

## Instructions to Novel Influenza A (H1N1) Virus Case Report Form

Date: July 2, 2009

The following information is a quick guide to entering case information into the case report form for 'Probable' and 'Confirmed' cases of Novel Influenza A (H1N1).

Forms and Guidelines can be found at the CDPH Novel Influenza Investigation:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx#forms-lhds>

### Important Notes:



- Enter available information in all variable fields
- If the information is 'Unknown', then check 'Unknown' to confirm that the field has been acknowledged.
- The **CDPH Case ID Number** is a **REQUIRED** field and must be assigned to **all reported 'Probable' and 'Confirmed' case.**

If a CRF is submitted without this field, the CRF **will not** be included in the CDPH Novel Influenza A (H1N1) Summary Report. If you have questions about this field, please e-mail [swineflureport@cdph.ca.gov](mailto:swineflureport@cdph.ca.gov). Additional information is enclosed.

- For hospitalized and fatal cases, submit a "Novel Influenza A (H1N1) Case History Form for Hospitalized and Fatal Cases" in lieu of the "Novel Influenza A (H1N1) Virus Case Report Form (CRF)". All forms are available on line.

If you have questions about this field, please e-mail [swineflureport@cdph.ca.gov](mailto:swineflureport@cdph.ca.gov).



## Report Information

**Reported by:**  
(specify whether county or city)

- Write in the name of the county/city (i.e., the LHD/LHJ) reporting the case.
- The reporting county/city (i.e., the LHD/LHJ) is defined as the county/city in which the case is a resident.

**Report Status:**  Initial/Preliminary  Update  Final  
**Date reported:**  No additional data available, report complete

- Indicate the status of the case report to ensure appropriate processing of the CRF.
- For 'Initial/Preliminary' report status, the **required/minimum data elements** are:
  - Case ID Number
  - Name
  - Date of birth
  - Age
  - Sex
  - Case status ('Probable' or 'Confirmed')
  - Date of symptom onset
  - Hospitalization  $\geq$  24 hours
  - Pregnancy status
  - Death
  - Health Care Worker status
  - Reporting county
- 'Date reported' is defined as the date the reporting county/city is submitting the CRF (initial, update, or final) to CDPH.

At the time of report, the case is  PROBABLE (Influenza A unsubtypeable)  CONFIRMED Date of confirmation

- The definition of a 'Probable' or 'Confirmed' case is based upon the CDC guidelines (Website: <http://www.cdc.gov/h1n1flu/recommendations.htm>).

### **Date of Confirmation Variable**

- Only applicable to 'Confirmed' cases.
- 'Date of Confirmation' is defined as collection date of the first confirmatory laboratory specimen.
- Example: If the specimen was collected on April 1, 2009 and the state lab confirmed the specimen as S-OIV on April 4, 2009, then the 'Date of Confirmation' is April 1, 2009 (collection date).

## Patient Demographics

PATIENT DEMOGRAPHICS					
Patient name—last	first	middle initial	Date of birth	Age (enter age and check one) <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address—number, street			City	State	ZIP code
Home telephone number ( ) ( )		Work telephone number ( ) ( )		Cell number ( ) ( )	Email:
<b>ETHNICITY</b> (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		<b>RACE</b> (check all that apply) <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		<input type="checkbox"/> Asian: <i>Please specify:</i> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian: <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian	
Country of birth		Country of residence		Primary language spoken in home	Does someone in home speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Variable	Description
Age	This refers to the case's age on the date of symptom onset.  Remember to note the units of the reported age (weeks, months, or years).
Sex	Self-explanatory
Address	The address and county information refers to the case's residence at the time the case was tested for influenza.
City	
State	
Zip Code	
County	
Ethnicity	A case may be identified as 'Hispanic' if his/her ethnicity is of Spanish origin, such as Mexican/Mexican-American/Latino, Chicano, Puerto Rican, Cuban, Central American, South American, or other specified Spanish/Hispanic.
Race	'Race' and 'Ethnicity' are self-identified by the case.

