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

**Reporter Information**

<table>
<thead>
<tr>
<th>State:</th>
<th>Date reported to state/local health department:</th>
<th>Date of Birth:</th>
<th>County of Residence:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Local Case ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of reporter:</th>
<th>Telephone:</th>
<th>Fax:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Ethnicity:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Hispanic</td>
<td>Male</td>
</tr>
<tr>
<td>Asian</td>
<td>Non-Hispanic</td>
<td>Female</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical History – Symptoms, Clinical Course, and Outcome</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of symptom onset:</th>
<th>Signs and symptoms: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fever ≥ 38 °C (100.4 °F) T&lt;sub&gt;max&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td>Feverish, but temperature not taken</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
</tr>
<tr>
<td></td>
<td>Headache</td>
</tr>
<tr>
<td></td>
<td>Seizures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sore throat</th>
<th>Conjunctivitis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shortness of breath</th>
<th>Diarrhea</th>
<th>Other, specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the patient hospitalized?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did the patient require mechanical ventilation?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did the patient have a chest x-ray or CAT scan performed?</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Test not performed</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If abnormal:</th>
<th>Was there evidence of pneumonia?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did this patient have acute respiratory distress syndrome?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did the patient die as a result of this illness?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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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).
Medical History – Vaccination Status, Treatment, and Past Medical History

Was the patient vaccinated against human influenza in the past year?
Yes  No  Unknown

If yes, date of vaccination: ____/____/______ (MM/DD/YYYY)

Type of vaccine:  Inactivated  Live attenuated  Unknown

Did the patient receive antiviral medications?
Yes  No  Unknown

If yes, complete table below

<table>
<thead>
<tr>
<th>Drug</th>
<th>Date Initiated (MM/DD/YYYY)</th>
<th>Date Discontinued (MM/DD/YYYY)</th>
<th>Dosage (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zanamivir</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rimantidine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amantadine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the patient pregnant?  Yes  No  Unknown

Does the patient have any underlying medical conditions?  Yes  No  Unknown

If yes, please specify: ________________________________________________________________

Does the patient have compromised immune function such as HIV infection, cancer, chronic corticosteroid therapy, diabetes, or organ transplant recipient?  Yes  No  Unknown

If yes to compromised immune function, please specify: _____________________________________
__________________________________________________________________________________

Medical History – Laboratory Findings and Influenza Specific Diagnostic Testing

Laboratory Findings:

Leukopenia  (white blood cell count <5,000 leukocytes/mm³)
Yes  No  Unknown

Lymphopenia  (total lymphocytes <800/mm³ or lymphocytes <15% of total WBC)
Yes  No  Unknown

Thrombocytopenia  (total platelets <150,000/mm³)
Yes  No  Unknown
Influenza Specific Diagnostic tests:

Test 1
Specimen type:
- Nasopharyngeal (NP) swab
- Nasopharyngeal (NP) aspirate
- Nasal aspirate
- Sputum
- Oropharyngeal swab
- Endotracheal aspirate
- Chest tube fluid
- Bronchoalveolar lavage specimen (BAL)
- Serology
- Other

Date collected: ____/____/______ (MM/DD/YYYY)

Test type:
- Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR)
- Direct fluorescent antibody (DFA)
- Viral culture
- Rapid antigen test

Test result:
- Influenza A
- Influenza B
- Influenza type unknown
- Negative
- Pending

Test 2
Specimen type:
- Nasopharyngeal (NP) swab
- Nasopharyngeal (NP) aspirate
- Nasal aspirate
- Sputum
- Oropharyngeal swab
- Endotracheal aspirate
- Chest tube fluid
- Bronchoalveolar lavage specimen (BAL)
- Serology
- Other

Date collected: ____/____/______ (MM/DD/YYYY)

Test type:
- Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR)
- Direct fluorescent antibody (DFA)
- Viral culture
- Rapid antigen test

Test result:
- Influenza A
- Influenza B
- Influenza type unknown
- Negative
- Pending

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

Date Submitted: ____/____/______ (MM/DD/YYYY), Specimen type: ___________________________
Date Submitted: ____/____/______ (MM/DD/YYYY), Specimen type: ___________________________
Date Submitted: ____/____/______ (MM/DD/YYYY), Specimen type: ___________________________

Epidemiologic Risk Factors

In the 10 days prior to illness onset, did the patient travel?
- Yes
- No
- Unknown

If yes, please fill in the arrival and departure dates for all countries visited.
Country_________________ Arrival_________________ Departure_________________
Country_________________ Arrival_________________ Departure_________________
Country_________________ Arrival_________________ Departure_________________
Country_________________ Arrival_________________ Departure_________________
Country_________________ Arrival_________________ Departure_________________
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 a suspected, probable or confirmed novel human influenza A case?
  Yes  No  Unknown

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?
  Yes  No  Unknown

Was the patient exposed to animal (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?
  Yes  No  Unknown

Was the patient exposed to environments contaminated by to 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?
  Yes  No  Unknown

Did the patient consume raw or undercooked animals (including poultry, wild birds, or swine products) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month?
  Yes  No  Unknown

Did the patient have any animal contact?
  Yes  No  Unknown

If yes, please specify contact with dogs, cats, horses, wild birds, poultry or swine: ________________________________
  ___________________________________________________________

Did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
  Yes  No  Unknown

Does the patient work in a health care facility or setting?
  Yes  No  Unknown

Did the patient visit or stay in the same household with any one with pneumonia or severe influenza-like illness?
  Yes  No  Unknown

Did the patient visit or stay in the same household with anyone who died following the visit?
  Yes  No  Unknown

Did the patient visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (state or county fair) in the last month?
  Yes  No  Unknown

Did the patient have direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (state or county fair) in the last month?
  Yes  No  Unknown

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?
  Yes  No  Unknown
**Novel Influenza A Case Definition**

Novel influenza A virus infections are all human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses. These viruses include those that are subtyped as non-human in origin and those that are unsubtypable with standard methods and reagents.

The clinical presentation of illness should be compatible with influenza virus infection.

**Laboratory criteria for diagnosis**

A specimen from a human that is reverse transcriptase-polymerase chain reaction (RT-PCR) or culture-positive for influenza A and tests negative for currently circulating human H1 and H3 subtypes.

Cases of human infection with unsubtypable influenza A viruses detected by a public health laboratory should be sent to CDC’s Influenza Virus Surveillance and Diagnosis Branch for laboratory-confirmation.

**Case classification**

Confirmed – A case of human infection with a novel influenza A virus detected by a public health laboratory that has been laboratory confirmed by CDC.

Probable – A case of human infection with a novel influenza A virus detected by a public health laboratory or a case that meets the clinical criteria and is epidemiologically linked to a confirmed case, and for which laboratory confirmation by CDC’s influenza laboratory was not done or was inconclusive.

Suspected – (1) A case of human infection with a novel influenza A virus detected by a public health laboratory, and for which laboratory confirmation by CDC is pending; or (2) A case that meets the clinical criteria and is epidemiologically linked to a confirmed case, and for which laboratory testing for influenza is pending.