



Avian Influenza Data Collection Tool
Florida Department of Health

For consultation on possible human cases of avian influenza
contact your county health department

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
Other (specify)

4. Travel History:

Has the patient traveled or lived in the following countries:

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

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

Russia Date Depart (US) Number of days
City/Province Date Returned (US)
Business Pleasure Contact with: Chickens Ducks Pigs Other
Rural Urban Location of stay

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

5. Other travel related information:

Home country of patient (if not US) _____
 City/Province/Country

Is there ILI (influenza like activity) 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

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 _____

Contact:

Has the patient been exposed to a traveler to Asia (as above)? 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. Influenza Testing (check all that was used)

Virology Assay	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	1 2 3 4 5 6
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	1 2 3 4 5 6
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):	1 2 3 4 5 6
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):	1 2 3 4 5 6
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):	1 2 3 4 5 6
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	1 2 3 4 5 6
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	1 2 3 4 5 6
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	1 2 3 4 5 6
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	1 2 3 4 5 6

* 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: _____

Assay type: _____

Results: Influenza A: negative positive or titer: _____

Influenza B: negative positive or titer: _____

Influenza (A/B not specified): negative positive