Swine Influenza Case Report Form
(FAX to: 404-248-4094 or email to caserportforms@cdc.gov)

State EPI ID # (epidemiology ID) _____   CDC EPI ID # _____

State lab specimen ID #1 _____   CDC lab specimen ID #1 _____

State lab specimen ID #2 _____   CDC lab specimen ID #2 _____
                                                         CDC (lab) unique ID # _____

Reported by:

State: _____   County: _____

Date reported to state/local health department
__/__/__

Name of Person Reporting to CDC: Last Name: _____ First Name: _____
Phone Number :(   )___-_____ Fax Number :(   )___-_____ E-Mail: _____

At the time of this report, is the case:
       ☐ Probable   ☐ Confirmed
       (please see: www.cdc.gov/swineflu for case definitions)

Patient Demographic Data:
Date of Birth (mm/dd/yy): ____/____/____
Race: ☐ American Indian/Alaska Native   ☐White
       ☐ Asian   ☐ Black
       ☐ Native Hawaiian/Other Pacific Islander   ☐ Multiracial
Ethnicity: ☐ Hispanic   ☐ Non-Hispanic
Sex: ☐ Male   ☐ Female
   If Female, is the patient pregnant? ☐ Yes (weeks pregnant)_____ ☐ No ☐ Unknown

Clinical Data:
Date of symptom onset (mm/dd/yy): ____/____/____
Signs and symptoms: (check all that apply)
☐ Fever >37.8 C (100 F) _____T max   ☐ Sore throat
☐ Feverish but temperature not taken   ☐ Conjunctivitis
☐ Cough   ☐ Shortness of breath
☐ Headache   ☐ Diarrhea
☐ Seizures   ☐ Vomiting
☐ Rhinorrhea   ☐ Other, specify _____

Was the patient hospitalized? ☐ Yes   ☐ No   ☐ Unknown

Was the patient admitted to the intensive case unit? ☐ Yes   ☐ No   ☐ Unknown

Did the patient require mechanical ventilation? ☐ Yes   ☐ No   ☐ Unknown

Did the patient die as a result of this illness? ☐ Yes   ☐ No   ☐ Unknown

Medical History:

Did the case-patient receive influenza vaccine between September 2008 and March 2009?

   Yes   No   Don't Know

If yes: Number of doses: 1   Date (mm/dd/yy) ____/____/____   [If day unknown use '15']

                        Type of vaccine: Inactivated (injectable)   Live Attenuated (spray)   Unknown

                           2   Date (mm/dd/yy) ____/____/____   [If day unknown use '15']

                        Type of vaccine: Inactivated (injectable)   Live Attenuated (spray)   Unknown

Does the case-patient have any of the following?

a. Asthma   yes   no   unknown

b. Other chronic lung disease   yes   no   unknown

c. Chronic heart or circulatory disease   yes   no   unknown

d. Metabolic disease (incl diabetes mellitus)   yes   no   unknown

e. Kidney disease   yes   no   unknown

f. Cancer in the last 12 months   yes   no   unknown

g. Immunosuppressive condition (HIV infection, chronic corticosteroid therapy, or organ transplant recipient)
                                             yes   no   unknown

h. Other chronic diseases   yes   no   unknown

i. Neurological disease   yes   no   unknown

Diagnostic Findings:

General tests

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

Did the patient have any of the following tests?
☐ Chest X-ray   *If yes,*   ☐ Normal   ☐ Abnormal   ☐ Unknown
☐ Chest CT scan   *If yes,*   ☐ Normal   ☐ Abnormal   ☐ Unknown

      If chest x-ray or chest CT scan result abnormal:
      Was there evidence of pneumonia?
                 ☐ Yes   ☐ No   ☐ Unknown
      Did the patient have acute respiratory distress syndrome (ARDS)?
                 ☐ Yes   ☐ No   ☐ Unknown

Influenza testing

Test 1 Date collected (mm/dd/yy): ___/___/____   State Lab Specimen1 ID: _____

Specimen Type	Test Type	Results	Influenza Type/Subtype
_____ Enter specimen code	☐ RT-PCR/PCR ☐ DFA/IFA ☐ Viral culture ☐ HI ☐ Rapid test ☐ Immunohistochemistry ☐ Other	☐ positive ☐ negative ☐ indeterminate	☐ flu A ☐ flu B ☐ flu A/H1 ☐ flu A/H3 ☐ flu A unsubtypable ☐ flu A swine H1