## LHD Case Tracking and Investigator Contact Data

LHD CASE TRACKING AND INVESTIGATOR CONTACT DATA		
County case number	CDPH Case ID Number <b>(REQUIRED Field – same as on top of page)</b>	
Case Investigator's jurisdiction	Case investigator completing form	Case Investigator telephone (    )
	Case Investigator email	Case Investigator fax (    )

### CDPH Case ID Number Variable

- The unique **CDPH Case ID Number** identifies the investigating state [CA], the reporting LHD/LHJ [FIPS Code], and the numerical order of the case in the LHD/LHJ.
- For clarification of LHD/LHJ FIPS Code, please refer to the Appendix at the end of this document. For the duration of this investigation, Berkeley City, Pasadena City, and Long Beach have been given temporary FIPS Codes, which are highlighted in the Appendix.

**CDPH Case ID Number = CA + FIPS Code (3 digit) + Numerical order of case (5 digit)**

- This is a **REQUIRED** field. If a CRF is submitted without this field, the CRF **will not** be included in the CDPH Novel Influenza A (H1N1) Flu Summary Reports. If you have questions about this field, please e-mail [swineflureport@cdph.ca.gov](mailto:swineflureport@cdph.ca.gov).
- 'Probable' **AND** 'Confirmed' cases **must** be assigned with a CDPH Case ID Number. This is to ensure quick identification of 'Probable' and 'Confirmed' cases.
- CDPH Case ID Numbers **cannot be re-issued** to other cases. There is no recycling of CDPH Case ID Numbers.
- Write the CDPH Case ID Number at the top of each page of the CRF.
- Examples of CDPH Case ID Number:
  - The first identified case (regardless of whether it is 'Probable' or 'Confirmed') in San Diego County would have the following CDPH Case ID Number = CA073-00001
  - The second identified case (regardless of whether it is 'Probable' or 'Confirmed') in Berkeley City would have the following CDPH Case ID Number = CA777-00002

## Signs and Symptoms

SIGNS AND SYMPTOMS				
Date of symptom onset	Fever $\geq 37.8^{\circ}\text{C}$ (100°F)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, max fever?	Feverish, but temp not taken <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Conjunctivitis (eye infection) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Sore throat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Rhinorrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Body/muscle aches <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Describe other symptoms	

- Enter information in all variable fields.
- If the information is 'Unknown', then check 'Unknown' to confirm that the field has been acknowledged.

### Fever Variables

- Fever  $\geq 37.8^{\circ}\text{C}$  (100°F)?
  - Y/N/Unknown variable
  - Enter the highest recorded temperature if available
  - Specify units of temperature – Celsius ( $^{\circ}\text{C}$ ) or Fahrenheit ( $^{\circ}\text{F}$ )
- Feverish but temp not taken?
  - Y/N/Unknown variable

## Hospitalizations, Complications, and Underlying Medical Conditions

HOSPITALIZATIONS, COMPLICATIONS AND UNDERLYING MEDICAL CONDITIONS				
Hospitalized $\geq 24$ hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Name of Hospital	Admit Date	Discharge Date	Pregnant If yes, EDC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Asthma / chronic lung disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Heart or circulatory disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Metabolic disease (e.g., diabetes) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Cancer in last 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other underlying medical conditions If yes, specify <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Compromised immune system? (e.g., HIV, cancer, chronic corticosteroid)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify:	
ICU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Intubated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Death If yes, date of death <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

- Enter information in all variable fields.
- If the information is 'Unknown', then check 'Unknown' to confirm that the field has been acknowledged.

### Hospitalized Variable

- A 'hospitalized' case is defined as a case who was hospitalized for  $\geq 24$  hours.

## Laboratory Tests and Results

LABORATORY TESTS AND RESULTS					
LHD lab ID number (1)		LHD lab ID number (2)			
Specimen collection date:		Specimen collection date:		Rapid flu A positive at hospital or LHD lab?	
State lab ID number (1)		State lab ID number (2)		<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done <input type="checkbox"/> Unknown	
Specimen collection date:		Specimen collection date:			
RT-PCR flu A positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Unsubtypeable flu A positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Lab-confirmed swine H1 at LHD lab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Lab-confirmed swine H1 at state lab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Lab-confirmed swine H1 at commercial lab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Lab-confirmed swine H1 at CDC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

- Note that questions may refer to results at specific labs (i.e., positive at 'state lab', 'LHD/local lab', or 'CDC lab').
- Enter information in all variable fields.
- If the information is 'Unknown', then check 'Unknown' to confirm that the field has been acknowledged.

