



# Human Infection with Novel Influenza A Virus Case Report Form

Form Approved  
OMB No. 0920-0004

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): \_\_\_\_\_

- 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)
- What is the subtype? (If a variant subtype is selected, please complete the Human Infection with Novel Influenza A Variant Module. If an avian subtype is selected, please complete the Human Infection with Novel Influenza A Virus Avian Module).  
 Influenza A(H1N1) **variant**  Influenza A(H1N2) **variant**  Influenza A(H3N2) **variant**  Influenza A(H5N1) **avian**  
 Influenza A(H7N9) **avian**  Other \_\_\_\_\_  Unknown

## Demographic Information

- Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- Country of usual residence: \_\_\_\_\_ If usual resident of U.S., county of residence: \_\_\_\_\_
- Race: (check all that apply)  White  Asian  American Indian/Alaska Native  Black  
 Native Hawaiian/Other Pacific Islander
- Ethnicity:  Hispanic or Latino  Not Hispanic or Latino
- Sex:  Male  Female
- Occupation \_\_\_\_\_

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

9. What date did symptoms associated with this illness start? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

10. During this illness, did the patient experience any of the following?

Symptom	Symptom Present?	Symptom	Symptom Present?
Fever (highest temp _____ °F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If fever present, date of onset ____/____/____ (MM/DD/YYYY)		Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Felt feverish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If felt feverish, date of onset ____/____/____ (MM/DD/YYYY)		Eye infection/redness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Muscle aches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Other, specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

- Does the patient still have symptoms?  
 Yes (skip to Q.13)  No  Unknown (skip to Q.13)
- When did the patient feel back to normal? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- Did the patient receive any medical care for the illness?  
 Yes  No (skip to Q.30)  Unknown (skip to Q.30)
- 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)  Unknown
- Was the patient hospitalized for the illness?  
 Yes  No (skip to Q.24)  Unknown (skip to Q.24)
- Date(s) of hospital admission? **First admission date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Second admission date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- Was the patient admitted to an intensive care unit (ICU)?  
 Yes  No (skip to Q.19)  Unknown (skip to Q.19)
- Date of **ICU admission:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Date of **ICU discharge:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- Did the patient receive mechanical ventilation / have a breathing tube?  
 Yes  No (skip to Q.21)  Unknown (skip to Q.21)
- For how many days did the patient receive mechanical ventilation or have a breathing tube? \_\_\_\_\_ days
- Was the patient discharged?  
 Yes  No (skip to Q.24)  Unknown (skip to Q.24)
- Date(s) of hospital discharge? **First discharge date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Second discharge date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- Where was the patient discharged?  
 Home  Nursing facility/rehab  Hospice  Other \_\_\_\_\_  Unknown

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).



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24. Did the patient have a new abnormality on chest x-ray or CT scan?  
 No, x-ray or scan was normal    Yes, x-ray or scan detected new abnormality    No, chest x-ray or CT scan not performed    Unknown
25. Did the patient receive a diagnosis of pneumonia?  
 Yes    No    Unknown
26. Did the patient receive a diagnosis of ARDS?  
 Yes    No    Unknown
27. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm<sup>3</sup>) associated with this illness?  
 Normal    Abnormal    Test not performed    Unknown
28. Did the patient have lymphopenia (total lymphocytes <800/mm<sup>3</sup> or lymphocytes <15% of WBC) associated with this illness?  
 Normal    Abnormal    Test not performed    Unknown
29. Did the patient have thrombocytopenia (total platelets <150,000/mm<sup>3</sup>) associated with this illness?  
 Normal    Abnormal    Test not performed    Unknown
30. Did the patient experience any other complications as a result of this illness?    Yes (please describe below)    No    Unknown

31. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?

