West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Novel Influenza

1. PATIENT DEMOGRAPHICS

Name (last, first): _____		**Birth date**: __ / __ / ____ **Age**: _____
Address: _____		**Gender**: ☐Male ☐Female ☐Unk
City/State/Zip: _____		**Ethnicity**: ☐Not Hispanic or Latino
Phone (home): _____	**Phone** (work) : _____	☐Hispanic or Latino ☐Unk
Occupation/grade:_____	**Employer/School**:_____	**Race**: ☐White ☐Black/Afr. Amer.
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*		☐Asian ☐Am. Ind/AK Native
Name: _____	*Phone:* _____	☐Native HI/Other PI
		☐Other ☐ Unk

2. INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____		**Entered in WVEDSS**? ☐Yes ☐No ☐Unk
Investigator : _____	**Investigator phone**: _____	**WVEDSS ID**: _____
Investigation Start Date: __ / __ / ____		**Case Classification**:
Earliest date reported to LHD: __ / __ / ____		☐ Confirmed ☐ Probable ☐ Suspect
Earliest date reported to DIDE: __ / __ / ____		☐ Not a case ☐ Unknown

3. PHYSICIAN

Physician Name: _____ **Physician Facility** : _____

Physician Address: _____

Phone Number: _____

4. CLINICAL

Onset date: __ / __ / ____ **Diagnosis date**: __ / __ / ____ **Recovery date**: __ / __ / ____

Clinical Findings	**Life-Threatening Complications during Illness**
Y N U	Y N U
☐ ☐ ☐ Fever ≥ 100.4°F (38°C)	☐ ☐ ☐ Adult respiratory distress syndrome (ARDS)
☐ ☐ ☐ Feverish but temperature not taken	☐ ☐ ☐ Pneumonia
☐ ☐ ☐ Cough	☐ ☐ ☐ Mechanical Ventilation
☐ ☐ ☐ Headache	
☐ ☐ ☐ Seizures	**Hospitalization**
☐ ☐ ☐ Sore throat	Y N
☐ ☐ ☐ Conjunctivitis	☐ ☐ ☐ Hospitalized for this illness
☐ ☐ ☐ Shortness of breath	Hospital name: _____
☐ ☐ ☐ Diarrhea	Admit date: __ / __ / ____ Discharge date: __ / __ / ____
☐ ☐ ☐ Other (specify)	
Patient History	**Death**
Y N U	Y N U
☐ ☐ ☐ Underlying immunosuppressive condition, If yes, check all that apply	☐ ☐ ☐ Died due this illness
☐HIV infection	Date of death: __ / __ / ____
☐Cancer	
☐Diabetes	
☐Organ transplant ☐Chronic corticosteroid therapy	

☐ ☐ ☐ Does the patient have any underlying medical conditions?
If yes, please specify_____

Y N U

☐ ☐ ☐ Did the patient have a chest x-ray or CAT scan performed
☐ ☐ ☐ Normal
☐ ☐ ☐ Abnormal
☐ ☐ ☐ If abnormal, was there evidence of pneumonia?
☐ ☐ ☐ Test not performed

☐ ☐ ☐ Did the patient have acute respiratory distress syndrome (ARDS)?

5. Laboratory

Test 1: Specimen type		**Date Collected** __ / __ / ____	
☐ NP Swab	☐ NP aspirate	☐ Nasal Aspirate	☐ Sputum
☐ Oropharyngeal Swab	☐ Endotracheal aspirate	☐ Chest tube fluid	☐ Serology

Test Type		
☐ RT-PCR	☐ Viral Culture	☐ Rapid antigen test
☐ Direct fluorescent antibody (DFA)		
Test Result		
☐ Influenza A	☐ Influenza B	☐ Pending
☐ Influenza type unknown	☐ Negative	

Test 2: Specimen type		Date Collected __ / __ / ____	
☐ NP Swab	☐ NP aspirate	☐ Nasal Aspirate	☐ Sputum
☐ Oropharyngeal Swab	☐ Endotracheal aspirate	☐ Chest tube fluid	☐ Serology

Test Type		
☐ RT-PCR	☐ Viral Culture	☐ Rapid antigen test
☐ Direct fluorescent antibody (DFA)		
Test Result		
☐ Influenza A	☐ Influenza B	☐ Pending
☐ Influenza type unknown	☐ Negative	

Indicate when and what type of specimens (including sera) were sent to CDC

___/____/_____	Specimen type _____
___/____/_____	Specimen type _____
___/____/_____	Specimen type _____

6. INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period			Onset date
Days from onset	***-7 (Max Incubation)***	***-1 (Min Incubation)***	⇩	
Calendar dates:	__ / __ / ____	__ / __ / ____	⇦	__ / __ / ____

7. Vaccination History

Y N U

☐ ☐ ☐ Was the patient vaccinated against human influenza in the past year If yes, date of vaccination: __/__/ ____

☐ ☐ ☐ Inactivated

☐ ☐ ☐ Live attenuated

8. EPIDEMIOLOGIC

In the 10 days prior to illness onset, did the patient travel? If yes, please fill in the arrival and departure dates for all countries visited

Country	**Arrival Date**	**Departure Date**

The following questions concern the 10 days prior to illness onset

☐ ☐ ☐ Did the patient have close contact (within 1 meter (3 feet) with a person (e.g. caring for, speaking with, or touching) who is suspected, probable or confirmed novel human influenza A case?

☐ ☐ ☐ Did the patient touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds, or swine) or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

☐ ☐ ☐ Was the patient exposed to animals (including poultry, wild birds, or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

☐ ☐ ☐ Was the patient exposed to environments contaminated by animal feces (including poultry, wild birds, or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

☐ ☐ ☐ Did the patient consume raw or undercooked animals (including poultry, wild birds, or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

☐ ☐ ☐ Did the patient have any animal contact
If yes, please specify_____

☐ ☐ ☐ Did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?

☐ ☐ ☐ Does the patient work in a health care facility or setting?

☐ ☐ ☐ Did the patient visit or stay in the same household with anyone with pneumonia or severe influenza-like illness?

☐ ☐ ☐ Did the patient visit or stay in the same household with anyone who died following the visit?

☐ ☐ ☐ If this patient has a diagnosis of novel influenza A virus infection that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory confirmed or probable novel influenza A case?

9. TREATMENT

Y N U			
☐ ☐ ☐ Did the patient receive antiviral medications? If yes, indicate drug			
Drug			
☐ Oseltamivir			
☐ Zanamivir			
☐ Rimantidine			
☐ Amantadine			
☐ Other _____			

10. PUBLIC HEALTH ISSUES

Y N U			
☐ ☐ ☐ Known animal contact?		☐ ☐ ☐ Patient isolated?	
☐ ☐ ☐ Epi linked?		☐ ☐ ☐ Contact tracing	
☐ ☐ ☐ Outbreak?		☐ ☐ ☐ Contact and patient education	
☐ ☐ ☐ Health care worker		☐ ☐ ☐ Prophylaxis	
☐ ☐ ☐ Agricultural worker			

11. PUBLIC HEALTH ACTIONS

Notes
