**Human Infection with Novel Influenza A Virus Case Report Form**

State: __________ Date reported to health department:__/__/____ (MM/DD/YYYY) Date interview completed:__/__/____ (MM/DD/YYYY)

State Epi ID: ____________________________ State Lab ID: ____________________________

Household ID (CDC use only): __________ CDC ID (CDC use only): __________ Cluster ID (CDC use only): __________

1. At the time of this report, is the case:
   - [ ] Confirmed
   - [ ] Probable
   - [ ] Case under investigation (skip to Q.3)
   - [ ] Not a case (skip to Q.3)

2. What is the subtype?
   - [ ] Influenza A(H1N1) **variant**
   - [ ] Influenza A(H1N2) **variant**
   - [ ] Influenza A(H3N2) **variant**
   - [ ] Influenza A(H5N1)
   - [ ] Influenza A(H7N9)
   - [ ] Other

**Demographic Information**

3. Date of birth:__/__/____ (MM/DD/YYYY)
4. County of residence: ____________________________
5. Race: (check)
   - [ ] White
   - [ ] Asian
   - [ ] American Indian/Alaska Native
   - [ ] Black
   - [ ] Native Hawaiian/Other Pacific Islander
   - [ ] All that apply
6. Ethnicity: 
   - [ ] Hispanic or Latino
   - [ ] Not Hispanic or Latino
7. Sex: 
   - [ ] Male
   - [ ] Female

**Symptoms, Clinical Course, Treatment, Testing, and Outcome**

8. What date did symptoms associated with this illness start?__/__/____ (MM/DD/YYYY)
9. During this illness, did the patient experience any of the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom Present?</th>
<th>Symptom</th>
<th>Symptom Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (highest temp ______°F)</td>
<td>[ ] Yes</td>
<td>Shortness of breath</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If fever present, date of onset</td>
<td>[ ] Yes</td>
<td>Vomiting</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Felt feverish</td>
<td>[ ] Yes</td>
<td>Diarrhea</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If felt feverish, date of onset</td>
<td>[ ] Yes</td>
<td>Eye infection/redness</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Cough</td>
<td>[ ] Yes</td>
<td>Rash</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>[ ] Yes</td>
<td>Fatigue</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Muscle aches</td>
<td>[ ] Yes</td>
<td>Seizures</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Headache</td>
<td>[ ] Yes</td>
<td>Other, specify</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

10. Does the patient still have symptoms?
   - [ ] Yes (skip to Q.12)
   - [ ] No
   - [ ] Unknown (skip to Q.12)

11. When did the patient feel back to normal?
   -__/__/____ (MM/DD/YYYY)

12. Did the patient receive any medical care for the illness?
   - [ ] Yes
   - [ ] No (skip to Q.29)
   - [ ] Unknown (skip to Q.29)

13. Where and on what date did the patient seek care (check all that apply)?
   - [ ] Doctor’s office date:__/__/____ (MM/DD/YYYY)
   - [ ] Emergency room date:__/__/____ (MM/DD/YYYY)
   - [ ] Urgent care clinic date:__/__/____ (MM/DD/YYYY)
   - [ ] Health department date:__/__/____ (MM/DD/YYYY)
   - [ ] Other date:__/__/____ (MM/DD/YYYY)

14. Was the patient hospitalized for the illness?
   - [ ] Yes
   - [ ] No (skip to Q.23)
   - [ ] Unknown (skip to Q.23)

15. Date(s) of hospital admission? **First admission date:**__/__/____ (MM/DD/YYYY) **Second admission date:**__/__/____ (MM/DD/YYYY)

16. Was the patient admitted to an intensive care unit (ICU)?
   - [ ] Yes
   - [ ] No (skip to Q.18)
   - [ ] Unknown (skip to Q.18)

17. Date of ICU admission:__/__/____ (MM/DD/YYYY) Date of ICU discharge:__/__/____ (MM/DD/YYYY)

18. Did the patient receive mechanical ventilation / have a breathing tube?
   - [ ] Yes
   - [ ] No (skip to Q.20)
   - [ ] Unknown (skip to Q.20)