- Yes, (please complete table below)    No    Unknown

Drug	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Total number of days receiving antivirals	Dosage (if known)
Oseltamivir (Tamiflu)				mg
Zanamivir (Relenza)				mg
Peramivir (Rapivab)				mg
Other influenza antiviral _____				mg

32. Did the patient die as a result of this illness?

- Yes, **Date of death:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)    No    Unknown

### Influenza Testing

33. When was the specimen collected that indicated novel influenza A virus infection tested by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
34. Where was the specimen collected?    Doctor's office    Hospital    Emergency room    Urgent care clinic    Health department  
 Other \_\_\_\_\_    Unknown
35. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?  
 Yes    No (skip to Q.39)    Unknown (skip to Q.39)
36. When was the RIDT specimen collected? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
37. What was the result?    Influenza A    Influenza B    Influenza A/B (type not distinguished)    Negative    Other \_\_\_\_\_
38. What brand of RIDT was used? \_\_\_\_\_

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

39. 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) \_\_\_\_\_

40. Does the patient frequently use a stroller or wheelchair? If yes, please describe.

- Yes \_\_\_\_\_    No    Unknown



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41. Was patient pregnant or  $\leq 6$  weeks postpartum at illness onset?  
 Yes, pregnant (weeks pregnant at onset) \_\_\_\_\_ Yes, postpartum (delivery date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)  
 No  Unknown
42. Does the patient currently smoke?  
 Yes  No  Unknown
43. Was the patient vaccinated against influenza in the past year?  
 Yes  No (skip to Q.46)  Unknown (skip to Q.46)
44. Month and year of influenza vaccination? **Vaccination date 1:** \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY) **Vaccination date 2:** \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY)
45. Type of influenza vaccine (check all that apply):  Inactivated (injection)  Live attenuated (nasal spray)  Other \_\_\_\_\_  
 Unknown

## Epidemiologic Risk Factors

46. In the 10 days prior to illness onset, did the patient travel outside of his/her usual area?  Yes  No (skip to Q.50)  Unknown (skip to Q.50)
47. 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ City/County \_\_\_\_\_  
**Trip 2:** Dates of travel: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ City/County \_\_\_\_\_
48. Did the patient travel in a group (check all that apply)?  
 No, travelled alone  Yes, with household members  Yes, with non-household members  Unknown
49. Please describe the details of the trip \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
50. In the 10 days prior to illness onset, did the patient attend a public event where a large number of people were present (e.g., a sporting event, wedding, concert)?  Yes  No (skip to Q.52)  Unknown (skip to Q.52)
51. Please describe the event (include date and location) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
52. In the 10 days prior to illness onset, or at any time after illness onset, did the patient travel by means of public conveyance where others were present (e.g., public bus or train)?  Yes  No (skip to Q.54)  Unknown (skip to Q.54)
53. Please describe means and frequency of public travel \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
54. In the 10 days prior to illness onset, did the patient have close contact with someone who travelled outside the United States?  
 Yes  No (skip to Q.56)  Unknown (skip to Q.56)
55. Please describe individual (including travel location) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Risk Factors – Animal and Animal Product Exposure

56. In the 10 days before becoming ill, did the patient attend an agricultural fair or event (e.g. show or auction)?  
 Yes (specify name, if >1 fair, please describe in the notes section \_\_\_\_\_)  No  Unknown
57. In the 10 days before becoming ill, did the patient attend a live animal market?  
 Yes (specify name. If >1 market, please describe in the notes section \_\_\_\_\_)  No  Unknown  
 (If the answers to Q.56 and Q.57 are both No or Unknown skip to Q.59.)
58. In the 10 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  
 8 days before illness onset  9 days before illness onset  10 days before illness onset
59. In the 10 days before becoming ill, did the patient have **direct** contact with any animals? **Direct contact is defined as: handling, touching, or petting an animal.** This could have been at your home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location.  
 Yes  No (skip to Q.62)  Unknown (skip to Q.62)
60. 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 (1) \_\_\_\_\_  
 Other (2) \_\_\_\_\_  Other (3) \_\_\_\_\_  Other (4) \_\_\_\_\_



