

Instructions to Swine-Origin Influenza A (H1N1) Virus Case Report Form and Supplemental Contact Follow-Up Form

Date: May 6, 2009

The following information is a quick guide to entering case information into the case report form and the supplemental contact follow-up form for 'Probable' and 'Confirmed' cases of swine-origin influenza A (H1N1).

Forms and Guidelines can be found at the CDPH Swine Influenza Investigation:
<http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx#forms-lhds>

Important Notes:



**Read This
First**

- Enter 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 Swine Flu Summary Report. If you have questions about this field, please e-mail swineflureport@cdph.ca.gov. Additional information is enclosed.

If you have questions about this field, please e-mail swineflureport@cdph.ca.gov.



Report Information

Reported by: County/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:

- 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:
 - Name
 - Date of birth
 - Age
 - Sex
 - Case status ('Probable' or 'Confirmed')
 - Date of symptom onset
 - Hospitalization status (Y/N/Unknown)
- '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 (<i>enter age and check one</i>) <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:
ETHNICITY (<i>check one</i>) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		RACE (<i>check all that apply</i>) <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"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian	
<input type="checkbox"/> Pacific Islander: <i>Please specify:</i> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander:		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 (REQUIRED Field – same as on top of page)	
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 Swine Flu Summary Reports. If you have questions about this field, please e-mail 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°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°C (100°F)?
 - Y/N/Unknown variable
 - Enter the highest recorded temperature if available
 - Specify units of temperature – Celsius (°C) or Fahrenheit (°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	ICU <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 <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:		
Death <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
			If yes, EDC?	

- 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)		Rapid Flu A positive at LHD lab? <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done <input type="checkbox"/> Unknown
Specimen collection date		Specimen collection date		
State lab id number (1)		State lab id number (2)		Lab confirmed Swine H1 at CDC? <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> Unknown	Unsubtypeable Flu A positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Lab-confirmed Swine H1 at local lab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Lab-confirmed Swine H1 at state lab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

- 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 antiviral medications for SOIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of antiviral:

- 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 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.
- Supplemental contract follow-up form guidelines are detailed in the following pages.

Supplemental Contact Follow-Up Form

- Complete this form for **all reported 'Probable' and 'Confirmed' case**
- Submit to CDPH after investigation is complete (approximately 14 days after case onset)

Follow-up of Household and Intimate Contacts

- Identify and enumerate all household contacts and intimate contacts. Household contacts are defined as anyone who stayed overnight in the household at least one night during the case's infectious period. Intimate contacts include sexual contacts or any persons with close enough contact to exchange saliva or other bodily fluids.
- Determine if any household or intimate contacts are high-risk for complications of S-OIV. High risk persons are currently defined as (this is subject to change, please see most recent guidance on antiviral prophylaxis): persons that are pregnant, age <5 years, age ≥ 65 years, children on long-term aspirin therapy, persons with immunosuppressive conditions, or who have chronic medical conditions (cardiac, pulmonary, renal, liver, neurologic).
- Determine if any household or intimate contacts attend or are employed or reside in a setting that is high risk for increased S-OIV transmission. Examples include a healthcare worker with direct patient care responsibilities or an employee or attendee of a child care facility.
- Determine if any household or intimate contacts are currently ill with acute febrile respiratory illness, defined as fever (100 or higher) plus cough and/or sore throat and/or rhinorrhea. If any contacts are ill, determine approximate date of onset of acute symptoms.
- Determine if antiviral prophylaxis is recommended and/or has been taken by any household or intimate contacts and if so, which antiviral was taken.
- Instruct all ill household and intimate contacts to isolate themselves for 7 days after onset of symptoms or until acute symptoms (e.g., fever) have resolved, whichever is longer (this guidance is subject to change).
- Inform all household and intimate contacts that a follow-up call will be made approximately 14 days after the onset of the case's symptoms to determine if any additional persons have become ill. Instruct all household and intimate contacts that become ill to record their date of symptom onset.
- Conduct a follow-up call to each household (and each intimate contact if they do not reside in the household) approximately 14 days after the onset of the case's symptoms to determine if any additional persons became ill with acute febrile respiratory illness within 7 days of the last day of the case's infectious period. Determine and enumerate resolution status (never ill, ill, but recovered, still ill, hospitalized, died) of all household and intimate contacts.

Follow-up of Childcare Contacts*

- If case was a childcare attendee or employee, conduct a follow-up call to the childcare facility approximately 14 days after the onset of case's symptoms to determine if any attendees or staff became ill with acute febrile respiratory illness within 7 days after the last date the case was present in the facility. Determine and enumerate resolution status (never ill, ill, but recovered, still ill, hospitalized, died) of all child care contacts.

*Childcare contacts include all attendees/care givers in a home day care facility and all attendees/care givers in the case's group/classroom in a child care center.

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 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		