19. For how many days did the patient receive mechanical ventilation or have a breathing tube? _______ days

20. Was the patient discharged?
   - [ ] Yes
   - [ ] No (skip to Q.23)
   - [ ] Unknown (skip to Q.23)

21. Date(s) of hospital discharge? **First discharge date:**__/__/____ (MM/DD/YYYY) **Second discharge date:**__/__/____ (MM/DD/YYYY)

22. Where was the patient discharged to?
   - [ ] Home
   - [ ] Nursing facility/rehab
   - [ ] Hospice
   - [ ] Other
   - [ ] Unknown

23. Did the patient have a new abnormality on chest x-ray or CAT scan?
   - [ ] Yes, x-ray or scan detected new abnormality
   - [ ] No, chest x-ray or CAT scan not performed
   - [ ] Unknown

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24. Did the patient receive a diagnosis of pneumonia?
   - [ ] Yes
   - [ ] No
   - [x] Unknown

25. Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

26. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm³) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

27. Did the patient have lymphopenia (total lymphocytes <800/mm³ or lymphocytes <15% of WBC) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

28. Did the patient have thrombocytopenia (total platelets <150,000/mm³) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

29. Did the patient experience any other complications as a result of this illness?
   - [ ] Yes (please describe below)
   - [ ] No
   - [ ] Unknown

______________________________________________________________________________________
______________________________________________________________________________________

30. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?
   - [ ] Yes, (please complete table below)
   - [ ] No
   - [x] Unknown

<table>
<thead>
<tr>
<th>Drug</th>
<th>Start date (MM/DD/YYYY)</th>
<th>End date (MM/DD/YYYY)</th>
<th>Total number of days receiving antivirals</th>
<th>Dosage (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir (Tamiflu)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Zanamivir (Relenza)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Other influenza antiviral</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
</tbody>
</table>

31. Did the patient die as a result of this illness?
   - [ ] Yes, Date of death: ___/___/____ (MM/DD/YYYY)
   - [ ] No
   - [ ] Unknown

### Influenza Testing

32. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? ___/___/_____ (MM/DD/YYYY)

33. Where was the specimen collected?
   - [ ] Doctor’s office
   - [ ] Hospital
   - [ ] Emergency room
   - [ ] Urgent care clinic
   - [ ] Health department
   - [ ] Other

34. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?
   - [ ] Yes
   - [ ] No (skip to Q.38)
   - [ ] Unknown (skip to Q.38)

35. When was the RIDT specimen collected? ___/___/____ (MM/DD/YYYY)

36. What was the result?
   - Influenza A
   - Influenza B
   - Influenza A/B (type not distinguished)
   - Negative
   - Other

37. What brand of RIDT was used? __________________________________________________________

### Medical History -- Past Medical History and Vaccination Status

38. Does the patient have any of the following chronic medical conditions? Please specify ALL conditions that qualify.
   - a. Asthma/reactive airway disease [ ] Yes [ ] No [ ] Unknown
   - b. Other chronic lung disease [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - c. Chronic heart or circulatory disease [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - d. Diabetes mellitus [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - e. Kidney or renal disease [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - f. Non-cancer immunosuppressive condition [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - g. Cancer chemotherapy in past 12 months [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - h. Neurologic/neurodevelopmental disorder [ ] Yes [ ] No [ ] Unknown (If YES, specify)
   - i. Other chronic diseases [ ] Yes [ ] No [ ] Unknown (If YES, specify)

39. Does the patient frequently use a stroller or wheelchair? If yes, please describe.
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

40. Was patient pregnant or ≤6 weeks postpartum at illness onset?
   - [ ] Yes, pregnant (weeks pregnant at onset) ________
   - [ ] Yes, postpartum (delivery date) ___/___/____ (MM/DD/YYYY)
   - [ ] No
   - [ ] Unknown

41. Does the patient currently smoke?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

42. Was the patient vaccinated against influenza in the past year?
   - [ ] Yes
   - [ ] No (skip to Q.45)
   - [x] Unknown (skip to Q.45)