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61. Where did the **direct** contact occur (check all that apply)?  
 Home  Work  Agricultural fair or event  Live animal market  Petting zoo  Slaughterhouse/rendering facility  
 Other \_\_\_\_\_
62. In the 10 days before becoming ill, did the patient have any other exposure to (touch potentially contaminated surfaces, walk through an area containing or come within about 6 feet of) any animals?  
 Yes  No (skip to Q.65)  Unknown (skip to Q.65)
63. What type(s) of animals did the patient have this exposure to from Q.62 (e.g, touch potentially contaminated surfaces, walk through an area containing or come within 6 feet of) (check all that apply)?  
 Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other (1) \_\_\_\_\_  
 Other (2) \_\_\_\_\_  Other (3) \_\_\_\_\_  Other (4) \_\_\_\_\_
64. Where did **this exposure** occur (check all that apply)?  
 Home  Work  Agricultural fair or event  Live animal market  Petting zoo  Other \_\_\_\_\_
65. In the 10 days before becoming ill, did the patient have **direct or any other** contact with any animal exhibiting signs of illness?  
 Yes (specify animal type and location \_\_\_\_\_)  No  Unknown
66. In the 10 days before becoming ill, did the patient have **direct or any other** contact with any animal confirmed to be influenza A positive?  
 Yes (specify animal type and location \_\_\_\_\_)  
(specify influenza subtype (if known)) \_\_\_\_\_  
 No  Unknown
67. Does anyone in the household own, keep or care for livestock, poultry, or farm animals (either at home or in the workplace)?  
 Yes  No (skip to Q.69)  Unknown (skip to Q.69)
68. What type(s) of animals are owned, kept, or cared for by household members (check all that apply)?  
 Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other (1) \_\_\_\_\_  
 Other (2) \_\_\_\_\_  Other (3) \_\_\_\_\_  Other (4) \_\_\_\_\_
69. In the 10 days before becoming ill, did the patient drink any raw or unpasteurized milk from a cow or other animal sources, including drinking milk on the farm where it was produced or drinking milk from the "bulk tank"?  
 Yes  No  Unknown  Refused  
(If *yes* ask sub-questions *a* through *g*, write in "Refused" if refused to answer or "NA" if question not applicable)
- a) What type of milk (cow milk, goat milk, etc.), variety, and brand: \_\_\_\_\_  Unknown  
b) What was the first date of consumption in the 10 days before becoming ill (MM-DD-YYY): \_\_\_\_\_  Unknown  
c) Where was the milk acquired (store name, farm name, herd share, etc.): \_\_\_\_\_  Unknown  
d) What was the address, city, and state of acquisition (if not case's home): \_\_\_\_\_  Unknown  
e) What was the product expiration/best by/best before date: \_\_\_\_\_  Unknown  
f) What was the product lot number or code on the packaging: \_\_\_\_\_  Unknown  
g) Is there any remaining product?  Yes  No  Unknown
70. In the 10 days before becoming ill, did the patient consume any raw or unpasteurized milk products? (select all that apply):  
 Raw milk cheese  Heavy raw cream  Whole raw kefir  Raw butter  Raw yogurt  
 Raw kefir pet food  Raw milk pet food  Other (specify): \_\_\_\_\_  
 Unknown  Refused  
(If *yes* ask sub-questions *a* through *g*, write in "Refused" if refused to answer or "NA" if question not applicable)
- a) What was the type (cow milk, goat milk, etc.), variety, and brand: \_\_\_\_\_  Unknown  
b) What was the consumption date (MM-DD-YYY): \_\_\_\_\_  Unknown  
c) Where was the milk product acquired (store name, farm name, herd share, etc.): \_\_\_\_\_  Unknown  
d) What was the address, city, and state of acquisition (if not case's home): \_\_\_\_\_  Unknown  
e) What was the product expiration/best by/best before date: \_\_\_\_\_  Unknown  
f) What was the product lot number or code on the packaging: \_\_\_\_\_  Unknown  
g) Is there any remaining product?  Yes  No  Unknown



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## Risk Factors – Household, Occupational, Nosocomial, and Secondary Spread

71. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?  
 Yes (skip to Q.73)     No     Unknown (skip to Q.73)
72. How many people resided in the patient’s household(s) in the week before or after illness onset (excluding the patient)? \_\_\_\_\_  
**A household member is anyone with at least one overnight stay +/- 7 days from patient’s illness onset. The patient may have resided in >1 household during this time. Please complete the table below for each household member and continue in the notes section if more space is needed.**

