



**USACHPPM Guidance and Information
Regarding Swine Influenza A for all
U.S. Army Medical Activities**

**Technical Information Paper No. 13-001-0409
(28 April 2009)**

Points of Major Interest and Facts.

Surveillance

All posts should actively conduct surveillance of Influenza-like Illness (ILI) using the Electronic System for the Early Notification of Community-based Epidemics (ESSENCE) for their facility (see Appendix A for Influenza-Like Illness (ILI) and swine flu case definition). Any spike within ESSENCE categories of 'ILI,' 'Respiratory Disease' or 'Febrile Disease' should be investigated thoroughly by the facility to identify the cases' potential for meeting the ILI case definition. The USACHPPM personnel will also be monitoring ESSENCE on a daily basis and may contact your facility for more information if a concerning trend is noted.

All ILI cases should be tracked using the attached Centers for Disease Control and Prevention's (CDC) line listing (see Appendix B). These forms, along with the investigation forms, should be sent daily to the USACHPPM Disease Epidemiology Program by fax (410) 436-5449 or by e-mail at: disease.epidemiology@amedd.army.mil.

According to the U.S. Army Medical Command (MEDCOM), any patient who is a possible ILI case should have a one-page investigation form completed (see Appendix C, Department of Defense (DoD) Global Influenza Surveillance Program Questionnaire).

All cases of laboratory-confirmed influenza must be reported through the Reportable Medical Events System (RMES). If the case is of a novel influenza strain, such as H1N1, this should be noted in the comments section.

All ILI patients should be evaluated against the 'Swine Influenza A' case definition in Appendix A. If the patient meets the definition, then a CDC investigation form (Appendix D) should be completed.

All U.S. Army Medical Activity (MEDDAC) facilities should coordinate surveillance and information sharing with their local health department. Each MEDDAC should be aware of influenza and respiratory disease activity within their community.

Please contact the USACHPPM Disease Epidemiology Program at (410) 436-7605 during normal business hours or the USACHPPM Duty Officer at (410) 652-5175 after hours if you have any questions or if you need any of the documents listed above.

Risk Communication

Because patients will likely be worried about their own health and that of their families, proven health risk communication principles/tools should be incorporated into interactions with all suspected and confirmed patients. The USACHPPM's Health Risk Communication Program can provide recommendations and/or support, as needed, and has developed basic risk communication guidance posted on USACHPPM's website (see USACHPPM Fact Sheet No. 33-004-0409, *Risk Communication "Tips" for Army Preventive Medicine/Medical Staff Related to H1N1 Flu*). In addition, the CDC has developed Crisis and Emergency Risk Communication guidance, which can be found at: <http://www.bt.cdc.gov/cerc/>.

APPENDIX A

CASE DEFINITIONS FOR INFLUENZA-LIKE ILLNESS AND SWINE INFLUENZA A (H1N1) VIRUS

Definitions of Respiratory Illness

1. Acute Respiratory Illness: Recent onset of at least two of the following:
 - Rhinorrhea or nasal congestion .
 - Sore throat.
 - Cough.
 - Fever or feverishness.
2. Influenza-Like Illness: Fever >37.8 °Celsius (100.5°Fahrenheit) plus cough or sore throat.

Case Definitions for Infection with Swine Influenza A (H1N1) Virus

1. A CONFIRMED case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:
 - Real-time RT-PCR (or reverse transcription-polymerase chain reaction).
 - Viral culture.
 - Four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies.
2. A PROBABLE case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with an influenza test (PCR or viral culture) that is positive for influenza A but H1 and H3 negative.
3. A SUSPECTED case of swine influenza A (H1N1) virus infection is defined as:
 - A person with an acute respiratory illness who was a close contact to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill, **OR**
 - A person with an acute respiratory illness with a recent history of contact with an animal with confirmed or suspected swine influenza A (H1N1) virus infection, **OR**
 - A person with an acute respiratory illness who has traveled to an area where there are confirmed cases of swine influenza A (H1N1) within 7 days of suspect case's illness onset.

