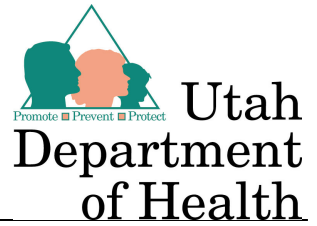


H5N1 INVESTIGATION FORM

Please fill in the blanks or check the answer for each question.
PLEASE PRINT



PATIENT INFORMATION/DEMOGRAPHICS

Last Name	<input type="text"/>	First Name	<input type="text"/>	
Street Address	<input type="text"/>		Date of Birth	<input type="text"/>
		Age	<input type="text"/>	
City	<input type="text"/>		Phone number	<input type="text"/>
Zip Code	<input type="text"/>	County	<input type="text"/>	Date Reported
			<input type="text"/>	
Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Unknown	
Race	<input type="checkbox"/> White	<input type="checkbox"/> Black/ Af. Am.	<input type="checkbox"/> Native Am.	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native Alask.	
Ethnicity	<input type="radio"/> Not Hispanic	<input type="radio"/> Hispanic	<input type="radio"/> Unknown	<input type="radio"/> Other

TESTING CRITERIA

- Is patient hospitalized or did the patient die? Yes No Unk
- Does patient have CX-confirmed pneumonia, ARDS, or other severe resp illness with unknown etiology? Yes No Unk
- Does patient have documented temperature >100 °F (38°C)? Yes No Unk

If "yes" to questions 1 through 3, proceed to questions 4 through 6

- Did patient have close contact (within 3 feet) to an ill patient who was confirmed or suspected to have H5N1 influenza? Yes No Unk
- Did patient work with live H5N1 virus in a laboratory? Yes No Unk
- Does patient have a history of travel to country with documented H5N1 influenza documented in poultry, wild birds, and/or humans? Yes No Unk

Country (s)

Date of onset	<input type="text"/>
Dates of Exposure	
Start	<input type="text"/>
End	<input type="text"/>

- Direct contact with sick or dead domestic poultry?
- Direct contact with surfaces contaminated with poultry feces?
- Consumption of raw or incompletely cooked poultry or poultry products?
- Direct contact with sick or dead wild birds suspected or confirmed to have H5N1?
- Close contact (within 3 feet) of a person who was hospitalized or died due to a severe unexplained respiratory illness?

If "yes" to questions 1, 2, and 3, AND "yes" to either question 4, 5, or 6 (with at least one exposure), recommend testing,
Please notify UDOH Bureau of Epidemiology and UPHL.
Fill in Page 2 of Form

SAMPLE COLLECTION

- Nasopharyngeal sample collected? (Wash - preferred; Aspirate/Swab - acceptable)
- Oropharyngeal sample collected? (Swab)
- Serum sample collected? (Use red top or serum separator tube)

INVESTIGATION PROCESS CHECKLIST

Please follow the following investigation steps in order:

- Notify UDOH of pending H5N1 investigation
- Complete page 1 of this form and ensure that patient meets testing criteria
- Assure the appropriate samples are collected for H5N1 testing at UPHL**
- Ensure test request form is completed by clinician and accompanies sample(s) to UPHL
- If outpatient: Educate clinician staff and family members on importance of infection control measures
- If inpatient: Notify infection control practitioner at hospital

If sample is positive, an emergency conference call will be held immediately to plan further action(s).

** Do NOT send samples for culture to a hospital or reference laboratory. Special equipment is necessary to safely culture this organism.

REPORTED BY

Name/Facility Phone number Date