ID	Household (HH) [“A” should be the patient’s primary household]	Relation to patient (e.g. parent, brother, friend)	Sex (M/F)	Age	Was HH member ill (fever or any respiratory symptom) +/- 7 days from case patient’s onset?	If Yes, HH member’s date of illness onset
1	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
5	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

73. In the 7 days before or after becoming ill, did the patient attend or work at a childcare facility?  
 Yes (before becoming ill)    Yes (after becoming ill)     No (skip to Q.75)     Unknown (skip to Q.75)
74. Approximately how many children are in the patient’s class or room at the childcare facility? \_\_\_\_\_
75. 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.77)     Unknown (skip to Q.77)
76. Approximately how many students are in the patient’s class at the school? \_\_\_\_\_
77. In the 7 days before or after the patient became ill, did anyone else in the patient’s household(s) work at or attend a childcare facility or school?  
 Yes     No (skip to Q.79)     Unknown (skip to Q.79)
78. List ID numbers from Q.72 (the table above) for household members working at or attending a childcare facility or school: \_\_\_\_\_
79. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?  
 Yes     No     Unknown
80. In the 7 days before or after becoming ill, did the patient work in or volunteer at a healthcare facility or setting?  
 Yes     No (skip to Q.83)     Unknown (skip to Q.83)
81. Specify healthcare facility job/role:  
 Physician    Nurse    Administration staff    Housekeeping    Patient transport    Volunteer    Other \_\_\_\_\_
82. Did the patient have direct patient contact while working or volunteering at a healthcare facility?  
 Yes     No     Unknown
83. 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  
 If yes, what were the dates? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_    City/Town \_\_\_\_\_
84. In the 7 days before becoming ill, was the patient in a clinic or a doctor’s office for any reason?  
 Yes     No     Unknown  
 If yes, what were the dates? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_    City/Town \_\_\_\_\_



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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

ID	Relationship to patient	Sex (M/F)	Age	Date of illness onset	Comments
1					
2					
3					
4					

85. 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

ID	Relationship to patient	Sex (M/F)	Age	Date of illness onset	Comments
1					
2					
3					
4					

86. 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

Relationship to patient	State Epi ID	State Lab ID	Case status	Sex (M/F)	Age	Date of illness onset (MM/DD/YYYY)
			<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable			
			<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable			
			<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable			
			<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable			

87. Any additional comments or notes (e.g. travel details, names/dates of fairs or live markets attended by case patient, dates of household members fair attendance and location of fair, information about other ill contacts)?

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**Variant Module – complete only if confirmed case with a variant influenza virus (i.e. H1N1v, H1N2v, H3N2v)**

88. In the 10 days before becoming ill, on what days did the patient have **direct or any other** exposure (touch or handle pigs or touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of any pigs/hogs) to 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  
 8 days before illness onset     9 days before illness onset     10 days before illness onset
89. What was the total number of days the patient reported **direct or any other** pig exposure ? \_\_\_\_\_ days.
90. Please describe animal exposure for all household members listed in Q.72 of the main Novel A Case Report Form (**please use the same id for each person as in Q. 72 of the main form**).

ID	If household (HH) member was <b>ILL</b>		If HH member was <b>NOT ILL</b>
	Did HH member have any pig/hog exposure ≤10 days before illness onset?	Did HH member visit a live market or fair ≤10 days before illness onset?	Did HH member have any pig/hog exposure or visit a live market visit ≤10 days before the case-patient's illness onset?
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
5	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
6	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U

91. In the 10 days before becoming ill, did the patient **have direct or any other** exposure (e.g. caring for, speaking with, or touching) with anyone **other than a household member** who routinely has exposure with pigs/hogs?  
 Yes     No     Unknown

92. Please describe the pig/hog exposure and fair attendance for individuals listed in Q. 85 of the main Novel A Case Report Form.

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

93. Please describe the pig/hog exposure and fair attendance of individuals listed in Q. 86 of the main Novel A Case Report Form.