Specimen code and type:
1. Nasopharyngeal swab	7. Broncheoalveolar lavage specimen (BAL)	13. Pleural fluid
2. Nasopharyngeal aspirate	8. Sputum	14. Peritoneal fluid
3. Oropharyngeal/throat swab	9. Cerebrospinal fluid (CSF)	15. Pericardial fluid
4. Nasal aspirate/swab	10. Tissue	16. Chest fluid
5. Endotracheal aspirate	11. Stool	17. Other
6. Serum	12. Urine	

Test 2 Date collected (mm/dd/yy): ____/___/___   State Lab Specimen2 ID: _____

Specimen Type	Test Type	Results	Influenza Type/Subtype
_____ Enter specimen code	☐ RT-PCR/PCR ☐ DFA/IFA ☐ Viral culture ☐ HI ☐ Rapid test ☐ Immunohistochemistry ☐ Other	☐ positive ☐ negative ☐ indeterminate	☐ flu A ☐ flu B ☐ flu A/H1 ☐ flu A/H3 ☐ flu A unsubtypable ☐ flu A swine H1

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4. Nasal aspirate/swab	10. Tissue	16. Chest fluid
5. Endotracheal aspirate	11. Stool	17. Other
6. Serum	12. Urine	

Specimens sent to CDC

Indicate when and what type of specimens (including sera) were sent to CDC and specimen ID
- Date: ___/___/2009   Specimen type (enter specimen code) ____, State Lab Specimen ID A:_____
- Date: ___/___/2009   Specimen type (enter specimen code) ____, State Lab Specimen ID B:_____
- Date: ___/___/2009   Specimen type (enter specimen code) ____, State Lab Specimen ID C:_____

Specimen code and type:
1. Nasopharyngeal swab	7. Broncheoalveolar lavage specimen (BAL)	13. Pleural fluid
2. Nasopharyngeal aspirate	8. Sputum	14. Peritoneal fluid
3. Oropharyngeal/throat swab	9. Cerebrospinal fluid (CSF)	15. Pericardial fluid
4. Nasal aspirate/swab	10. Tissue	16. Chest fluid
5. Endotracheal aspirate	11. Stool	17. Other
6. Serum	12. Urine	

Treatment:

Did the patient receive antiviral medications?

☐ Yes   ☐ No   ☐ Unknown

   If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
Oseltamivir(Tamiflu®)			
Zanamivir(Relenza®)			
Rimantidine			
Amantadine			
Other _____			

Epidemiologic Risk Factors

The following questions concern the 7 days prior to illness onset:

Did the patient travel to Mexico?

☐ Yes   ☐ No   ☐ Unknown

Did the patient have close contact (within 2 meter (6 feet)) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable or confirmed swine influenza case*?

☐ Yes   ☐ No   ☐ Unknown

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

Has the patient had family members or close contacts with pneumonia or influenza-like illness?

☐ Yes   ☐ No   ☐ Unknown

Household Transmission *(A household member is anyone including the case-patient with at least one overnight stay +/-7days from illness onset)*

How many people live in the household *(include patient in this number)*? _____

For each person in the household, besides the patient, record age, check applicable symptoms if present anytime from 7 days before to 7 days after the patient's onset date, and record intital symptom onset date

Person #	Code*	Age (years)	No symptoms	Feverish	Max temp >37.8C or >100 F	Cough	Sore throat	Runny nose	Diarrhea	Onset date
1			☐	☐	☐	☐	☐	☐	☐	____/____/2009
2			☐	☐	☐	☐	☐	☐	☐	____/____/2009
3			☐	☐	☐	☐	☐	☐	☐	____/____/2009
4			☐	☐	☐	☐	☐	☐	☐	____/____/2009
5			☐	☐	☐	☐	☐	☐	☐	____/____/2009
6			☐	☐	☐	☐	☐	☐	☐	____/____/2009
7			☐	☐	☐	☐	☐	☐	☐	____/____/2009
8			☐	☐	☐	☐	☐	☐	☐	____/____/2009
9			☐	☐	☐	☐	☐	☐	☐	____/____/2009
10			☐	☐	☐	☐	☐	☐	☐	____/____/2009

*Use to complete the relationship of the household member to the patient: 1=spouse, 2=mother, 3=father, 4=child, 5=sister, 6=brother, 7=cousin, 8=aunt, 9=uncle, 10=grandmother, 11=grandfather, 12=not related, 19=other

If any of the patient's household members been tested for influenza, please complete contact tracing form for each household member.

* Please refer to www.cdc.gov/swineflu for case definition