



Avian Influenza Data Collection Tool
as of June 12, 2006

For consultation on testing or management of possible human cases of avian influenza,
contact Dr. Joann Schulte or Dr. Richard Hopkins in the Bureau of Epidemiology (850) 245-4401

1. Patient Demographics:

Name: Last First Middle Telephone (home) (work)

Address: City, State, ZIP County

Date of Birth: MM/DD/YYYY Sex: Male Female

Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Unknown
Race: White, Black, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Unknown

2. Medical Provider Information:

Attending Physician Name:

Last First Physician Office Phone Pager
Hospital Information (name and address)

3. Current Illness:

Illness Onset Date: Hospitalized? Yes No

Symptoms: Fever (max temp), Chills, Diarrhea, Sore throat, Cough, Weakness, Radiographically confirmed pneumonia, Acute respiratory distress (ARDS), Other (specify)

4. Travel History:

Has the patient traveled or lived in the following countries†:

Azerbaijan Date Depart (US) Number of Days
City / Province Date Returned (US)
Business Pleasure Contact with: Chickens Ducks Pigs Other
Rural Urban Location of stay
Consumption of raw or incompletely cooked poultry or poultry products
Direct contact with surfaces contaminated with poultry feces
Direct contact with (e.g., touching) sick or dead domestic poultry;
Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness

Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Cambodia _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
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China _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness
Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Djibouti _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
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Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Egypt _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness

Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Indonesia _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness
Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Iraq _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
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Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Malaysia _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
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Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Romania _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
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Russia _____ Date Depart (US) ___/___/___ Number of Days _____
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Group travel? Yes No Number of people in group _____ Number of people ill _____

Thailand _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
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Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Turkey _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
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Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Vietnam _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___
 Business Pleasure Contact with: Chickens Ducks Pigs Other _____
 Rural Urban Location of stay _____
 Consumption of raw or incompletely cooked poultry or poultry products
 Direct contact with surfaces contaminated with poultry feces
 Direct contact with (e.g., touching) sick or dead domestic poultry;
 Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness

Method of travel to/from country: Plane Train Automobile Other _____
Method of travel within country: Plane Train Automobile Other _____
Group travel? Yes No Number of people in group _____ Number of people ill _____

Other _____ Date Depart (US) ___/___/___ Number of Days _____
City / Province Date Returned (US) ___/___/___

Business Pleasure Contact with: Chickens Ducks Pigs Other _____

Rural Urban Location of stay _____

Consumption of raw or incompletely cooked poultry or poultry products

Direct contact with surfaces contaminated with poultry feces

Direct contact with (e.g., touching) sick or dead domestic poultry;

Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;

Within close contact (approximately 3 feet) of a person who was hospitalized or died due to severe, unexplained respiratory illness

Method of travel to/from country: Plane Train Automobile Other _____

Method of travel within country: Plane Train Automobile Other _____

Group travel? Yes No Number of people in group _____ Number of people ill _____

5. Other travel-related information:

Home country of patient (if not US) _____

City / Province / Country

Is there ILI (influenza-like activity) in patient's home country? Yes No Unknown

Is there human H5N1 activity in patient's home country? Yes No Unknown

Is the patient a tourist or visitor in Florida? Yes No Unknown

Is the patient part of a linked or confirmed influenza outbreak? Yes No Unknown

Contact:

Has the patient been within close contact (approximately 3 feet) of an ill patient who was confirmed or suspected to have H5N1? Yes No

Has the patient been exposed to a traveler to Asia (or other country stated above)? Yes No

If yes, where was the traveler from?

_____ Type of contact / exposure _____

City / Province / Country

Has the patient been in contact with anyone who works in a hospital or laboratory in Southeast Asia?

Yes No If yes, type of contact / exposure _____

6. Work History:

Has the patient worked with live influenza H5N1 in a laboratory? Yes No

7. Influenza Testing (check all that were used):

Virology Assay	Name of Lab Performing Test	Results	Specimen type* & Collection date
Rapid Kit Antigen Test (enter brand name)		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Antigen Enzyme Immunoassay (EIA) (enter brand name)		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Virus isolation in cell culture		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> type A/H1 <input type="checkbox"/> type A/H3 <input type="checkbox"/> type (specify):	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
RT-PCR		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> type A/H1 <input type="checkbox"/> type A/H3 <input type="checkbox"/> type (specify):	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Other molecular assay (specify):		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> type A/H1 <input type="checkbox"/> type A/H3 <input type="checkbox"/> type (specify):	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Direct Fluorescent Antibody (DFA)		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Indirect Fluorescent Antibody (IFA)		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Immunohistochemistry		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:
Other assay (specify):		Influenza A: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza B: <input type="checkbox"/> negative <input type="checkbox"/> positive Influenza (A/B not specified): <input type="checkbox"/> negative <input type="checkbox"/> positive	Specimen type*: 1 2 3 4 5 6 Collection date: Result date:

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* Specimen type: in the table, circle the number corresponding to the specimen type listed below:

1. Nasopharyngeal swab
2. Nasopharyngeal aspirate
3. Oropharyngeal swab
4. Oropharyngeal aspirate
5. Smear (specify source) _____
6. Other (specify) _____

Were serological assays for antibody to influenza performed? Yes No

Date specimen obtained: _____(acute)

Date specimen obtained: _____(convalescent)

Assay type: _____

Results: Influenza A: negative positive or titer: ____

Influenza B: negative positive or titer: ____

Influenza (A/B not specified): negative positive

† For a listing of influenza H5N1-affected countries, visit the CDC website at <http://www.cdc.gov/flu/avian/outbreaks/current.htm>; the OIE website at http://www.oie.int/eng/en_index.htm; and the WHO website at http://www.who.int/csr/disease/avian_influenza/en/.