



# 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  White  Asian  American Indian/Alaska Native  Black  Native Hawaiian/Other Pacific Islander all that apply)
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 _____ °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

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).



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24. Did the patient have a new abnormality on chest x-ray or CAT scan?  
 No, x-ray or scan was normal  Yes, x-ray or scan detected new abnormality  No, chest x-ray or CAT 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 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



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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)  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 Exposure

56. In the 10 days before becoming ill, did the patient attend an agricultural fair/event?  
 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 (e.g., touch or handle) any animals?  
 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) \_\_\_\_\_
61. Where did the direct contact occur (check all that apply)?  
 Home  Work  Agricultural fair or event  Live animal market  Petting zoo  Other \_\_\_\_\_
62. In the 10 days before becoming ill, did the patient have **CLOSE** contact with (e.g., 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 close contact with (check all that apply)?  
 Horses  Cows  Poultry/wild birds  Sheep  Goats  Pigs/hogs  Other (1) \_\_\_\_\_  
 Other (2) \_\_\_\_\_  Other (3) \_\_\_\_\_  Other (4) \_\_\_\_\_
64. Where did the close contact occur (check all that apply)?  
 Home  Work  Agricultural fair or event  Live animal market  Petting zoo  Other \_\_\_\_\_



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65. In the 10 days before becoming ill, did the patient have direct or close contact with any animal exhibiting signs of illness?  
 Yes (specify animal type and location \_\_\_\_\_)  No  Unknown
66. Does anyone in the household own, keep or care for livestock animals (either at home or in the workplace)?  
 Yes  No (skip to Q.68)  Unknown (skip to Q.68)
67. What type(s) of animals are 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) \_\_\_\_\_

**Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread**

68. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?  
 Yes (skip to Q.70)  No  Unknown (skip to Q.70)
69. 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, and the patient may have resided in >1 household. 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	

70. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?  
 Yes (before becoming ill)  Yes (after becoming ill)  No (skip to Q.72)  Unknown (skip to Q.72)
71. Approximately how many children are in the patient’s class or room at the child care facility? \_\_\_\_\_
72. 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.74)  Unknown (skip to Q.74)
73. Approximately how many students are in the patient’s class at the school? \_\_\_\_\_ children
74. 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 child care facility or school?  
 Yes  No (skip to Q.76)  Unknown (skip to Q.76)
75. List ID numbers from Q.69 (the table above) for household members working at or attending a child care facility or school:  
 \_\_\_\_\_
76. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?  
 Yes  No  Unknown
77. 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.80)  Unknown (skip to Q.80)
78. Specify healthcare facility job/role:  
 Physician  Nurse  Administration staff  Housekeeping  Patient transport  Volunteer  Other \_\_\_\_\_
79. Did the patient have direct patient contact while working or volunteering at a healthcare facility?  
 Yes  No  Unknown
80. 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 \_\_\_\_\_
81. 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 \_\_\_\_\_
82. 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



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

83. 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					

84. 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			

85. 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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## 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)**

86. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (touch or handle pigs or touch potentially contaminated surfaces or walk through an area containing or come within 6 feet of any pigs/hogs) with 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
87. What was the total number of different days the patient reported **ANY** pig exposure (direct or any other exposure or both)? \_\_\_\_\_ days.
88. Please describe animal exposure for all household members listed in Q.62 of the main Novel A Case Report Form (**please use the same id for each person as in Q. 69 of the main form**).

ID	If 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 his/her onset?	Did HH member visit a live market or fair ≤10 days before his/her 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

89. In the 7 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
90. Please describe the pig/hog exposure and fair attendance for individuals listed in Q. 82 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	

91. Please describe the pig/hog exposure and fair attendance of individuals listed in Q. 83 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	