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

94. Notes:

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# Human Infection with Novel Influenza A Virus Case Report Form

**Avian Module – complete only if confirmed case with an avian influenza virus (i.e. H5N1, H7N9)**

95. Has the patient ever received an influenza H5N1 vaccination?  
 Yes (Date: \_\_\_/\_\_\_/\_\_\_)  No  Unknown
96. In the 10 days before becoming ill, did the patient have **direct** contact with poultry (chickens, turkeys, ducks, or geese, etc.)? **Direct contact is defined as: handling, touching, or petting an animal. This could have been at the patient's home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location.**  
 Yes  No (skip to Q.100)  Unknown (skip to Q.100)
97. Where did the **direct** contact with poultry occur (check all that apply)?  
 Home  Commercial poultry farm  Agricultural fair or event  Live animal market  Petting zoo  
 Veterinary care  Slaughterhouse/Rendering facility  Other \_\_\_\_\_
98. What type(s) of poultry did the patient have **direct** contact with (check all that apply)?  
 Chickens  Turkeys  Geese  Pheasants  Ducks  Ostriches  Emu  Pigeons  
 Other \_\_\_\_\_
99. In the 10 days before becoming ill, did the patient have **any other exposure** (e.g., touch potentially contaminated surfaces, walk through an area containing or come within 6 feet of) to poultry?  
 Yes  No (skip to Q.113)  Unknown (skip to Q.113)
100. Where did **this exposure** from Q.100 to poultry occur (check all that apply)?  
 Home  Commercial poultry farm  Agricultural fair or event  Live animal market  Petting zoo  
 Veterinary care  Slaughterhouse  Other \_\_\_\_\_
101. What type(s) of poultry did the patient have **this exposure to** (check all that apply)?  
 Chickens  Turkeys  Geese  Pheasants  Ducks  Ostriches  Emus  Pigeons  
 Other \_\_\_\_\_
102. Did the patient clean any poultry pens/houses in the 10 days before becoming ill?  
 Yes  No  Unknown
103. Did the patient feed or water any poultry in the 10 days before becoming ill?  
 Yes  No  Unknown
104. Did the patient have direct contact with surfaces contaminated by bird or poultry feces or poultry parts (carcasses, internal organs, etc.) in the 10 days before becoming ill?  
 Yes  No  Unknown
105. Did the patient participate in the culling of any poultry flocks?  
 Yes  No (skip to Q.109)  Unknown (skip to Q.109)
106. What measures did the patient use to protect himself/herself during the culling (check all that apply)?  
 None  Facemask  Respirators  Hand gloves  Eye Protection  Gowns  Boots  Unknown  
 Other \_\_\_\_\_
107. What percentage of time did the person participating in culling wear the items mentioned above while culling flocks (*only ask about the items the exposed person mentioned in Q. 107*)?  
 \_\_\_% Facemask \_\_\_% Respirators \_\_\_% Hand gloves \_\_\_% Eye protection \_\_\_% Gowns \_\_\_% Boots  
 \_\_\_% Other \_\_\_\_\_
108. In the 10 days before becoming ill, on what days did the patient have **direct or any other** exposure with birds or poultry (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  
 8 days before illness onset  9 days before illness onset  10 days before illness onset
109. From Q.109, what was the total number of different days the patient reported **direct or any other** bird or poultry exposure? \_\_\_\_\_ days
110. Did the patient report **direct or any other** exposure (direct or any other exposure or both) with any **ill-appearing poultry** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_  No  Unknown
111. Did the patient report **direct or any other** exposure (direct, or any other exposure, or both) with **dead poultry** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_  No  Unknown





