Case Investigation Form: Request for Avian Influenza A(H5N8) testing

SPECIMEN DETAILS

Type of sample: ☐ Nasopharyngeal (NP)swab ☐ Oropharyngeal (OP) swab ☐ Nasal swab
☐ Other, specify _____ **Date specimen collected:** D D / M M / Y Y Y Y

PATIENT DETAILS

Hospital/Clinic no: _____
Surname: _____
First Name: _____
DOB: D D / M M / Y Y Y Y **Age:** _____ **years**
Gender: ☐ Male ☐ Female
Contact number 1: _____
Contact number 2: _____
Company/farm employed: _____
Occupation:
☐ Farm worker ☐ Animal laboratory worker
☐ Poultry Seller ☐ Factory worker
☐ Veterinarian ☐ Owner
☐ Field worker / technician ☐ Farmers' or owners' family
☐ Other /specify : _____

CLINICIAN/INTERVIEWER DETAILS

Surname: _____
First name: _____
Contact number: _____
Facility name: _____

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CLINICAL PRESENTATION (IN PREVIOUS 7 DAYS)

Symptoms (tick all that apply) : ☐ Measured fever (≥38°C) ☐ Self-reported fever ☐ Cough ☐ Chills
☐ Sore throat ☐ Runny nose ☐ Conjunctivitis ☐ Difficulty breathing ☐ Other_____
Date symptom onset symptom (First symptom) : D D / M M / Y Y Y Y

EXPOSURE HISTORY

In the 10 days before symptom onset did the patient have contact with sick or dead birds or did the patient have contact with a setting where sick/dead birds are/were kept? ☐ Yes ☐ No ☐ Unknown

If yes, was the patient involved in any of the following activities? (mark all that apply)

Touching sick/dead birds	☐ Yes ☐ No ☐ Unknown	Slaughtering of birds	☐ Yes ☐ No ☐ Unknown
Sawing through breast-bone	☐ Yes ☐ No ☐ Unknown	Culling	☐ Yes ☐ No ☐ Unknown
Stunning, throat-slitting, bleeding	☐ Yes ☐ No ☐ Unknown	Deboning of carcasses	☐ Yes ☐ No ☐ Unknown
Plucking/ de-feathering	☐ Yes ☐ No ☐ Unknown	Transporting birds	☐ Yes ☐ No ☐ Unknown
Removal of internal organs	☐ Yes ☐ No ☐ Unknown	Post mortem on birds	☐ Yes ☐ No ☐ Unknown
Gathering or moving birds	☐ Yes ☐ No ☐ Unknown	Feeding of birds	☐ Yes ☐ No ☐ Unknown
Removing/cleaning faeces	☐ Yes ☐ No ☐ Unknown	Preparing/cleaning cages	☐ Yes ☐ No ☐ Unknown
Cleaning contaminated equipment or environmental decontamination			☐ Yes ☐ No ☐ Unknown

☐ Other, specify: _____

If yes to any of the above activities, how long did they spend in contact with sick/dead birds in one day? ☐ Less than 1 hour ☐ More than 5 hours ☐ 1 to 5 hours ☐ Unknown

If yes to any of above activities, how many days did they spend in contact with sick/dead birds ☐ 1 day ☐ 2-5 days ☐ More than 5 days ☐ Unknown

UNDERLYING MEDICAL CONDITIONS (Tick all that apply)

Tuberculosis	☐ Y ☐ N ☐ U	Asthma	☐ Y ☐ N ☐ U	HIV	☐ Y ☐ N ☐ U
Obesity	☐ Y ☐ N ☐ U	Diabetes	☐ Y ☐ N ☐ U	Pregnancy	☐ Y ☐ N ☐ U
Kidney or renal disease		☐ Y ☐ N ☐ U	Chronic Heart Disease		☐ Y ☐ N ☐ U
Chronic Obstructive Pulmonary Disease		☐ Y ☐ N ☐ U	☐ Other, specify:		

Y-Yes, N-No, U-Unknown

FOR ADDITIONAL INFORMATION, PLEASE CONTACT

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