each contact to a laboratory-confirmed influenza A (H5N1) case, record the information itemized below. Besides household contacts, consider best friends and the information they can provide about contacts that the case may have had. Medical personnel who had contact with the case's oral secretions should also be reported.

Full Name of Contact/Associate <u>Last</u> First	DOB or Age	Type of Contact <sup>1</sup>	Contact Information <u>Phone Number</u> Address	Symptoms <sup>2</sup>	Influenza Test Result			Antivirals		Vaccinated	Quarantined	Isolation
					Pos UNK	Neg ND	Yes Date: _____ Drug: _____	Yes Date: _____ Drug: _____				
				Yes No	H5N1	Pos UNK	Neg ND	Yes Date: _____ Drug: _____	Yes Date: _____ Drug: _____	Yes	Yes	Yes
				Onset Date	REGULAR	Pos UNK	Neg ND	No Reason: _____ _____	No Reason: _____ _____	No	No	No
				Yes No	H5N1	Pos UNK	Neg ND	Yes Date: _____ Drug: _____	Yes Date: _____ Drug: _____	Yes	Yes	Yes
				Onset Date	REGULAR	Pos UNK	Neg ND	No Reason: _____ _____	No Reason: _____ _____	No	No	No
				Yes No	H5N1	Pos UNK	Neg ND	Yes Date: _____ Drug: _____	Yes Date: _____ Drug: _____	Yes	Yes	Yes
				Onset Date	REGULAR	Pos UNK	Neg ND	No Reason: _____ _____	No Reason: _____ _____	No	No	No
				Yes No	H5N1	Pos UNK	Neg ND	Yes Date: _____ Drug: _____	Yes Date: _____ Drug: _____	Yes	Yes	Yes
				Onset Date	REGULAR	Pos UNK	Neg ND	No Reason: _____ _____	No Reason: _____ _____	No	No	No

### 1. Type of contact:

- (1) Health care worker (HCW) providing direct patient care to suspect cases;
- (2) Close contacts: persons in close proximity (1 meter) and with prolonged exposure to the case such as those who have shared a defined setting (household, extended family, hospital or other residential institution);
- (3) Close contacts: persons who otherwise had direct contact with respiratory, oral or nasal secretions (e.g. face to face during coughing or sneezing, sharing water bottles or kissing) during the infectious period (1 day prior to symptom onset to 14 days after symptom onset).

### 2. Symptoms: Monitor for fever and/or respiratory symptoms for 10 days after the last date of exposure to the confirmed case.

- Close contacts/HCWs with fever should be placed on isolation precautions for suspect H5N1 patients. After specimen collection, treat with antivirals on the assumption of H5N1 infection; complete clinical evaluation.
- Close contacts/HCWs with respiratory symptoms but no fever should remain at home in isolation until H5N1 is ruled out by laboratory testing. Decisions on whether to treat a close contact/HCW with other symptoms but no fever should be made on a case-by-case basis but a specimen should be collected prior to treatment. Consider arranging for H5N1 testing if respiratory symptoms are present.
- Consider post-exposure prophylaxis for asymptomatic close contacts/HCWs who have had an unprotected exposure to infectious aerosols or other secretions. Collect appropriate specimens prior to starting treatment.
- If testing of contact is positive for H5N1, fill out a new case report form. Continue precautions for 14 days post-onset and if not already done, start treatment with antivirals for case and treat complications, as indicated

**VRDL Results:**

DFA:  Neg  Pos  Unk Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  sputum  
 endotracheal asp  bronchoalveolar lavage  pleural fluid  other, specify \_\_\_\_\_

PCR for influenza  Neg  Pos  Unk Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  sputum  
 endotracheal asp  bronchoalveolar lavage  pleural fluid  
 biopsy/autopsy tissue, specify source \_\_\_\_\_  
 other specimen type, specify \_\_\_\_\_

Subtyping result:  H1 positive  H3 positive  H5 positive  untypeable  other \_\_\_\_\_

PCR for other pathogens  Neg  Pos  Not done  Unk  
 If yes, check pathogen:  influenza B  RSV  adenovirus  human metapneumovirus  parainfluenza 1-3  
 enterovirus  coronavirus  Legionella  Chlamydia  Mycoplasma  
 other \_\_\_\_\_

Other test results:  
 Test: \_\_\_\_\_ Result: \_\_\_\_\_ Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Test: \_\_\_\_\_ Result: \_\_\_\_\_ Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CDC Results (if available):**

Date of specimen: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Specimen type:  nasopharyngeal swab  nasopharyngeal wash  oropharyngeal swab  endotracheal asp  
 sputum  bronchoalveolar lavage  pleural fluid  blood/serum  
 biopsy/autopsy tissue, specify source \_\_\_\_\_  
 other specimen type, specify \_\_\_\_\_

Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CDC Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Date reported to CDC: \_\_\_\_/\_\_\_\_/\_\_\_\_ CDC ID#: \_\_\_\_\_