Infectious Period for Confirmed Cases

Infectious Period for Confirmed Cases = 1 day before onset to 7 days after onset of illness:

- Day before onset = Day -1
- Onset day = Day 0
- Days after onset = Days 1-7

APPENDIX B

**CDC LINE LISTING FOR CASES OF INFLUENZA-LIKE ILLNESS
AND
CASES OF SWINE INFLUENZA A**

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Variables	Responses	Variable Definition
UniqueID		ID number given by the CDC or lab sample
State		State of residence for the case
County		County of residence for the case
Age		Age of the case
Sex	Male; Female	Sex of the case
Collection date	MM/DD/YYYY	Date of the laboratory specimen
Onset	MM/DD/YYYY	Date of the first symptom of the case
Fever	Yes; No; Unknown	Temperature recorded during 1st clinical presentation
Sore Throat	Yes; No; Unknown	Did the patient have a sore throat
Sne	Yes; No; Unknown	Was the patient sneezing?
Rhin	Yes; No; Unknown	Did the patient have rhinorrhea
Hos	Yes; No; Unknown	Was the patient hospitalized?
Outcome	Recovered; Deceased; Under-Care	What was the outcome of the case?
travel to Mexico	Yes; No; Unknown	Did the patient travel to Mexico
ILI	Yes; No	Did the patient meet the definition for ILI?
Swine Flu	Not a case, Suspect, Probable, Confirmed	Was the case suspect, probable or confirmed for Swine Influenza
#Cont.		How many close contacts were identified from the case?
# Interviews		How many of the close contacts were interviewed?
Comments		Please list any comments

APPENDIX C

DOD GLOBAL INFLUENZA SURVEILLANCE PROGRAM QUESTIONNAIRE

To complete the one-page questionnaire for ILI cases, please go to the following link— <https://gumbo2.brooks.af.mil/pestilence/Influenza/questionnaire.cfm>. The website is CAC-enabled; therefore, you must use a Department of Defense computer with a “.mil” address. You may be required to enter your CAC pin numerous times before the site allows you to enter.