# Human Infection with Novel Influenza A Virus Case Report Form

**Avian Module continued— complete only if confirmed case with an avian influenza virus (i.e. H5N1, H7N9)**

**Risk Factors—Household bird and poultry practices**

112. Were poultry raised on the patient's property?  
 Yes     No (skip to Q.121)     Unknown (skip to Q.121)
113. Where were the poultry kept (check all that apply)?  
 In patient's basement or garage     Inside patient's house/living space     Open-air poultry pen or poultry house  
 Enclosed poultry pen or poultry house     Other enclosure/cage outside the patient's house     Other \_\_\_\_\_
114. What type(s) of poultry did the patient raise (check all that apply)? Please estimate the number of each type raised.  
 Chickens \_\_\_#     Turkeys \_\_\_#     Geese \_\_\_#     Pheasants \_\_\_#     Ducks \_\_\_#     Ostriches \_\_\_#  
 Emus \_\_\_#     Pigeons \_\_\_#     Other \_\_\_\_\_#
115. Did the patient's household have any recent (within the past 30 days) ill-appearing poultry?  
 Yes     No     Unknown
116. Did the patient's household have any recent poultry die-offs?  
 Yes     No (skip to Q.121)     Unknown (skip to Q.121)
117. Please indicate the percent of the flock that died. \_\_\_\_\_%
118. When did the die-off begin and end?    Begin date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)    End date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
119. Was the flock culled?  
 Yes (date \_\_\_/\_\_\_/\_\_\_ MM/DD/YY)     No     Unknown
120. Did the patient have exposure to any eggs from a private flock (i.e., not store bought or commercial) in the 10 days before becoming ill?  
 Yes     No     Unknown
121. Did the patient consume raw or undercooked poultry in the 10 days before becoming ill?  
 Yes     No     Unknown
122. Does anyone else in the household own, keep or care for poultry in a location other than the patient's property?  
 Yes, specify \_\_\_\_\_     No     Unknown
123. Were there any recent reports of sick or dead poultry in the case patient's area?  
 Yes, specify \_\_\_\_\_     No     Unknown

**Risk Factors—Wild/Migratory and other birds**

124. Were captive wild birds kept at the patient's residence?  
 Yes (describe) \_\_\_\_\_     No     Unknown
125. Did the patient visit any areas where wild/migratory birds (e.g. herons, gulls, falcons, wild ducks, geese, or swans) are present?  
 Yes, specify location \_\_\_\_\_     No     Unknown
126. In the 10 days before illness onset, did the patient have **direct or any other** exposure (touch or handle **or** touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of) to wild/migratory birds?  
 Yes     No (skip to Q.132)     Unknown (skip to Q.132)
127. In the 10 days before illness onset, did the patient have any **direct** contact (touch or handle) with any wild/migratory birds?  
 Yes, specify type of bird(s) \_\_\_\_\_     No     Unknown
128. In the 10 days before becoming ill, did the patient have **any other exposure to** (touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of) any wild/migratory birds?  
 Yes, specify type of bird(s) \_\_\_\_\_     No     Unknown
129. Were any of the wild/migratory birds that the patient had **direct or any other** contact with sick or dying?  
 Yes, specify \_\_\_\_\_     No     Unknown



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

**Avian Module continued– complete only if confirmed case with an avian influenza virus (i.e. H5N1, H7N9)**

130. In the 10 days before becoming ill, on what days did the patient have **direct or any other** exposure (touch or handle or touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of) with wild birds (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  
 8 days before illness onset  9 days before illness onset  10 days before illness onset

131. In the 10 days before becoming ill, did the patient have **direct or any other** exposure with birds other than poultry or wild/migratory birds?

- Yes, specify type of bird(s) \_\_\_\_\_  No (skip to Q.135)  Unknown (skip to Q135.)

132. Were any of these birds that the patient had **direct or any other** exposure with sick or dying?

- Yes, specify \_\_\_\_\_  No  Unknown

133. In the 10 days before becoming ill, on what days did the patient have **direct or any other** exposure with these birds (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  
 8 days before illness onset  9 days before illness onset  10 days before illness onset



