Form 3. Avian influenza case investigation

Unique identifier (assigned by public health)

Investigation details

Date of investigation (DD/MM/YY) / /	Time of investigation :
Name of person investigating	
Institution / organisation	
Telephone	Mobile
Fax	Email

Patient details

Name	Date of birth (DD/MM/YY) / /
Surname	Age years months
Gender Male ☐ Female ☐	Nationality
Address (Regular)	Address (in past 2 weeks if different from regular)
Postcode	Postcode
Telephone	Mobile
Occupation	
Health care worker	Yes ☐ No ☐
Laboratory worker	Yes ☐ No ☐
Veterinary	Yes ☐ No ☐
Poultry worker	Yes ☐ No ☐
Other (specify)	
Travel in the last 2 weeks	Yes ☐ No ☐
If yes, where? (country, administrative district)	

General practitioner details

Name of general practitioner (GP)

GP address (regular)

GP postcode

GP telephone

Health care hospitalisation details

Is the patient currently admitted to hospital?	Yes ☐ No ☐
If yes, giver further details	
Date of admission (DD/MM/YY) / /	Time of admission :
Hospital	
Ward and room	
Consultant	
Hospital record number	

Health care hospitalisation history			
Health care facility n			
Name			
Address			
Doctor responsible for patient			
Date of admission	(DD/MM/YY) / /		
Discharge date	(DD/MM/YY) / /		
Discharge mode*			
Was the patient,	Yes	No	Unknown
Isolated?	☐	☐	☐
Admitted to intensive care unit?	☐	☐	☐
Mechanically ventilated?	☐	☐	☐
If isolated,			
Type of isolation			
Date of isolation	(DD/MM/YY) / /		

* Cured, died, absconded, referred

NOTE: Insert additional pages if needed

Clinical history				
Date of onset of symptoms (DD/MM/YY) / /				
Symptoms	Presence?			If yes, dates of onset
	Yes	No	Unknown	(DD/MM/YY)
Fever ≥38°C	☐	☐	☐	/ /
Cough	☐	☐	☐	/ /
Shortness of breath	☐	☐	☐	/ /
Sore throat	☐	☐	☐	/ /
Myalgia / joint pain / body ache	☐	☐	☐	/ /
Headache	☐	☐	☐	/ /
Diarrhoea	☐	☐	☐	/ /
Vomiting	☐	☐	☐	/ /
Conjunctivitis	☐	☐	☐	/ /
Coma	☐	☐	☐	/ /
Neurological signs (specify)				
				/ /
				/ /
Abdominal signs (specify)				
				/ /
Bleeding (specify)				
				/ /
Other symptoms (specify)				
				/ /
				/ /
				/ /

Microbiology results						
Sample number	Type of specimen	Date of collection	Yes	No	Unknown	Result
	Blood culture	/ /	☐	☐	☐	
	Sputum	/ /	☐	☐	☐	
	Serology for atypical pneumonia	/ /	☐	☐	☐	
	Urinary antigen for Legionella	/ /	☐	☐	☐	
	Urinary antigen for Pneumococcal	/ /	☐	☐	☐	
		/ /				
		/ /				

Virology results						
Sample number	Type of specimen	Date of collection	Yes	No	Unknown	Result
	Nasopharingeal aspirate	/ /	☐	☐	☐	
	Viral throat swab	/ /	☐	☐	☐	
	Serum	/ /	☐	☐	☐	
	Oral washings	/ /	☐	☐	☐	
		/ /				
		/ /				

Laboratory confirmation of avian influenza details (1)				
	Yes	No	Unknown	Not done
Laboratory confirmation of avian influenza?	☐	☐	☐	☐
If yes,				
Subtype?				
Form of laboratory confirmation	Yes	No	Unknown	Not done
PCR test	☐	☐	☐	☐
Isolation of organism from clinical specimen	☐	☐	☐	☐
Haemagglutination inhibition test (HAI)	☐	☐	☐	☐
Other positive test (specify)				