<p>US AIR FORCE SCHOOL OF AEROSPACE MEDICINE (USAFSAM) BROOKS CITY-BASE, TX</p> <p>***IMPORTANT***</p> <p><u>Specimen Submission</u></p> <p>***6-10 specimens/week</p> <p>To Participate:</p> <p>1) This questionnaire MUST be completed (in full) for each specimen submitted.</p> <p>2) Patient MUST meet the influenza-like illness (ILI) case definition:</p> <p><u>ILI Case Definition</u></p> <p>+ Fever $\geq 100.5^{\circ}\text{F}$ (38°C), oral or equivalent AND + Cough and/or Sore Throat (<72 hours duration)</p> <p><u>Questionnaire Submission</u></p> <p>NEW website: https://gumbo2.brooks.af.mil/pestilence/influenza</p> <p>1) This questionnaire should be entered and submitted online.</p> <p>2) Additional questionnaires can be downloaded from the Influenza website.</p> <p>3) When ordering a test in CHCS, annotate in the <i>Remarks</i> section "Flu Surveillance".</p> <p>Make a copy of this questionnaire for administrative purposes:</p> <ul style="list-style-type: none"> To resolve discrepant information For cataloging results and entering them into the Reportable Medical Events System (RMES) <p>Questions? Please e-mail: influenza@brooks.af.mil</p>	<p>DoD Global Influenza Surveillance Program</p> <p>Influenza Surveillance Questionnaire</p>
<p>Installation: _____ Date of Clinic Visit: _____ <small>DD-MMM-YYYY</small></p> <p><i>PRIVACY ACT STATEMENT: The social security number is required to facilitate documentation of health care received and patient follow-up. The primary use of this information is to aid in preventive health and communicable disease control programs. The requested information is voluntary.</i></p> <p><u>Patient Information PLEASE PRINT LEGIBLY</u></p> <p>Patient Name: _____ Date of Birth: _____ <small>Last Name, First Name DD-MMM-YYYY</small></p> <p>Patient FMP/Sponsor SSN _____ / _____ Gender: Male / Female <small>FMP Sponsor SSN</small></p> <p>Sponsor's (military member) Work Phone (____) _____ - _____ DSN # _____ - _____</p> <p>If taken at home, Highest Temp Recorded: _____ Date Taken _____ <small>DD-MMM-YYYY</small></p>	<p>Symptoms: Please select NA (Not Applicable) if the presence of symptoms cannot be determined.</p> <p>Sore Throat: Yes / No / NA Cough: Yes / No / NA Vomiting: Yes / No / NA</p> <p>Chest Pain: Yes / No / NA Fatigue: Yes / No / NA Conjunctivitis: Yes / No / NA</p> <p>Headache: Yes / No / NA Chills: Yes / No / NA Ear Ache: Yes / No / NA</p> <p>Diarrhea: Yes / No / NA Body Aches: Yes / No / NA Stiffness: Yes / No / NA</p> <p>Dyspnea: Yes / No / NA Runny Nose: Yes / No / NA Sinus Congestion: Yes / No / NA</p> <p>Did the patient travel recently (past 14 days)? Yes No Unknown</p> <p>If YES, Where? _____ When? _____ <small>City, State/Province, Country</small></p> <p>Has the patient received the influenza vaccine this season? Yes No Unknown</p> <p>If YES, list date _____ Estimated Date: _____ & _____ <small>DD-MMM-YYYY Month 1st half or 2nd half of Mo.</small></p> <p>Type: ___ Injection (Flu Shot) ___ Nasal Spray (FluMist)</p> <p>Location: ___ Military facility ___ Civilian facility</p>
<p><u>Clinical Information PRINT LEGIBLY</u></p> <p>Fever ($\geq 100.5^{\circ}\text{F}$ / 38°C, oral or equivalent) Temp = _____ Subjective Temp = _____</p> <p>AND (check the symptom/s) a. ___ Cough or b. ___ Sore throat (<72 hours duration)</p> <p>When did symptoms start? Date: _____ <small>DD-MMM-YYYY</small></p> <p>Hospitalized? Yes / No If YES, how long (hrs)? _____ Hospital Name? _____</p> <p>Patient put on Quarters? Yes / No If YES, how long (hrs)? _____</p> <p>Physician (name and number): _____ <small>Name Contact Phone Number</small></p>	<p><u>Surveillance Information (to be completed by public health staff)</u></p> <p>Please enter questionnaire online at our NEW website (https://gumbo2.brooks.af.mil/pestilence/influenza)</p> <p>Keep questionnaires for assistance in entering information into service's "Reportable Medical Events System" (RMES).</p>

APPENDIX D

**CDC INVESTIGATION FORM FOR SUSPECT, PROBABLE, OR CONFIRMED
CASES OF SWING INFLUENZA A**

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Novel Influenza Case/Contact Investigation Form

Interviewer Information

Name of person conducting interview: Last _____ First _____

Title and Organization: _____

Contact Information:

Address _____ City _____ State: TX Zip Code _____

Telephone: () _____ - _____ Cell/Mobile () _____ - _____ Fax () _____ - _____

E-mail _____

Case Information

State/Local case ID# _____ CDC case ID # _____

Date of interview: ____/____/____

Name of case-patient: Last _____ First _____

Name of parent or guardian: _____

Home address: _____ City _____ State: TX Zip Code _____

Telephone: () _____ - _____ Cell/Mobile () _____ - _____

If the patient is a student, which school does the student attend? _____ Grade? _____

If employed (full- or part-time), what is the current job of the case-patient? _____

How long has the case-patient worked in their current job? _____

Does the case-patient work in a health care facility or setting?