# Human Infection with Novel Influenza A Virus Case Report Form

## Risk Factors—Livestock

135. In the 10 days before becoming ill, did the patient have **direct** contact (touch or handle) with livestock (cattle, goats, sheep, pigs, etc.)?  
 Yes     No (skip to Q.138)     Unknown (skip to Q.138)
136. Where did the **direct** contact with livestock occur (check all that apply)?  
 Home     Commercial farm     Agricultural fair or event     Live animal market     Petting zoo     Veterinary care  
 Slaughterhouse/rendering facility     Other \_\_\_\_\_
137. What type(s) of livestock did the patient have **direct** contact with (check all that apply)?  
 Cattle     Sheep     Goats     Other \_\_\_\_\_
138. In the 10 days before becoming ill, did the patient have **any other exposure to** (e.g., touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of) livestock?  
 Yes     No (skip to Q.141)     Unknown (skip to Q.141)
139. Where did **this exposure** from Q.138 to livestock occur (check all that apply)?  
 Home     Commercial farm     Agricultural fair or event     Live animal market     Petting zoo     Veterinary care  
 Slaughterhouse/rendering facility     Other \_\_\_\_\_
140. What type(s) of livestock did the patient have **this exposure to** from Q.138 (check all that apply)?  
 Cattle     Sheep     Goats     Other \_\_\_\_\_
141. Did the patient conduct any of the following activities in the 10 days before becoming ill (check all that apply)?  
 Work at a farm or facility where live animals are present     Touch, handle, or otherwise interact with ill livestock (cattle, goats, sheep)  
 Touch, handle, or otherwise interact with ill wild animals     Drink or handle raw or unpasteurized milk  
 Consume or handle raw or unpasteurized milk products (cheese, cream, kefir, etc.)     Work in a maternity or reproductive area of a farm  
 Handle or clean up animal stool or manure     Use a pressure washer or broom in an area contaminated by animal manure or milk  
 Operate or clean automated milking equipment     Perform manual milking of animals
142. Did the patient clean any livestock pens in the 10 days before becoming ill?  
 Yes     No     Unknown
143. Did the patient feed or water any livestock in the 10 days before becoming ill?  
 Yes     No     Unknown
144. Did the patient have direct contact with surfaces contaminated by livestock, livestock manure, livestock milk, or livestock parts (carcasses, internal organs, reproductive tissues, etc.) in the 10 days before becoming ill?  
 Yes     No     Unknown
145. What measures did the patient use to protect himself/herself when exposed to livestock (check all that apply)?  
 None     Facemask     Respirators     Hand gloves     Eye Protection     Gowns     Boots     Unknown  
 Other \_\_\_\_\_
146. What percentage of time did the person wear the items mentioned above while exposed to livestock (*only ask about the items the exposed person mentioned in Q. 146*)?  
 \_\_\_\_\_% Facemask    \_\_\_\_\_% Respirators    \_\_\_\_\_% Hand gloves    \_\_\_\_\_% Eye protection    \_\_\_\_\_% Gowns    \_\_\_\_\_% Boots  
 \_\_\_\_\_% Other \_\_\_\_\_
147. In the 10 days before becoming ill, on what days did the patient have **direct or any other** exposure (touch or handle **or** touch potentially contaminated surfaces, walk through an area containing, or come within 6 feet of) to livestock (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  
 8 days before illness onset     9 days before illness onset     10 days before illness onset
148. Did the patient report **direct or any other** exposure to any **livestock that appeared ill** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_     No     Unknown
149. Did the patient report **direct or any other** exposure to **dead livestock** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_     No     Unknown



# Human Infection with Novel Influenza A Virus Case Report Form

## Risk Factors—Human exposures

1. Please describe bird/poultry/livestock exposure for all household members listed in Q.72 of the main Novel A Case Report Form (please use the same ID as in Q.72).

ID	If HH member was ILL		If HH member was NOT ILL
	Did HH member have any bird exposure ≤10 days before his/her onset?	Did HH member visit a live market ≤10 days before his/her onset?	Did HH member have any bird exposure or visit a live market visit ≤10 days before the case-patient's
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
5	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
6	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U

2. Please describe the bird exposure and live market visits for individuals listed in Q.72 of the main Novel A Case Report Form.

ID	Any bird exposure or live market visits ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

3. Please describe the bird exposure and live market visits of individuals listed in Q.72 of the main Novel A Case Report Form.

ID	Any bird exposure or live market visits ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

4. In the 7 days before becoming ill, did the patient have direct or other exposure (e.g., caring for, speaking with, or touching) with anyone **other than a household member** who routinely has exposure to birds?

Yes     No     Unknown

5. Notes:

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