43. Month and year of influenza vaccination? Vaccination date 1: ___/___/____ (MM/YYYY) Vaccination date 2: ___/___/____ (MM/YYYY)

44. Type of influenza vaccine (check all that apply):
   - [ ] Inactivated (injection)
   - [ ] Live attenuated (nasal spray)
   - [ ] Unknown
**Epidemiologic Risk Factors**

45. In the 7 days prior to illness onset, did the patient travel outside of his/her usual area?  
☐ Yes  ☐ No (skip to Q.48)  ☐ Unknown (skip to Q.48)

46. When and where did the patient travel?  
**Please describe details of the patient’s travel in the notes section at the end of the form.**

   **Trip 1**: Dates of travel: / / to / /  
   County  
   State  
   City/County

   **Trip 2**: Dates of travel: / / to / /  
   County  
   State  
   City/County

47. Did the patient travel in a group (check all that apply)?  
☐ No, travelled alone  ☐ Yes, with household members  ☐ Yes, with non-household members  ☐ Unknown

**Risk Factors—Domestic and Agricultural Animals**

48. In the 7 days before becoming ill, did the patient attend an agricultural fair/event or live animal market?  
☐ Yes (specify name, if >1 fair, please describe in the notes section )  ☐ No (skip to Q.50)  ☐ Unknown (skip to Q.50)

49. In the 7 days before becoming ill, on what days did the patient attend an agricultural fair/event or live animal market (check all that apply)?  
☐ on the day of illness onset  ☐ 1 day before illness onset  ☐ 2 days before illness onset  ☐ 3 days before illness onset  
☐ 4 days before illness onset  ☐ 5 days before illness onset  ☐ 6 days before illness onset  ☐ 7 days before illness onset

50. In the 7 days before becoming ill, did the patient have DIRECT contact with (touch or handle) any livestock animals like poultry or pigs?  
☐ Yes  ☐ No (skip to Q.53)  ☐ Unknown (skip to Q.53)

51. What type(s) of animals did the patient have direct contact with (check all that apply)?  
☐ Horses  ☐ Cows  ☐ Poultry/wild birds  ☐ Sheep  ☐ Goats  ☐ Pigs/hogs  ☐ Other

52. Where did the direct contact occur (check all that apply)?  
☐ Home  ☐ Work  ☐ Agricultural fair or event  ☐ Live animal market  ☐ Petting zoo  ☐ Other

53. In the 7 days before becoming ill, did the patient have INDIRECT contact with (walk through an area containing or come within 6 feet of) any livestock animals?  
☐ Yes  ☐ No (skip to Q.56)  ☐ Unknown (skip to Q.56)

54. What type(s) of animals did the patient have indirect contact with (check all that apply)?  
☐ Horses  ☐ Cows  ☐ Poultry/wild birds  ☐ Sheep  ☐ Goats  ☐ Pigs/hogs  ☐ Other

55. Where did the indirect contact occur (check all that apply)?  
☐ Home  ☐ Work  ☐ Agricultural fair or event  ☐ Live animal market  ☐ Petting zoo  ☐ Other

56. In the 7 days before becoming ill, did the patient have direct or indirect contact with any animal exhibiting signs of illness?  
☐ Yes (specify animal type and location )  ☐ No  ☐ Unknown  

*Please answer Q.57–58 if ANY contact (direct, indirect, or both) with pigs/hogs identified above. If no contact identified, please skip to Q.59.*

57. In the 7 days before becoming ill, on what days did the patient have ANY contact (direct, indirect, or both) with pigs (check all that apply)?  
☐ on the day of illness onset  ☐ 1 day before illness onset  ☐ 2 days before illness onset  ☐ 3 days before illness onset  
☐ 4 days before illness onset  ☐ 5 days before illness onset  ☐ 6 days before illness onset  ☐ 7 days before illness onset

58. From Q. 57, what was the total number of different days the patient reported ANY pig contact (direct, indirect, or both)?  

