

Draft Case report form –Influenza A/H5 (Avian)

A report should be made when a patient fits the surveillance case definition of possible avian influenza

(available at http://www.hpa.org.uk/infections/topics_az/avianinfluenza/guidelines.htm).

This reporting form should be completed and sent to

1. The local Consultant in Communicable Disease Control (CCDC).
2. CDSC by fax (020 8200 7868) marked for the attention of Mary Cooke.

1. Reporting details

Name of Reporter _____

Institution /Organization _____

Date of report ____/____/____ (dd/mm/yyyy)

Contact tel. No. _____

2. Patient details

Sex (please tick) ☐ Male ☐ Female ☐ Unknown
(05_sex)

Date of birth (06_dob) ____/____/____ (dd/mm/yyyy)

Age (06_age) Years _____ Months _____

Current contact details:

Surname _____ First name _____

Full address _____

Country _____

Telephone _____ Fax _____

Nationality _____ Ethnicity _____

3. Signs and Symptoms

Date of onset of illness ____/____/____ (dd/mm/yyyy)
(07_d_ons)

Body temp. higher than 38°C ☐ Yes ☐ No ☐ Unknown

Cough ☐ Yes ☐ No ☐ Unknown

Sore throat ☐ Yes ☐ No ☐ Unknown

Shortness of breath ☐ Yes ☐ No ☐ Unknown

6. Occupational Exposure

During the 7 days prior to the onset of symptoms, has the person been working:

- 6a** In an at-risk animal-related occupation? (10_occ_an) ☐ Yes ☐ No ☐ Unknown
- 6b** As a worker in laboratory where samples are tested for influenza A/H5 viruses? (10_occ_lab) ☐ Yes ☐ No ☐ Unknown
- 6c** As a health care worker? (10_occ_hew) ☐ Yes ☐ No ☐ Unknown

7. History of exposure to animal populations

During the 7 days prior to the onset of symptoms, has the person had contact with live or dead domestic fowl, wild birds or swine

☐ Yes ☐ No ☐ Unknown

Entered settings where animal species were confined or had been confined in the previous six weeks?

☐ Yes ☐ No ☐ Unknown

8. History of exposure to human cases

During the 7 days prior to the onset of symptoms, has the person been in contact (within touching or speaking distance) with:

8a A confirmed human case of influenza A/H5 infection? (12_cont_c) ☐ Yes ☐ No ☐ Unknown

8b A person with an unexplained acute respiratory illness that later results in death? (12_cont_dth) ☐ Yes ☐ No ☐ Unknown

8c Any other person for whom diagnosis of influenza A/H5 is being considered? (12_cont_x) ☐ Yes ☐ No ☐ Unknown

8d If YES to 8a or 8c, the person is part of a cluster, tick "Applicable" (13_clus) ☐ Applicable ☐ Not applicable

8e If Applicable, is the cluster ☐ Already Known (Indicate cluster Identifier in 8f.)
☐ Newly identified (Assign, and indicate cluster identifier in 8f)

8f Indicate cluster identifier (13_clus_id)

What is the setting of this cluster? (13_clus_sett)

- ☐ Household
- ☐ Extended family
- ☐ Hospital
- ☐ Other residential institution
- ☐ Military barracks
- ☐ Recreational camps

☐ Other,
specify

9. Laboratory investigation results

Positive influenza A by IFA or other test?

☐ Yes☐ No

☐ Unknown

10. Prophylaxis against Influenza

Was the person vaccinated against influenza in the 5 months prior to the onset of symptoms?

☐ Yes☐ No

Unknown

If **YES**, in which country

During the 7 days prior to the onset of symptoms was the person taking any antiviral medication (oseltamivir, zanamivir, amantadine, rimantadine)?

☐ Yes☐ No

☐ Unknown

If **YES**: Name of antiviral

Dosage

Taken from:

to:

/ / (dd/mm/yyyy)

/ / (dd/mm/yyyy)

11. Outcome (to be completed ONLY once)

☐ Recovered

(Recovered includes persons discharged from hospital)

☐ Deceased

❑ Lost to follow-up

Date final status was determined

____/____/____ (dd/mm/yyyy)

Additional Comments

Please return completed form to: Keira Allen, Enhanced Surveillance Section, Health Protection Agency North West, DBH House, 105 Boundary Street, Liverpool, L5 9YJ (Tel: 0151 482 5734)