↑ Yes (specify name) _____ ↑ No ↑ Unknown

Source of Information

↑ Case-patient

↑ Parent or guardian

Notes: _____

Case-Patient Demographic Information

Date of Birth: ____/____/____

Race: ↑ White ↑ Asian ↑ American Indian/Alaska Native

↑ Black ↑ Native Hawaiian/Other Pacific Islander ↑ Unknown

Ethnicity: ↑ Hispanic ↑ Non-Hispanic ↑ Unknown

Sex: ↑ Male ↑ Female

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Social History and Contact Tracing

Total number of individuals who live in the same household as the patient, (including case patient) _____

Does the case-patient have family members or close contacts with influenza-like-illness?

[close-contact defined as contact within 3 feet] with a person (e.g. caring for, speaking with, or touching)]

↑ Yes ↑ No ↑ N/A ↑ Unknown

A separate case investigation form will need to be completed for each contact who has had influenza-like illness.

Exposures- Travel history

In the 10 days prior to illness onset, did the case-patient ride in a car, bus, or airplane, or ship to a location more than 10 miles away from home?

↑ Yes ↑ No ↑ Unknown

Date of travel	Destination	Purpose of Trip	Method of transportation	Number of passengers	Duration of trip

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Exposures-Contact with Animals

In the 10 days prior to illness onset, did the patient have any contact with animals in the following settings?

- Live animal market Commercial animal farm Backyard animals Inside home
 Cockfighting Slaughterhouse Veterinary contact Hunting
 Wildlife

If YES, where and when? _____

In the 10 days prior to illness onset, did the case-patient have contact (within 3 feet) with any of the following animals? (check all that apply)

- Chickens/poultry Pigs Wild/feral animals: specify _____

If YES, where and when? _____

Specify species of animal(s):

Species #1 _____ Species #2 _____ Species #3 _____

If the patient had contact with animals, please answer the following questions, otherwise skip to the Medical History section:

What was the nature of the contact (check all that apply)?

- Direct touching (specify animal(s)) _____
 Proximity within 3 feet but not touching (specify animal(s)) _____

If the case-patient directly touched the animal(s), which of the following did the patient do with the animal:

(check all that apply)

- Carry/handle Slaughter/butcher Prepare for consumption
 Other (specify) _____

If the case-patient directly touched the animal(s), approximately how many animals did the patient touch?

- One only 2-5 6-20 21-100 >100

What was the status of the animal(s) during the two weeks PRIOR to case-patient illness onset?

- Well-appearing Diseased Dead Unknown

What is the status of the animal(s) AFTER the onset of illness in the case-patient?

- Well-appearing Diseased Dead Unknown

Were the animal(s) that the case-patient came in contact with vaccinated with any of following influenza vaccines?

- H1 H3 H5 Not vaccinated Unknown vaccination status

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Are any sick or dead animal(s) present in the case-patient's home, village, neighborhood, school or workplace?

↑ Yes ↑ No ↑ Unknown

If YES, where? _____

If YES, which of following are present? (check all that apply)

↑ Chickens/poultry ↑ Wild birds ↑ Pigs ↑ Other (specify)_____

Answer the questions in this section in terms of the 10 days prior to the onset of the patient's illness:

Did the case-patient touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds, or swine) or their remains?

↑ Yes ↑ No ↑ Unknown

If YES, when and where? _____

Was the case-patient exposed to environments contaminated by to animal feces (including poultry, wild birds, or swine)?

↑ Yes ↑ No ↑ Unknown

If YES, when and where? _____

Did the case-patient consume raw or undercooked animals (including poultry, wild birds, or swine products)?

↑ Yes ↑ No ↑ Unknown

If YES, when and what? _____

Did the patient visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (state or county fair) in the last month?

