



Influenza, General Investigation Form

Complete in addition to the [Notification of Infectious Disease Form \(EPI-1\)](#). In the event of an outbreak additional forms and specimen collection are required for testing, a VIDOH-EPID staff will coordinate additional paperwork and investigation.

NBS ID: _____ Reason for report: Outbreak Vaccinated Patient Other*

Patient's name: _____
 Last First MI
Address: _____
City: _____ **(E)State:** _____ **Zip:** _____
Phone 1: () _____ **Phone 2:** () _____
Date of birth: ___/___/___ **Age:** _____ **Sex:** Male Female Unknown
Race: White Black Asian Pacific Islander Native American/Alaskan
 Unknown Other: _____ **Hispanic:** Yes No Unknown
Occupation: _____ **HCW:** Yes No
Long-term care resident: Yes, at: _____ No Unknown

Reported by: _____
Agency: _____
Phone: () _____ **Date reported:** ___/___/___
Investigated by: _____
Agency: _____
Phone: () _____
Email: _____
Investigation start date: ___/___/___
Investigation completion date: ___/___/___

CLINICAL DATA
Date of symptom onset: ___/___/___ **Date illness ended:** ___/___/___
Did patient die? Yes, date of death: ___/___/___ No Unknown
Weight: _____ lbs **Height:** _____ ft _____ in
Pregnant: Yes: # weeks gestation: _____ No Unknown
Postpartum: Yes: date of delivery: ___/___/___ No Unknown
Signs and symptoms (Check all that apply): Runny nose/nasal congestion
 Cough Conjunctivitis Diarrhea Headache Muscle aches
 Feverishness (measured or not) Fever greater than 37.8°C (100°F)
 Rash Seizures Shortness of breath Sore throat Vomiting
 Other: _____

UNDERLYING HEALTH CONDITIONS
Does the patient have any underlying health conditions?
 Yes (check all that apply) No Unknown
 Asthma Chronic lung disease Heart disease
 Diabetes Mellitus Hemoglobinopathy Kidney disease
 Seizures / Neuromuscular Other: _____
Does the patient have compromised immune function?
 Yes (check all that apply) No Unknown
 Cancer in last 12 months HIV infection
 Corticosteroid therapy Organ transplant recipient
 Autoimmune disorder Other: _____

VACCINATION HISTORY
Received current season Flu vaccine? Yes No Unknown If yes, date 1st vaccine ___/___/___ Date 2nd vaccine ___/___/___
 Vaccine type: TIV, regular (injected) TIV, high dose (injected) LAIV (nasal mist) Unknown
 Manufacturer: _____ Lot Number: _____
Received influenza vaccine in any previous season? Yes No Unknown
Received pneumococcal vaccine? Yes, date of vaccine ___/___/___ No Unknown

TREATMENT HISTORY
Did the patient receive antiviral medication? Yes, start date ___/___/___ end date ___/___/___ No Unknown
 If yes, check all that apply: Oseltamivir Zanamivir Rimantidine Amantadine Other: _____

HOSPITALIZATION INFORMATION
Was the patient hospitalized for flu or flu related illness? Yes, name of hospital: _____ No
 Date of admission: ___/___/___ Chief complaint or reason for admission: _____
 Date of discharge: ___/___/___ Discharge status: Recovered Deceased (flu related) Deceased (unrelated to flu) Unknown
Complications? Pneumonia Acute Respiratory Distress Syndrome Sepsis Hemoptysis Other: _____
Was the patient admitted to the intensive care unit? Yes, admitted to ICU date: ___/___/___ No Unknown
Did the patient have evidence of secondary bacterial infection? Yes, culture result (organism): _____ No Unknown
 Specimen source: Blood Sputum Other _____ Collection date: ___/___/___

LABORATORY DATA **Was influenza testing done?** Yes No Unknown **Specimen sent to DSHS?** Yes No Unknown
Rapid influenza test: Date collected: ___/___/___
 Result: Influenza A Influenza B Influenza, undifferentiated Negative Unknown
PCR test: Date collected: ___/___/___ Laboratory name: _____ Specimen#: _____
 Result: Influenza A, 2009 H1N1 Influenza A, other H1N1 Influenza A, H3N2 Influenza A, subtyping not performed
 Influenza B Negative Inconclusive Unknown Pending
Other influenza test: Test name: Culture Enzyme immunoassay (EIA) Direct fluorescent antibody (DFA) Other: _____
 Date collected: ___/___/___ Laboratory name: _____ Specimen#: _____
 Specimen Source: Nasal swab NP swab NP aspirate Throat swab Other: _____
 Result: Influenza A, 2009 H1N1 Influenza A, other H1N1 Influenza A, H3N2 Influenza A, subtyping not performed
 Influenza B Negative Inconclusive Unknown Pending

*Some flu investigations may require additional information (e.g. novel flu). Flu-associated pediatric mortality requires a different form.