Laboratory confirmation of avian influenza details (2)									
Sample number	Type of specimen[a]	Type of Test[b]	Date of collection	A		A/H5		A/N1	
			DD/MM/YY	+ve	-ve	+ve	-ve	+ve	-ve
			/ /	☐	☐	☐	☐	☐	☐
			/ /	☐	☐	☐	☐	☐	☐
			/ /	☐	☐	☐	☐	☐	☐
			/ /	☐	☐	☐	☐	☐	☐
			/ /	☐	☐	☐	☐	☐	☐

[a] **Types of Specimen include**
- Nasopharyngeal swab
- Tracheal or bronchial aspirates
- Bronchi alveolar lavage samples
- Eye swabs
- Blood cultures
- Serum initial / convalescent
- Other (specify)

[b] **Types of Test include**
- Culture
- PCR
- Immunofluorescence or ELISA
- Other (specify)

Prophylaxis details			
Was the patient vaccinated against seasonal influenza in the 6 months prior to onset of symptoms?	Yes ☐	No ☐	Unknown ☐
If yes, when? / /			

Treatment details

Treatment history in the 7 days before consultation / admission

Medication (generic name and brand name)	Indication	Route of administration	Dose (quantity and unit of measure)	How many times a day?	Date started DD/MM/YY	Time started	Date finished DD/MM/YY	Time finished
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:

Treatment prescribed following consultation / admission
If antiviral treatment prescribed → Complete Form 6

Medication (generic name and brand name)	Indication	Route of administration	Dose (quantity and unit of measure)	How many times a day?	Date started DD/MM/YY	Time started	Date finished DD/MM/YY	Time finished
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:
					/ /	:	/ /	:

Epidemiological history					
Within 7 days of onset of symptoms, has the patient had any of the following exposures?				Period of exposure FROM	Period of exposure TO
a. Been in close contact (within one metre) of a person reported as probable or confirmed case of influenza A/H5N1?	Yes ☐	No ☐	Unknown ☐		
b. Worked in a laboratory where there is potential exposure to influenza A/H5N1?	Yes ☐	No ☐	Unknown ☐		
c. Been in close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig)?	Yes ☐	No ☐	Unknown ☐		
d. Reside in or have visited an area where influenza A/H5N1 is currently suspected or confirmed as reported to the European Commission (SANCO) by the Animal Disease Notification System (ADNS), available at http://ec.europa.eu/food/animal/diseases/adns/index_en.htm#?	Yes ☐	No ☐	Unknown ☐		
If yes to the previous question, has the patient					
Been in close contact with sick or dead domestic poultry or wild birds in the affected area?	Yes ☐	No ☐	Unknown ☐		
Been in a home or a farm where sick or dead domestic poultry have been reported in the previous six weeks in the affected area?	Yes ☐	No ☐	Unknown ☐		

Human case* exposure			
In the 7 days prior to onset of symptoms, did the patient	Yes	No	Unknown
Come in close contact with a human case* of influenza A/H5N1?	☐	☐	☐
Been in close contact to a person with an unexplained acute respiratory illness that later resulted in death?	☐	☐	☐
If exposed to a human case* (If more than a human case, please complete table as necessary)			
Human case*			
Human case* unique identifier			
Date of onset of symptoms of human case*	(DD/MM/YY) / /		
Date of notification of human case*	(DD/MM/YY) / /		
Relationship with human case*			
Details of exposure to human case*			
Period of Exposure FROM	(DD/MM/YY) / /		
Period of Exposure TO	(DD/MM/YY) / /		
Duration of exposure			
Type of exposure			
Further details of exposure			
If exposed to a person with an unexplained acute respiratory illness that later resulted in death (If more than a person, please complete table as necessary)			
Person with an unexplained acute respiratory illness			
Name of person with an unexplained acute respiratory illness			
Address of person with an unexplained acute respiratory illness			
Date of onset of symptoms of person with an unexplained acute respiratory illness	(DD/MM/YY) / /		
Relationship with of person with an unexplained acute respiratory illness			
Details of exposure to person with an unexplained acute respiratory illness			
Period of Exposure FROM	(DD/MM/YY) / /		
Period of Exposure TO	(DD/MM/YY) / /		
Duration of exposure			
Type of exposure			
Further details of exposure			

