NEDSS ID #______________________________ State EPI ID # (epidemiology ID)__________

DHMH Novel H1N1 Influenza Case Report Form
(FAX to EDCP at 410-669-4215)

Date form completed ___/___/______ County: ______________________________

Name of person completing form: Last Name: ______________________ First Name: ______________________

Phone: ( )_____ - _______ Fax Number: ( ) _____ - ______ Email: _________________________

Name of respondent (if not patient): Last Name: ______________________ First Name: ______________________

Patient Demographic Data: **Outbreak#** __________________ *(if given)*

Last name: ________________________________ First name: __________________________

Address: ____ County: ______________

Patient's phone number: ( ) _____ - ___________ Date of Birth: ______/ _____ / ________

Race: ☐ American Indian / Alaska Native ☐ White Ethnicity: ☐ Hispanic ☐ Non-Hispanic

☐ Asian ☐ Black Sex: ☐ Male ☐ Female

☐ Native Hawaiian/Other Pacific Islander

Clinical Data:

Signs and symptoms: (check all that apply) **Date of symptom onset:** _____ / _____ / __________

☐ Fever >37.8C (100 F) _____________ T max ☐ Cough ☐ Diarrhea

☐ Feverish but temperature not taken ☐ Sore throat ☐ Vomiting

☐ Shortness of breath ☐ Rhinorrhea ☐ Conjunctivitis

☐ Other, specify ______________

Is the patient pregnant?	Yes No DK
Was the patient vaccinated against influenza in the past year? *(If yes,)* date of vaccination _____ / _____ / _____ Type of vaccine: ☐ Inactivated ☐ Live attenuated ☐ Unknown	Yes No DK
Did the patient receive antiviral medications? *(If yes,)* date medication started _____ / _____ / _____ ___________**day(s)** Name of medication: ☐ Oseltamivir ☐ Zanamivir ☐ Rimantidine ☐ Amantadine	Yes No DK
Did the patient visit a primary care provider or ER? *(If yes,)* date of visit _____ / _____ / _____	Yes No DK
Was the patient hospitalized overnight? Hospital name: _______________________________________ *(If yes,)* date of admission _____ / _____ / ________ date of discharge _____ / _____ / ________	Yes No DK
Was the patient admitted to the intensive care unit?	Yes No DK
Did the patient require mechanical ventilation?	Yes No DK
Was there radiographic evidence of pneumonia or ARDS?	Yes No DK
Did the patient die? *(If yes,)* date of death _____ / _____ / _________	Yes No DK

*DK= Don't Know

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Epidemiologic data:

During the 7 days before onset of illness, did the patient travel? Location: ________________________	. Yes . No . DK
During the 7 days before onset of illness, was the patient within 3 feet of any animals? *(If yes,)* what species? ☐ cats ☐ dogs ☐ pigs ☐ birds ☐ Other______________________	. Yes . No . DK
What is the patient's occupation? ☐ Health care worker, Name of facility: ______________________________ ☐ Daycare provider, Name of facility: ______________________________ ☐ Teacher/works in a school, Name of school: ______________________________ ☐ Student, Name of school: ______________________________ ☐ Detainee/inmate or corrections officer, Name of facility: ______________________ ☐ Other: *(specify)* ____	
Disposition: **Was the patient advised of the appropriate precautions?** *(If yes,)* how? ☐ telephone ☐ in person ☐ in writing ☐ Other_________________________	. Yes . No . DK

Laboratory data:

Test 1 Date collected (mm/dd/yyyy): ____/____/_______ Name of Lab:_________________________________

Test Type		Results	Influenza Type/Subtype
☐ RT-PCR/PCR ☐ Rapid test ☐ DFA/IFA	☐ HI ☐ Immunohistochemistry ☐ Viral culture	☐ positive ☐ negative ☐ indeterminate	☐ flu A/B (not distinguished) ☐ flu A ☐ flu B ☐ flu A novel H1N1

Test 2 Date collected (mm/dd/yyyy): ____/____/_______ Name of Lab:_________________________________

Test Type		Results	Influenza Type/Subtype
☐ RT-PCR/PCR ☐ Rapid test ☐ DFA/IFA	☐ HI ☐ Immunohistochemistry ☐ Viral culture	☐ positive ☐ negative ☐ indeterminate	☐ flu A/B (not distinguished) ☐ flu A ☐ flu B ☐ flu A novel H1N1

Test 3 Date collected (mm/dd/yyyy): ____/____/_______ Name of Lab:_________________________________

Test Type		Results	Influenza Type/Subtype
☐ RT-PCR/PCR ☐ Rapid test ☐ DFA/IFA	☐ HI ☐ Immunohistochemistry ☐ Viral culture	☐ positive ☐ negative ☐ indeterminate	☐ flu A/B (not distinguished) ☐ flu A ☐ flu B ☐ flu A novel H1N1