



Indiana State
Department of Health
Epidemiology Resource Center

ISDH Interview Form for Persons Exposed to Birds Infected with Highly Pathogenic Avian Influenza (HPAI) or Low Pathogenic Avian Influenza (LPAI) H7N8 Viruses

Script:

Hi, my name is [your name and position] and I'm calling from the [local health department]. I am calling you today because an influenza virus, H7N8, that easily infects birds, has been found in birds on the premises where you live or work. Human cases of HPAI or LPAI H7N8 viruses have never been seen before, and we are therefore uncertain about how severe human infection with this virus could be. We are following up with all persons exposed to infected birds in order to monitor your health and facilitate access to medical care should it be necessary.

Is now a good time to talk?

Before we begin I need to let you know that this call is voluntary and you may skip any question or end the interview at any time. Also, all of the information we collect is private and confidential; the only people who will have access to this information will be public health staff at [local health department] and the Indiana State Department of Health. Under no conditions will your name be released to anyone else without your permission.

Do you agree to participate?

DO NOT CONTINUE IF THE INDIVIDUAL DOES NOT GIVE CONSENT.

Demographics:

Name: _____ DOB: ____/____/____

Sex: M F

Parent's name (if child) _____

Race/Ethnicity: _____

Address: _____

City/Zip: _____

County: _____

Phone: _____

Farm and Exposure Information:

Name of facility: _____ Type of facility: _____

Company: _____

Number of buildings on site _____ Number of flocks on site _____

Type of flocks on site _____



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Job title: _____

1a) What types of job duties do you have on the farm (i.e. feeding, watering, cleaning, maintenance, necropsy etc)?

1b) What job duties did you complete on the farm since the identification of HPAI or LPAI viruses in the poultry?

Number of hours/week: _____

2) Do you work at this facility? Y N

If **YES**, skip to question 3.

If **NO**, do you live on this facility or drive on to the infected premise? Y N

If **YES**, skip to question 8. **THIS PERSON IS AT LOW BUT NOT ZERO-RISK.**

If NO, THIS PERSON DOES NOT NEED TO BE MONITORED AND THE INTERVIEW CAN BE STOPPED.

3) Did you notice an increase in bird deaths or illness, or behavioral changes (i.e., decreased water/food consumption)? Y N

If **YES**, on what date did you first notice this? ____/____/____

4) Did you have contact with sick or dying birds, or the contaminated environment (use checklist below)? Y N

- Picking up dead birds
- Checking feeders and water sources in barns with sick birds
- Preparing for depopulation, such as moving birds or equipment
- Depopulating sick birds
- Sampling sick birds
- Helping with examination of dead birds (necropsy)
- Any close contact with the contaminated environment including bedding, water, feed, or feces of sick or dead birds
- Other _____



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5a) Did you wear **full** PPE the entire time you were on the infected premises (use checklist below)? Y N

- Washable or disposable long sleeved coveralls or Tyvek suit
- Rubber boots that can be disinfected or disposable plastic boots
- Washable or disposable hat or Tyvek suit hood
- Latex or nitrile gloves
- Goggles or safety glasses
- A face mask or respirator

If NO to any of the above, PERSON IS AT SOME-RISK.

If YES to all of the above, PERSON IS AT LOW BUT NOT ZERO-RISK.

5b) What date was your last known exposure to sick or dying birds, or their waste products, on the infected premises? ____/____/____

5c) Will you continue to be exposed to the infected premises with ongoing depopulation or waste removal efforts, or other activities that involve close contact? Y N

6) Have the sick or dying birds already been depopulated? Y N

If YES, skip to 8.

7) Will you be assisting with the depopulation? Y N Unknown

If YES, What will be your role in the depopulation? _____

Human Illness:

8) Did you get a flu shot this season? Y N Unknown

9) Have you had respiratory symptoms or an eye infection since the birds became sick? Y N

If YES, nature of illness: _____

Onset date ____/____/____

10) Have you had any of the following symptoms?

- ____ Fever (highest temp : _____)
- ____ Difficulty breathing
- ____ Cough
- ____ Eye inflammation or irritation (red eyes)
- ____ Sneezing or swollen sinuses
- ____ Eye discharge
- ____ Sore throat



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___ Nasal discharge
___ Other: _____

11) Did you consult a healthcare provider for this illness? Y N

If No, skip to 12.

Clinic/doctor name: _____

Phone: _____

Telephone only: Y N

Date of visit: ____/____/____

Diagnosis: _____

Antibiotics or antivirals prescribed: _____

12) We would like to keep in touch with you until the tenth day after your last exposure in case you develop an eye infection or the respiratory symptoms that we just talked about so we can help coordinate medical care and treatment if necessary. What would be the best way to reach you?

PHONE : _____ TEXT: _____ EMAIL : _____

13) The last thing I'd like to bring up is personal protective equipment (PPE) when in contact with the infected birds. Now that we know that the flock is infected, we would recommend that you use the following PPE:

- Washable or disposable long sleeved coveralls or Tyvek suit
- Rubber boots that can be disinfected or disposable plastic boots. Replace when torn.
- Hat or Tyvek suit hood
- Latex or nitrile gloves (may use cotton glove underneath). Replace when torn.
- Goggles or safety glasses
- A fitted N-95 respirator, a dust mask if a respirator is not available.
- Remove PPE and wash hands, or use alcohol-based hand gel until hands can be washed.
- Avoid touching eyes, nose or mouth while working

Thank you very much for your time! We will be contacting you tomorrow for your second monitoring day. If you have any questions, you can call me at [your phone number] or the ISDH at (317) 233-7125 during normal business hours or (317) 233-1325 after hours.

INTERNAL USE ONLY: Based on responses to interview, the individual should be evaluated for 1)



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*chemoprophylaxis or treatment with oseltamivir (Tamiflu) and 2) specimen collection for
molecular diagnostic testing for avian influenza virus.*

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