



Instructions: Please provide the information below on all hospitalized and deceased patients with laboratory-confirmed influenza infection. Minimum required fields are underlined in BOLD font. In San Juan County Pregnant women should also be reported.

Influenza

County

REPORT SOURCE

Reporter type: Lab Hospital HCP Public health agency Other

Reporter name: _____

Reporter phone: _____

PATIENT INFORMATION

Name (last, first) _____

City/State/Zip _____

Phone Number _____

Medical Record #: _____

Birth date ___/___/___ Age _____

Gender F M Other Unk

Ethnicity Hispanic or Latino Unk
 Not Hispanic or Latino

Race (check all that apply) Unknown
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other

CLINICAL INFORMATION

Onset date: ___/___/___ Derived

Predisposing Conditions

Y N DK NA

- Any current conditions such as:
- Smoker Alcohol or drug abuse
 - Chemotherapy Neuromuscular disease
 - Steroid therapy Organ transplant
 - HIV/AIDS Chronic liver disease
 - Cancer past yr. Chronic heart disease
 - Asthma Chronic lung disease
 - Diabetes Chronic kidney disease
 - Cognitive abnl. Hemoglobinopathy
 - Obesity Ht:___(in) Wt:___(lbs)
 - Other: _____

Pregnant if yes, weeks: _____
outcome: _____

Clinical Findings

Y N DK NA

- Acute respiratory distress syndrome
- Admitted to intensive care unit**
- Mechanical ventilation**
- Treated with antiviral medications
Type, dose: _____
Dates started: ___/___/___

Hospitalization

Y N DK NA

- Hospitalized for this illness**
Hospital name _____
Admit date ___/___/___
- Died from illness** Death date ___/___/___

Vaccination

Y N DK NA

- Seasonal influenza vaccine this flu season Doses: ___
Date(s) and type(s) e.g., shot, spray: _____
- H1N1 swine vaccine this flu season Doses: ___
Date(s) and type(s) e.g., shot, spray: _____

Laboratory

P = Positive N = Negative I = Indeterminate
O = Other NT = Not Tested

P N I O NT

- Blood cultures performed
Date: ___/___/___
Result: MRSA MSSA Strep Haemophilus
 Other

Influenza test results:

LHJ species/Organism: A B Unk Other

- LHJ serotype/Serogroup:**
- A 2009 H1N1 A H1
 - A H3 A H1N1(other)
 - A H3N2 A H5, avian
 - unknown A, unknown, but not 2009 H1N1
 - other pending

Exposure

Y N DK NA

- Is the patient a healthcare worker?

NOTES

To be completed by local health jurisdiction:

LHJ notification date ___/___/___ Investigation start date: ___/___/___

Local health jurisdiction _____ Investigator _____ Investigation complete date ___/___/___