↑ Yes ↑ No ↑ Unknown

If YES, when and where? _____

Did the patient have direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (state or county fair) in the last month?

↑ Yes ↑ No ↑ Unknown

If YES, when and where? _____

Exposures-*Person to person contact*

If a student, did the patient attend any small or large gatherings outside of the classroom setting, including but not limited to: parties, potlucks, church or extracurricular activities, pep rallies, athletic activities, competitions, field trips, sleepovers, camping trips, etc?

↑ Yes ↑ No ↑ Unknown

If YES, complete a Trace-Back form for each gathering/activity.

Potential Spread - *Person to person contact*

Ask the patient about his/her activities while he/she was symptomatic (**up to 7 days post onset**). Activities might include but are not limited to: parties, potlucks, church or extracurricular activities, pep rallies, athletic activities, competitions, field trips, sleepovers, camping trips, spending time with friends/relatives/boyfriends/girlfriends, working, volunteering, going to the doctor or hospital, etc.

Attempt to identify all close contacts, medical contacts and work or school contacts utilizing the Trace-Forward form.

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Medical History-Illness onset and presenting symptoms

Date of illness onset _____

Date(s) of outpatient medical presentation(s) (clinic location, name):

Clinic #1 name: _____ Date(s): _____ Telephone #: _____

Address: _____

Clinic #2 name: _____ Date(s): _____ Telephone #: _____

Address: _____

Date(s) of hospital admission(s):

Hospital #1 Name: _____ Telephone# _____

Address: _____

Admission date: _____

↑ Discharged (specify date) _____ ↑ Transferred (specify date) _____

Hospital #2 Name: _____ Telephone# _____

Address: _____

Admission date: _____

↑ Discharged (specify date) _____ ↑ Transferred (specify date) _____

Within the last 7 days, has the case-patient experienced any of the following medical conditions:

- | | | | | | | |
|----|--|--------------------------|-----|--------------------------|----|-----------|
| a. | Coughing | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| b. | Diarrhea | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| c. | Difficulty breathing
(or shortness of breath) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| d. | Eye infection | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| e. | Fever (____°) temp if known | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| f. | Feverishness | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| g. | Headache | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| h. | Muscle aches | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| i. | Rash | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| j. | Runny nose | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| k. | Seizures | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| l. | Sore throat | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| m. | Vomiting | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ↑ Unknown |
| n. | Other symptom(s) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |

(specify) _____

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Medical History-Treatment, Clinical Course, and Outcome

Did the case-patient receive antiviral medications?

↑ Yes ↑ No ↑ Unknown

If yes, complete table below

Drug	Dose # 1	Dose #1 Date Initiated	Dose #1 Date Discontinued	Dose #2	Dose #2 Date Initiated	Dose #2 Date Discontinued
Oseltamivir	mg			mg		
Zanamivir	mg			mg		
Rimantadine	mg			mg		
Amantadine	mg			mg		
Other _____						

Did the case-patient receive antibiotics?

↑ Yes ↑ No ↑ Unknown

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
			mg
			mg
			mg
			mg

Did the case-patient receive steroids?

↑ Yes ↑ No ↑ Unknown

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
			mg
			mg

Did the case-patient receive aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs)?

↑ Yes ↑ No ↑ Unknown

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
			mg
			mg

Was the case-patient admitted to an intensive care unit (ICU)?

↑ Yes ↑ No ↑ Unknown

Did this case-patient receive mechanical ventilation?

↑ Yes ↑ No ↑ Unknown

Did the case-patient have acute respiratory distress syndrome (ARDS)?

↑ Yes ↑ No ↑ Unknown

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What was the outcome for the case-patient?

↑ Alive ↑ Died ↑ Unknown

If the patient is ALIVE, what is the current disposition of the case-patient?

