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*): _____

1. 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)
2. 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

3. Date of birth:___/___/___(MM/DD/YYYY)
4. Country of usual residence:_____ If usual resident of U.S., county of residence: _____
5. Race: (check all that apply) ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black
   ☐ Native Hawaiian/Other Pacific Islander
6. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
7. Sex: ☐ Male ☐ Female
8. 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_____ºF)	☐ Yes ☐ No ☐ Unk	Shortness of breath	☐ Yes ☐ No ☐ Unk
If fever present, date of onset / / (MM/DD/YYYY)		Vomiting	☐ Yes ☐ No ☐ Unk
Felt feverish	☐ Yes ☐ No ☐ Unk	Diarrhea	☐ Yes ☐ No ☐ Unk
If felt feverish, date of onset / / (MM/DD/YYYY)		Eye infection/redness	☐ Yes ☐ No ☐ Unk
Cough	☐ Yes ☐ No ☐ Unk	Rash	☐ Yes ☐ No ☐ Unk
Sore Throat	☐ Yes ☐ No ☐ Unk	Fatigue	☐ Yes ☐ No ☐ Unk
Muscle aches	☐ Yes ☐ No ☐ Unk	Seizures	☐ Yes ☐ No ☐ Unk
Headache	☐ Yes ☐ No ☐ Unk	Other, specify	☐ Yes ☐ No ☐ Unk

11. Does the patient still have symptoms?
    ☐ Yes (skip to Q.13) ☐ No ☐ Unknown (skip to Q.13)
12. When did the patient feel back to normal?___/___/___(MM/DD/YYYY)
13. Did the patient receive any medical care for the illness?
    ☐ Yes ☐ No (skip to Q.30) ☐ Unknown (skip to Q.30)
14. 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
15. Was the patient hospitalized for the illness?
    ☐ Yes ☐ No (skip to Q.24) ☐ Unknown (skip to Q.24)
16. Date(s) of hospital admission? **First admission date:**___/___/___(MM/DD/YYYY) **Second admission date:**___/___/___(MM/DD/YYYY)
17. Was the patient admitted to an intensive care unit (ICU)?
    ☐ Yes ☐ No (skip to Q.19) ☐ Unknown (skip to Q.19)
18. Date of **ICU admission:**___/___/___(MM/DD/YYYY) Date of **ICU discharge:**___/___/___(MM/DD/YYYY)
19. Did the patient receive mechanical ventilation / have a breathing tube?
    ☐ Yes ☐ No (skip to Q.21) ☐ Unknown (skip to Q.21)
20. For how many days did the patient receive mechanical ventilation or have a breathing tube?_____days
21. Was the patient discharged?
    ☐ Yes ☐ No (skip to Q.24) ☐ Unknown (skip to Q.24)
22. Date(s) of hospital discharge? **First discharge date:**___/___/___(MM/DD/YYYY) **Second discharge date:**___/___/___(MM/DD/YYYY)
23. 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).

Human Infection with Novel Influenza A Virus
Case Report Form

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^3) associated with this illness?
☐Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
28. Did the patient have lymphopenia (total lymphocytes <800/mm^3 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^3) 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

41. Was patient pregnant or ≤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)_____

Human Infection with Novel Influenza A Virus
Case Report Form

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

Human Infection with Novel Influenza A Virus
Case Report Form

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	☐A ☐B ☐C				☐Y ☐N ☐U	
2	☐A ☐B ☐C				☐Y ☐N ☐U	
3	☐A ☐B ☐C				☐Y ☐N ☐U	
4	☐A ☐B ☐C				☐Y ☐N ☐U	
5	☐A ☐B ☐C				☐Y ☐N ☐U	
6	☐A ☐B ☐C				☐Y ☐N ☐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 _____

Human Infection with Novel Influenza A Virus
Case Report Form

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)
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ 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)?

Human Infection with Novel Influenza A Virus
Case Report Form

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 **ILL**		If HH member was **NOT ILL**
	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	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
2	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
3	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
4	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
5	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
6	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ 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	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ 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	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ U	

94. Notes:

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	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
2	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
3	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
4	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
5	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
6	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ 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	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ 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	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ 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: