

### 2013 Novel Influenza A Case Screening Form

May be used by local health departments for cases under investigation (CUI) for possible human infection with novel influenza A viruses (e.g., variant H3N2v, avian H7N9). Please refer to case definitions for novel influenza A viruses for additional guidance.

<b>Reporting county:</b>		<b>Case residence county:</b>		<b>Case phone:</b>	
<b>Interviewer name:</b>		<b>Phone:</b>		<b>Email:</b>	
<b>Case name:</b>		<b>Parent/guardian name (for minors):</b>			
<b>Date of report: (mm/dd/yyyy):</b> ___/___/___		<input type="checkbox"/> <b>New report</b> <input type="checkbox"/> <b>Update to previous report</b>			
<b>Unique ID (e.g., CountyName_###, Clark_001):</b>			<b>Specimen ID:</b>		
<b>Indicate how case was identified</b> <input type="checkbox"/> Clinician notified health department <input type="checkbox"/> Unusual lab result <input type="checkbox"/> Ill traveler identified returning to US <input type="checkbox"/> Other: _____					
<b>Age:</b> _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <b>If Age Unknown:</b> <input type="checkbox"/> Child <input type="checkbox"/> Adult <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown					
<b>Date of illness onset (mm/dd/yyyy):</b> ___/___/___		<b>Symptoms:</b> <input type="checkbox"/> Fever ( $\geq 100^{\circ}\text{F}$ ) <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Fatigue <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches <input type="checkbox"/> Red/drainng eyes <input type="checkbox"/> Other: _____			
<b>Was person hospitalized for this illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date of admission: (mm/dd/yyyy): ___/___/___			<b>Did person die as a result of this illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date of death: (mm/dd/yyyy): ___/___/___		
<b>Did person have contact with <u>swine</u> in the 10 days prior to illness onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>Contact may be directly touching swine or walking through an area where swine are present. (If Yes, describe):</i>			<b>Did person have contact with <u>poultry/birds</u> in the 10 days prior to illness onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>Contact may be directly touching poultry/birds or walking through an area where poultry/birds are present. (If Yes, describe):</i>		
<b>Did person travel <math>\leq 10</math> days prior to illness to an area where confirmed cases of novel influenza A were reported?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, list destination and dates of travel (including date of return to US):					
<b>Did person attend an agricultural event (such as a fair or live animal market) <math>\leq 10</math> days prior to illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, list events and dates of attendance:					
<b>Did person have contact <math>\leq 10</math> days prior to illness with someone who had fever or respiratory illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, describe relationship and dates of contact:					
<b>Was this person tested for influenza?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Test type:</b> <input type="checkbox"/> Rapid antigen <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other <b>Test result:</b> <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza A/B (type not distinguished) <input type="checkbox"/> Negative <input type="checkbox"/> Other: _____ <b>Specimen collection date (mm/dd/yyyy):</b> ___/___/___ <b>Has a specimen been sent to CDC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>What PPE did healthcare personnel use when caring for patient or obtaining specimens?</b> <input type="checkbox"/> N95 mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Eye protection <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> None <input type="checkbox"/> Unknown					
<b>Is this person a contact of another CUI, or probable or confirmed case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Unique ID of the other case and nature of the relationship (e.g., Case is the sister of Clark_002):					

- For CUIs, arrange for nasopharyngeal (NP) swab collection and RT-PCR testing at a state public health laboratory.
- Patients with influenza-like illness should discuss possible antiviral treatment with a healthcare provider.
- Healthcare facilities should use appropriate isolation precautions for cases under investigation for infection with novel influenza A viruses. Non-hospitalized cases under investigation should stay home from school, work, and social gatherings until fever is gone for at least 24 hours without the use of fever-reducing medications.
- If this case is later determined to be a confirmed case of infection with novel influenza A, please notify CDC and complete the CDC *Human Infection with Novel Influenza A Virus Case Report Form*.