



Human Influenza A (H5)

Human Influenza A (H5) Domestic Case Screening Form

Case ID: _____

1. Reported By			
Date reported to state or local health department: <div style="text-align: center;"> _m _m / _d _d / _y _y _y _y </div>		State/Local Assigned Case ID:	
Last Name:		First Name:	
State:	Affiliation:		E-mail:
Phone 1:	Phone 2:	Fax:	
2. Patient Information			
City of Residence:		County:	State:
Age of onset: _____	<input type="checkbox"/> Year(s) <input type="checkbox"/> Month(s)	Race: (choose one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic	
3. Optional Patient Information			
Last Name:		First Name:	
4. Signs and Symptoms			
A. Date of symptom onset: _____			
B. What symptoms and signs did the patient have during the course of illness? (check all that apply)			
<input type="checkbox"/> Fever > 38 C (100.4o F)	<input type="checkbox"/> Feverish (temperature not taken)	<input type="checkbox"/> Conjunctivitis	
<input type="checkbox"/> Cough	<input type="checkbox"/> Headache	<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Other (specify): _____		
C. Was a chest X-ray or chest CAT scan performed? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes*, did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RSD)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Epidemiologic Risk Factors

CDC Case ID:

5. Travel/Exposures					
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, while in the countries listed above...

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|--|------|----|---------|
| 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)?
If Yes* | Yes* | No | Unknown |
| 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 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**

6. Exposure to 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	Bronchoalveolar lavage specimen (BAL)	Date Collected:
NP aspirate	OP swab Other _____	__/__/__ / __/__/__ / __/__/__
Test Type:		Results:
RT-PCR	Direct fluorescent antibody (DFA)	Influenza A Influenza B
Viral Culture	Rapid Antigen Test*	Influenza (type unk)
* Name of Rapid Test:		Negative Pending
Specimen 2		
NP swab	Bronchoalveolar lavage specimen (BAL)	Date Collected:
NP aspirate	OP swab Other _____	__/__/__ / __/__/__ / __/__/__
Test Type:		Results:
RT-PCR	Direct fluorescent antibody (DFA)	Influenza A Influenza B
Viral Culture	Rapid Antigen Test*	Influenza (type unk)
* Name of Rapid Test:		Negative Pending
Specimen 3		
NP swab	Bronchoalveolar lavage specimen (BAL)	Date Collected:
NP aspirate	OP swab Other _____	__/__/__ / __/__/__ / __/__/__
Test Type:		Results:
RT-PCR	Direct fluorescent antibody (DFA)	Influenza A Influenza B
Viral Culture	Rapid Antigen Test*	Influenza (type unk)
* Name of Rapid Test:		Negative Pending

CDC ID:

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, bronchoalveolar lavage specimen (BAL), OP swab, tracheal aspirate, or tissue

Specimen 1: Clinical Material Extracted RNA Virus Isolate	Source*:	Collected: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$ Date Sent: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$
Specimen 2: Clinical Material Extracted RNA Virus Isolate	Source*:	Collected: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$ Date Sent: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$
Specimen 3: Clinical Material Extracted RNA Virus Isolate	Source*:	Collected: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$ Date Sent: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$
Specimen 4: Clinical Material Extracted RNA Virus Isolate	Source*:	Collected: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$ Date Sent: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$
Specimen 5: Clinical Material Extracted RNA Virus Isolate	Source*:	Collected: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$ Date Sent: $\frac{\text{m}}{\text{m}} / \frac{\text{d}}{\text{d}} / \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}} \frac{\text{y}}{\text{y}}$

Carrier:	Tracking #:
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9. Case Notes:

Case status and date status applied: Clinical Case (lab results pending) <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> Influenza A pos. Case (subtype pending) <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> Confirmed Case <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>		Ruled Out/Non-Case: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> 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: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>		Contact Date: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>		
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