

Avian Influenza Initial Notification of PUI Testing at LRN

For use by health departments for persons under investigation (PUI) for human infection with avian influenza viruses in the US. Local health departments should securely email/fax the completed form to their Public Health Region (PHR).

DSHS PHRs should email completed forms to DSHS EAIDU at FluTexas@dshs.texas.gov.

Public Health Jurisdiction:	Investigator:			Investigator phone:
Case Name (last name, first name):	Date of Birth:	Age:	Sex:	Case Phone:
Address (street address, city, state, zip):	County of Residence:			Public Health Region:

Date of report: (mm/dd/yyyy): _____	Occupation:	Employer Name:
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Type of specimen collected: Nasopharyngeal (NP) Ocular Nasopharyngeal and Ocular

Laboratory Response Network (LRN) Laboratory: _____

Specimen Collect Date: _____ **Estimated Date and Time of Arrival at LRN:** _____

<p>Date of illness onset (mm/dd/yyyy): _____</p> <p>Was person hospitalized for this illness?</p> <p><input type="checkbox"/> Yes, date of admission: (mm/dd/yyyy) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Facility name/location: _____</p> <p>Did patient die from this illness?</p> <p><input type="checkbox"/> Yes, died on (mm/dd/yyyy): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Symptoms: <input type="checkbox"/> Fever ($\geq 100^{\circ}\text{F}$)/feverish <input type="checkbox"/> Diarrhea <input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Nausea <input type="checkbox"/> Sore throat <input type="checkbox"/> Vomiting <input type="checkbox"/> Runny/Stuffy Nose</p> <p><input type="checkbox"/> Fatigue <input type="checkbox"/> Sneezing <input type="checkbox"/> Seizures <input type="checkbox"/> Muscle or body aches</p> <p><input type="checkbox"/> Rash <input type="checkbox"/> Headaches <input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Difficulty breathing/shortness of breath <input type="checkbox"/> Other: _____</p>
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Has the patient been isolated? Self-isolation at home No Unknown

Isolated at hospital (ensure infection control precautions: <https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>)

Did patient have close contact with animals in the 10 days prior to illness onset? Yes No Unknown

• Close contact (within 6 feet for a combined total of 15 minutes or more) with animals confirmed to be infected with avian influenza A(H5N1), OR
 • Close contact with animals presumed to be infected* with avian influenza A(H5N1), their waste, their unpasteurized milk, saliva, or other body fluids OR
 • Direct contact with surfaces contaminated with the waste or products (e.g., unpasteurized (raw) milk or saliva) from cattle presumed to be infected with avian influenza A(H5N1).
 If 'Yes', continue to page 2.

Was this person tested for seasonal influenza? Yes No Unknown

Test Type: Rapid antigen (not recommended) RT-PCR Other: _____

Test Date: _____

Test Result: Influenza A Influenza A&B (type not distinguished)

Influenza A(H1) Influenza A(H3) Influenza A(H5) Influenza A (unsubtypeable) Influenza B

Other: _____ Unknown Influenza A(H7) Negative

Diagnoses, other than avian influenza, made by a healthcare provider that could account for symptoms:

<p>Is the PUI currently isolated?</p> <p><input type="checkbox"/> Definitely not <input type="checkbox"/> Probably not</p> <p><input type="checkbox"/> Might or might not <input type="checkbox"/> Probably yes</p> <p><input type="checkbox"/> Definitely yes</p>	<p>Has this person begun influenza antiviral treatment (for symptoms)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, date started: (mm/dd/yyyy) _____</p> <p>If yes, what antiviral treatment was taken _____</p>
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Number of close contacts: _____ **Symptomatic close contacts:** Yes No Unknown

Number of close contacts requiring post exposure prophylaxis (PEP): _____

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 DSHS PHRs should securely email completed forms to DSHS EAIDU at FluTexas@dshs.texas.gov.

ANIMAL CONTACT QUESTIONS

Please complete the table below for close or direct contact with animals.

Please specify which animals the case had close or direct contact with in the 10 days prior to symptom onset (*select all that apply*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Preweaned dairy or beef calves | <input type="checkbox"/> Weaned but not bred dairy heifers | <input type="checkbox"/> Bred dairy heifers |
| <input type="checkbox"/> Fresh dairy heifers | <input type="checkbox"/> Lactating dairy cows | <input type="checkbox"/> Dry dairy cows |
| <input type="checkbox"/> Beef cows, bulls, steers, heifers | <input type="checkbox"/> Dairy bulls | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Goats | <input type="checkbox"/> Pigs/Hogs |
| <input type="checkbox"/> Feral cats | <input type="checkbox"/> Wild birds | <input type="checkbox"/> Rodents (rats, mice) |
| <input type="checkbox"/> Other: _____ | | |

NOTES

For additional information on avian influenza specimen collection, packaging, and shipping, please visit:

<https://www.dshs.texas.gov/influenza-flu-provider-information/avian-influenza-bird-flu/avian-influenza-for-public-health-professionals>