↑ Still hospitalized ↑ Discharged to home ↑ Discharged to facility: where? _____

↑ Unknown ↑ Other (specify) _____

If the patient DIED, please list date of death _____

Medical History-Laboratory and Diagnostic Testing

Did the case-patient have a chest x-ray or chest CT scan performed?

↑ Yes ↑ No ↑ not performed ↑ Unknown

If YES, which test was performed? (check all that apply)

↑ Chest CT ↑ Chest X-ray

If either test was performed, what was the result?

↑ Normal ↑ Abnormal ↑ Unknown

If abnormal, was there evidence of pneumonia?

↑ Yes ↑ No ↑ Unknown

Did the case-patient have a CT scan/MRI of the head or brain?

↑ Yes ↑ No ↑ not performed ↑ Unknown

If YES, were there any acute neurologic abnormalities?

↑ Yes ↑ No ↑ Unknown

List the following laboratory test results UPON initial admission:

White blood cell (WBC) count _____ ↑ Unknown

Lymphocyte count _____ ↑ Unknown

Neutrophil count _____ ↑ Unknown

Platelet count _____ ↑ Unknown

Did the patient have any of the following laboratory abnormalities at any time during the hospitalization?

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

Were bacterial cultures performed?

↑ Yes ↑ No ↑ Unknown

If YES, were any positive?

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If positive, complete table below

Site (Urine, Blood, CSF, Pleural, Ascitic)	Date Performed	Date Positive	Organism grown

Were non-influenza viral tests performed?

↑ Yes ↑ No ↑ Unknown

If yes, complete table below

Site (Urine, Blood, CSF, Pleural, Ascitic)	Date Performed	Result	Organism

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Specimen Tracking

Indicate when and what type of specimens (including sera) were sent to CDC and CDCID number, if known

__/__/__ Specimen type _____ CDCID# _____

__/__/__ Specimen type _____ CDCID# _____

__/__/__ Specimen type _____ CDCID# _____

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Novel Influenza Virus Infection Trace-Back Form—For Investigation of Potential Person to Person Sources of Novel Influenza Virus Infection

State/Local case ID# _____ Date of case-patient Illness onset _____
 CDC case ID # _____ Date of case-patient Illness notification _____
 Trace-back Group ID# _____

NOTE: A contact of a case-patient is anyone who came within 3 feet of the case-patient, by for example, taking care of, speaking to, directly touching, or handling case-patient items.
 (Check ALL boxes that apply)

Contact ID #	Contact Name:	Address:	Telephone and Email:	Relationship to Contact	Date(s) and Duration of Contact with case-patient	Nature of Contact with Case-patient	Symptoms and Onset Date	Influenza Status	Disposition
_____	Last _____ First _____ DOB _____ Gender: ↑ M ↑ F	Street _____ City _____ State _____ Zip _____	Cell _____ Home _____ Office _____ Email _____	↑ Family ↑ Friend ↑ Co-worker ↑ Classmate ↑ Other _____	Date(s) _____ Duration _____ Date(s) _____ Duration _____ -	↑ Direct * ↑ Indirect ** ↑ Other _____ -	↑ Fever ↑ Cough ↑ Sore throat Onset Date: _____	↑ Suspect ↑ Probable ↑ Confirmed	↑ Hospitalized Date _____ ↑ Recovered ↑ Died (Date) _____
Describe nature of contact with case-patient _____									
Contact ID #	Contact Name:	Address:	Telephone and Email:	Relationship to Contact	Date(s) and Duration of Contact with case-patient	Nature of Contact with Case-patient	Symptoms	Influenza Status	Disposition
_____	Last _____ First _____ DOB _____ Gender: ↑ M ↑ F	Street _____ City _____ State _____ Zip _____	Cell _____ Home _____ Office _____ Email _____	↑ Family ↑ Friend ↑ Co-worker ↑ Classmate ↑ Other _____	Date(s) _____ Duration _____ Date(s) _____ Duration _____ -	↑ Direct * ↑ Indirect ** ↑ Other _____ -	↑ Fever ↑ Cough ↑ Sore throat Onset Date: _____	↑ Suspect ↑ Probable ↑ Confirmed	↑ Hospital ized (Date) _____ ↑ Recovered ↑ Died (Date) _____
Describe nature of contact with case-patient _____									

