

## Annex 4-B: Pandemic Alert Period Novel Influenza Virus Case Report Form

## Pandemic Alert Period Novel Influenza Virus Case Report Form, 2006

<b>Check one:</b>		<i>Initial Report</i>	<i>Update (new info only)</i>	<i>Final Report (new info only)</i>
<b>DISTRICT HEALTH AUTHORITY INFORMATION</b>				
Date of report (dd/mm/yyyy) ____/____/____			DHA:	
Person Reporting:			Phone: (902)	
<b>PATIENT INFORMATION</b>				
Last Name:			First Name:	
Male	Female		Date of Birth (dd/mm/yyyy) ____/____/____	
City:		Postal code:	Occupation:	
<b>CASE TYPE</b>				
ILI	Laboratory-confirmed	Influenza ruled out	Discharged: Date discharged (dd/mm/yyyy) __/__/__	
<b>CLINICAL INFORMATION</b>				
<b>When did symptoms first start?</b> (dd/mm/yyyy) ____/____/____				
Fever >38 <sup>0</sup> C	Yes	No	Unknown	Arthralgia      Yes   No   Unknown
Rigor & chills	Yes	No	Unknown	Myalgia      Yes   No   Unknown
Cough	Yes	No	Unknown	Headache      Yes   No   Unknown
Shortness of breath	Yes	No	Unknown	Vomiting      Yes   No   Unknown
Sore throat	Yes	No	Unknown	Diarrhea      Yes   No   Unknown
Other	Yes	No	Unknown	
<b>Chest X-ray performed</b>	Yes	No	Unknown	
Chest X-ray summary _____				
<b>Was patient hospitalized?</b>	Yes	No	Unknown	If Yes, name of hospital
City:	Physician:		Physician phone:	
If Yes, admission date ____/____/____ (dd/ mm/ yyyy)	Discharged		Yes	No
			Unknown	Discharge date ____/____/____ (dd /mm/ yyyy)
<b>Diagnosis at time of this report:</b>	Influenza	Pneumonia	Other	
<b>Disposition at time of this report:</b>	Recovering	ICU	Dead: Date of death: _____	
<b>SIGNIFICANT FACTORS</b>				
Patient vaccinated for influenza in 2006/2007 season	Yes	No		
Underlying medical conditions	Yes	No		
If yes, Heart   Lung   Immune system   Other: _____				
<b>Note:</b> Patient ID code number is to be completed by the reporting DHA. It should include a two-letter code for the province followed by an investigation number assigned by the province (e.g., health card number).				

**EXPOSURE HISTORY**

**This section of the form will be developed once a novel influenza virus emerges**

Travel to XXXX within 10 days of disease onset? Yes\*\* No If yes, date left XXXX\_ \_\_\_/\_\_\_/\_\_\_

(dd/mm/yyyy):

Specify country(s) of travel: \_\_\_\_\_

Contact in XXXX with: Hospital Doctor's office Person known to be ill with respiratory illness

Contact of previously identified case? Yes No Name: \_\_\_\_\_

Type of contact: Household Health care worker Airline Other: \_\_\_\_\_

First contact with case: (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_ Last contact: (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_

\*\*If patient was ill during flight, notify OCMOH of airline, flight, and seat number.

**SPECIMENS COLLECTED**

Blood culture	Yes	No	Nasopharyngeal	Yes	No	Stool		
Whole blood	Yes	No	swab	Yes	No	Cerebral spinal	Yes	No
Acute sera	Yes	No	Bronchoscopy	Yes	No	fluid	Yes	No
Convalescent sera	Yes	No	Tracheal aspirate	Yes	No	Autopsy specimens	Yes	No