59. Does anyone else in the household own, keep or care for livestock animals?  
☐ Yes  ☐ No (skip to Q.61)  ☐ Unknown (skip to Q.61)

60. What type(s) of animals are kept or cared for by household members (check all that apply)?  
☐ Horses  ☐ Cows  ☐ Poultry/wild birds  ☐ Sheep  ☐ Goats  ☐ Pigs/hogs  ☐ Other

**Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread**

61. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?  
☐ Yes (skip to Q.63)  ☐ No  ☐ Unknown (skip to Q.63)

62. How many people resided in the patient’s household(s) in the week before or after illness onset (excluding the patient)?  

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**Human Infection with Novel Influenza A Virus**  
**Case Report Form**

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<table>
<thead>
<tr>
<th>ID</th>
<th>Household (HH)</th>
<th>Relation to patient (e.g. parent, brother, friend)</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Fever or any respiratory symptom +/- 7 days from case patient’s onset?</th>
<th>If HH member ILL</th>
<th>If HH member NOT ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
</tr>
<tr>
<td>2</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
</tr>
<tr>
<td>3</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
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<tr>
<td>4</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
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<tr>
<td>5</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
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<td>☐ Y ☐ N ☐ U</td>
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<tr>
<td>6</td>
<td>☐ A ☐ B ☐ C</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
<td>☐ Y ☐ N ☐ U</td>
</tr>
</tbody>
</table>
63. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?
   □ Yes (before becoming ill)  □ Yes (after becoming ill)  □ No (skip to Q.65)  □ Unknown (skip to Q.65)

64. In the 7 days before or after becoming ill, did the patient attend or work at a school?
   □ Yes (before becoming ill)  □ Yes (after becoming ill)  □ No (skip to Q.67)  □ Unknown (skip to Q.67)

65. In the 7 days before or after becoming ill, did anyone else in the patient’s household(s) work at or attend a child care facility or school?
   □ Yes  □ No (skip to Q.69)  □ Unknown (skip to Q.69)

66. List ID numbers from Q.62 (the table above) for household members working at or attending a child care facility or school:

67. In the 7 days before or after becoming ill, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?
   □ Yes  □ No  □ Unknown

68. In the 7 days before or after becoming ill, was the patient in a clinic or a doctor’s office for any reason?
   □ Yes  □ No  □ Unknown

69. In the 7 days before or after becoming ill, did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
   □ Yes  □ No  □ Unknown

70. In the 7 days before or after becoming ill, did the patient work in or volunteer at a healthcare facility or setting?
   □ Yes  □ No  □ Unknown

71. Specify healthcare facility role:
   □ Physician □ Nurse □ Administration staff □ Housekeeping □ Patient transport □ Volunteer □ Other

72. Did the patient have direct patient contact while working or volunteering at a healthcare facility?
   □ Yes  □ No  □ Unknown

73. In the 7 days before becoming ill, was the patient in a clinic or a doctor’s office for any reason?  □ Yes  □ No  □ Unknown

74. In the 7 days before becoming ill, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?
   □ Yes  □ No  □ Unknown

75. In the 7 days before becoming ill, did anyone else in the patient’s household(s) have close contact (e.g., caring for, speaking with, or touching) with anyone other than a household member who routinely has contact with pigs/hogs?
   □ Yes  □ No  □ Unknown

76. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia in the 7 days BEFORE the case patient’s illness onset?
   □ Yes (please list those ill before the case patient in the table below)  □ No  □ Unknown

77. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia beginning AFTER the case patient’s illness onset?
   □ Yes (please list those ill after the case patient in the table below)  □ No  □ Unknown

78. Is the patient a contact of a confirmed or probable case of novel influenza A infection?
   □ Yes (please list patient’s confirmed or probable contacts in the table below)  □ No  □ Unknown
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79. Any additional comments or notes (e.g. travel details, names/dates of fairs attended by case patient, dates of household members fair attendance and location of fair, information about other ill contacts)?

____________________________________________________________________________________________________________________
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This is the end of the case report form. Thank you very much for your time.
Please fax completed forms to 1.888.232.1322
If you have any questions please feel free to contact the Epidemiology and Prevention Branch at 404.639.3747.