## Vaccination/Antiviral Medication History

VACCINATION/ANTIVIRAL MEDICATION HISTORY	
Was the patient vaccinated against seasonal influenza in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Did the patient receive oseltamivir for novel influenza A (H1N1) virus infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, start date:

- Enter information in all variable fields.
- If the information is 'Unknown', then check 'Unknown' to confirm that the field has been acknowledged.

## Exposure Setting

Does the case-patient work in a health care facility or setting:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, name of facility:

- 'Health care facility/setting' is defined as a recognized location where health care is delivered.
- Examples: Hospital (e.g., ER), private provider clinic, urgent care facility

Does case-patient provide direct patient care?	Work title at the health care facility or setting: (e.g. nurse, receptionist, doctor, janitor)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

- These questions refer to a case who works in a health care facility/setting.
- 'Direct patient care' is defined as close and extended interaction with the patients.
- Examples of persons who have direct patient care:
  - Physician or nurse treating or in consultation with the patient
  - Healthcare worker taking vitals of patient prior to visit with physician
- Example of persons who **DO NOT** have direct patient care:
  - Receptionist who greets the patient upon signing in to the appointment log

Did this case- patient seek medical care (other than hospitalized for $\geq$ 24 hours)?	If yes, date of medical visit
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, name of facility:	

- 'Medical care' is defined as any care the case sought with a medical professional (e.g., physician or nurse) aside from or in addition to being hospitalized for more than 24 hours (i.e. inpatient care).
- Example: Going to an ER and not being admitted as an inpatient

Does case-patient live in an institution or other congregate living setting?	If yes, type of setting
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Dormitory <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Other <i>specify</i> :

- An 'institution or other congregate setting' is defined as settings where multiple unrelated individuals live such as those in the follow-up question (i.e., dormitory, long-term care facility, jail/prison, homeless shelter).

## Social Management

SOCIAL MANAGEMENT (For LHD/LHJ Use Only. Please also complete supplemental contact information forms.)																		
TIMELINE OF INFECTIOUSNESS																		
								Infectious Period (day -1 to day +7)										
Exposure/Incubation Period								Onset day										F/U HH contacts
WEEK	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+14	
Enter Dates																		
<i>(if obtained)</i> Date acute blood collected (within first 7 days of disease onset)								Date convalescent blood collected (2-3 weeks after symptom onset)										

- For LHD/LHJ use only
- To assist in any contact tracing that stems from this case.

## Appendix

### Instructions for Assigning Unique CDPH Case IDs to Cases

Each CDPH Case ID number consists of 5 characters that identify the investigating state and LHD/LHJ. The first 5 characters for each LHD/LHJ are listed below.

For military facilities and any reporting facility without a FIPS code, please contact [swineflureport@cdph.ca.gov](mailto:swineflureport@cdph.ca.gov) to ascertain your FIPS code.

CDPH Case ID Number is a **REQUIRED** field

CDPH Case ID Number must be assigned to **all reported 'Probable' and 'Confirmed' cases**

Jurisdiction	First 5 digits of Unique ID	Jurisdiction	First 5 digits of Unique ID
Alameda	CA001	Orange	CA059
Alpine	CA003	Pasadena	CA999
Amador	CA005	Placer	CA061
Berkeley	CA777	Plumas	CA063
Butte	CA007	Riverside	CA065
Calaveras	CA009	Sacramento	CA067
Colusa	CA011	San Benito	CA069
Contra Costa	CA013	San Bernardino	CA071
Del Norte	CA015	San Diego	CA073
El Dorado	CA017	San Francisco	CA075
Fresno	CA019	San Joaquin	CA077
Glenn	CA021	San Luis Obispo	CA079
Humboldt	CA023	San Mateo	CA081
Imperial	CA025	Santa Barbara	CA083
Inyo	CA027	Santa Clara	CA085
Kern	CA029	Santa Cruz	CA087
Kings	CA031	Shasta	CA089
Lake	CA033	Sierra	CA091
Lassen	CA035	Siskiyou	CA093
Long Beach	CA888	Solano	CA095
Los Angeles	CA037	Sonoma	CA097
Madera	CA039	Stanislaus	CA099
Marin	CA041	Sutter	CA101
Mariposa	CA043	Tehama	CA103
Mendocino	CA045	Trinity	CA105
Merced	CA047	Tulare	CA107
Modoc	CA049	Tuolumne	CA109
Mono	CA051	Ventura	CA111
Monterey	CA053	Yolo	CA113
Napa	CA055	Yuba	CA115
Nevada	CA057		