92. 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)**

1. Has the patient ever received an influenza H5N1 vaccination?  
 Yes (Date: \_\_\_/\_\_\_/\_\_\_)     No     Unknown
2. In the 10 days before becoming ill, did the patient have **DIRECT** contact (touch or handle) with poultry (chickens, turkeys, ducks, or geese, etc.)?  
 Yes     No (skip to Q.5)     Unknown (skip to Q.5)
3. 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     Other \_\_\_\_\_
4. What type(s) of poultry did the patient have **DIRECT** contact with (check all that apply)?  
 Chickens     Turkeys     Geese     Pheasants     Ducks     Ostriches     Emus     Pigeons  
 Other \_\_\_\_\_
5. 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) poultry?  
 Yes     No (skip to Q.8)     Unknown (skip to Q.8)
6. Where did this exposure to poultry occur (check all that apply)?  
 Home     Commercial poultry farm     Agricultural fair or event     Live animal market     Petting zoo     Veterinary care  
 Slaughterhouse     Other \_\_\_\_\_
7. 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 \_\_\_\_\_
8. Did the patient clean any poultry pens/houses in the 10 days before becoming ill?  
 Yes     No     Unknown
9. Did the patient feed or water any poultry in the 10 days before becoming ill?  
 Yes     No     Unknown
10. 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
11. Did the patient participate in the culling of any poultry flocks?  
 Yes     No (skip to Q.14)     Unknown (skip to Q.14)
12. What measures did the patient use to protect himself/herself during the culling (check all that apply)?  
 None     Facemask     Respirators     Hand gloves     Eyeglasses     Gowns     Boots     Unknown  
 Other \_\_\_\_\_
13. 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 mention in Q. 12*)?  
 \_\_\_% Facemask    \_\_\_% Respirators    \_\_\_% Hand gloves    \_\_\_% Eye protection    \_\_\_% Gowns    \_\_\_% Boots  
 \_\_\_% Other \_\_\_\_\_
14. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) 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
15. From Q.14, what was the total number of different days the patient reported **ANY** bird or poultry exposure (direct, or any other exposure or both)? \_\_\_\_\_ days
16. Did the patient report **ANY** exposure (direct or any other exposure or both) with any **ill-appearing poultry** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_     No     Unknown
17. Did the patient report **ANY** exposure (direct, or any other exposure, or both) with **dead poultry** in the 10 days before becoming ill?  
 Yes, specify \_\_\_\_\_     No     Unknown

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

18. Were poultry raised on the patient's property?  
 Yes     No (skip to Q.26)     Unknown (skip to Q.26)
19. 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 \_\_\_\_\_



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20. 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 \_\_\_\_\_#
21. Did the patient's household have any recent (within the past 30 days) ill-appearing poultry?  
 Yes     No     Unknown
22. Did the patient's household have any recent poultry die-offs?  
 Yes     No (skip to Q.26)     Unknown (skip to Q.26)
23. Please indicate the percent of the flock that died. \_\_\_\_\_%
24. When did the die-off begin and end?    Begin date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)    End date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
25. Was the flock culled?  
 Yes (date \_\_\_/\_\_\_/\_\_\_ MM/DD/YY)     No     Unknown
26. 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
27. Did the patient consume raw or undercooked poultry in the 10 days before becoming ill?  
 Yes     No     Unknown
28. 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
29. 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

30. Were captive wild birds kept at the patient's residence?  
 Yes (describe) \_\_\_\_\_     No     Unknown
31. 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
32. In the 10 days before illness onset, did the patient have **ANY** exposure to wild/migratory birds?  
 Yes     No (skip to Q.38)     Unknown (skip to Q.38)
33. 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
34. In the 10 days before becoming ill, did the patient have **any other exposure to** (walk through an area containing or come within 6 feet of) any wild/migratory birds?  
 Yes, specify type of bird(s) \_\_\_\_\_     No     Unknown
35. Were any of the wild/migratory birds that the patient had **ANY** contact with sick or dying?  
 Yes, specify \_\_\_\_\_     No     Unknown
36. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) 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
37. In the 10 days before becoming ill, did the patient have **ANY** exposure (direct or any other exposure or both) with birds other than poultry or wild/migratory birds?  
 Yes, specify type of bird(s) \_\_\_\_\_     No (skip to Q.41)     Unknown (skip to Q.41)
38. Were any of these birds that the patient had **ANY** exposure (direct or any other exposure or both) with sick or dying?  
 Yes, specify \_\_\_\_\_     No     Unknown
39. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) 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

### Risk Factors—Human exposures

40. Please describe bird/poultry exposure for all household members listed in Q.69 of the main Novel A Case Report Form (**please use the same ID as in Q.62**).

ID	If HH member was <b>ILL</b>	If HH member was <b>NOT ILL</b>





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	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 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

41. Please describe the bird exposure and live market visits for individuals listed in Q.82 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	

42. Please describe the bird exposure and live market visits of individuals listed in Q.83 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	

43. 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

44. Notes

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