* Probable or confirmed

NOTE: Insert additional pages if needed

Laboratory exposure			
In the 7 days prior to onset of symptoms, did the patient	Yes	No	Unknown
Work in a laboratory where there is potential to exposure to influenza A/H5N1 viruses?	☐	☐	☐
Work in a laboratory processing samples suspected of containing A/H5N1 virus?	☐	☐	☐
If potential exposure to influenza A/H5N1 from a sample			
Details of exposure to influenza A/H5N1 from a sample			
Human case* unique identifier (sample)			
Period of Exposure FROM	(DD/MM/YY) / /		
Period of Exposure TO	(DD/MM/YY) / /		
Duration of exposure			
Type of exposure			
Place of exposure (hospital /laboratory)			
Further details of exposure			

* Probable or confirmed

NOTE: Insert additional pages if needed

Animal / environmental / food exposure			
In the 7 days prior to onset of symptoms, did the patient	Yes	No	Unknown
Have an exposure SHARED with a human case*?	☐	☐	☐
Have an exposure NOT shared with a human case*?	☐	☐	☐

If exposed to animal / environmental exposure (1)			
In the 7 days prior to onset of symptoms, did the patient	Yes	No	Unknown
Come in close contact with poultry?	☐	☐	☐
Come in close contact with wild birds?	☐	☐	☐
Come in close contact with animal other than poultry or wild birds?	☐	☐	☐

If exposed to animal / environmental exposure (2)									
What is the nature of contact?	Poultry			Wild birds			Other animals		
	Yes	No	DK	Yes	No	DK	Yes	No	DK
Handled?	☐	☐	☐	☐	☐	☐	☐	☐	☐
Slaughtered	☐	☐	☐	☐	☐	☐	☐	☐	☐
Butchered or prepared	☐	☐	☐	☐	☐	☐	☐	☐	☐
Defeathering	☐	☐	☐	☐	☐	☐	☐	☐	☐
Contact with droppings	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cleaned bird cages	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cleaned living areas	☐	☐	☐	☐	☐	☐	☐	☐	☐
Share the same room	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (specify)									
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

If exposed to food exposure			
In the 7 days prior to onset of symptoms, did the patient	Yes	No	Unknown
Prepare bird meat?	☐	☐	☐
Prepare eggs dish?	☐	☐	☐
Eaten uncooked bird meat?	☐	☐	☐
Eaten uncooked eggs?	☐	☐	☐

Details of animal / environmental / food exposure			
Exposure n			
Exposure**			
Exposure shared / not shared	Yes	No	Unknown
Exposure SHARED with a human case*?	☐	☐	☐
Exposure NOT shared with a human case*?	☐	☐	☐
If animal, healthy / sick / dead?			
Period of exposure FROM	(DD/MM/YY)	/ /	
Period of exposure TO	(DD/MM/YY)	/ /	
Nature of exposure			
Duration of exposure			
Location of exposure***			
Further details of exposure			

* Probable or confirmed
** Species
*** Family farm/backyard, poultry factory, live market, culling, food processing (butcher, cook…), veterinarian, other

NOTE: Insert additional pages if needed

Travel exposure				
In the 7 days prior to onset of symptoms, did the patient		Yes	No	Unknown
Reside in an area of country where A/H5N1 is suspected or confirmed		☐	☐	☐
Visit an area of country where A/H5N1 is suspected or confirmed		☐	☐	☐
If yes				
Details of travel				
Date arrived in reporting country?	(DD/MM/YY) / /			
How did the case travel to reporting country?				
What countries were visited?	When?			
	(DD/MM/YY) From / /	to / /		
	(DD/MM/YY) From / /	to / /		
	(DD/MM/YY) From / /	to / /		
	(DD/MM/YY) From / /	to / /		

Other relevant information