Novel Influenza Virus Infection Trace-Back Form—For Investigation of Potential Person to Person Sources of Novel Influenza Virus Infection (continued)

Contact ID #	Contact Name:	Address:	Telephone and Email:	Relationship to Contact	Date(s) and Duration of Contact with case-patient	Nature of Contact with Case-patient	Symptoms	Influenza Status	Disposition
_____	Last _____ First _____ DOB _____ Gender: ↑ M ↑ F	Street _____ City _____ State _____ Zip _____	Cell _____ Home _____ Office _____ Email _____	↑ Family ↑ Friend ↑ Co-worker ↑ Classmate ↑ Other _____	Date(s) _____ Duration _____ Date(s) _____ Duration _____	↑ Direct * ↑ Indirect ** ↑ Other _____	↑ Fever ↑ Cough ↑ Sore throat Onset Date _____	↑ Suspect ↑ Probable ↑ Confirmed	↑ Hospitalized (Date) _____ ↑ Recovered ↑ Died (Date) _____
Describe nature of contact with case-patient _____									

* Direct contact involves touching or providing care for a person

** Indirect contact involves speaking to or touching items belonging to patient

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Novel Influenza Virus Infection Contact Trace Forward Form—For Investigation of Contacts Potentially Exposed to Persons with Suspected or Confirmed Novel Influenza Virus Infection

State/Local case ID# _____ Date of case-patient Illness onset _____
 CDC case ID # _____ Date of case-patient Illness notification _____
 Contact Group ID# _____

****NOTE: A contact of a case-patient is anyone who came within 3 feet of the case-patient, by for example, taking care of, speaking to, directly touching, or handling case-patient items****

Close Contacts—Family, friends, and other persons who live with or take care of the case-patient										
Last Name	First Name	DOB	Age	Gender	Relationship with case*	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑

* Family member(specify), friend, other(specify)

Medical Contacts—Doctors, nurses, or others healthcare workers										
Last Name	First Name	DOB	Age	Gender	Relationship with case**	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑

** Specify type of type of healthcare worker

Novel Influenza Virus Infection Contact Trace Forward Form—For Investigation of Contacts Potentially Exposed to Persons with Suspected or Confirmed Novel Influenza Virus Infection (continjed)

Work or School Contacts—Co-workers, classmate, employers, teachers, or other members of workplace or school										
Last Name	First Name	DOB	Age	Gender	Relationship with Case***	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑
				↑ M ↑ F						↑

Novel Human Influenza A Case Definition

Clinical Presentation: Illness compatible with influenza virus infection.

Laboratory Evidence: A human case of infection with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also novel subtypes. Novel subtypes will be detected with methods available for detection of currently circulating human influenza viruses at state public health laboratories (e.g., real-time RT-PCR). Non-human influenza viruses include avian subtypes (e.g., H5, H7, or H9 viruses), swine, and other mammalian subtypes. Confirmation that an influenza A virus represents a novel virus will be performed by CDC's influenza laboratory. Criteria for epidemiologic linkage: (1) the patient has had contact with one or more persons who either have/had the disease and (b) transmission of the agent by the usual modes of transmission is plausible. A case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

Confirmed Case: A case of human infection with a novel influenza A virus confirmed by CDC's influenza laboratory.

Probable Case: A case meeting the clinical criteria and epidemiologically linked to a confirmed case, but for which no laboratory testing for influenza virus infection has been performed.

Suspected Case: A case meeting the clinical criteria, pending laboratory confirmation. Any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses is classified as a suspected case until the confirmation process is complete.