☐ SRI Case ☐ SRI Death ☐ pH1N1 Hospitalization (lab-confirmed) ☐ pH1N1 Death (lab-confirmed)

Appendix IV: Case Report Form (Hospitalizations, Deaths, SRIs)

Patient/Proxy PROTECTED INFORMATION – LOCAL USE ONLY – DO NOT FORWARD THIS SECTION	
PATIENT Contact Information: **Last name:** _____ **First name:** _____ **Usual residential address:** _____ _____ **City:** _____ **Province/Territory:** _____ **Postal code:** _____ **Phone number(s):** (_____) _____ - _____ (_____) _____ - _____ **Local Contact Information** (if different from residential): **Phone number:** (_____) _____ - _____ **Number valid until** (dd/mm/yyyy): _____/_____/_____	**HOSPITAL Information:** Name of hospital:_____ **PROXY Information:** **Is respondent a proxy?** (e.g. for deceased patient, child) ☐ No ☐ Yes (complete information below) Proxy Last name: _____ Proxy First name: _____ Proxy Relationship to case: _____ Proxy Phone number: (_____) _____ - _____

Please notify your MOH and Kelly Butt (kellybutt@gov.nl.ca) ***immediately***

AND

Send completed forms to your regional CDCN

Hospitalization, Death, & Severe Respiratory Illness (SRI) Case Report Form

Please fax completed form to your Regional Communicable Disease Control Nurse

Provincial/Territorial Case ID: _____	*TO BE COMPLETED BY PHAC:* Date received by PHAC ____/____/_____ (dd /mm/yyyy) PHAC ID: _____

SECTION 1: CASE DEFINITION

Severe Respiratory Illness (SRI) case

(A) SRI case

A person **admitted to hospital** with:

V. Respiratory symptoms, i.e.:

- Fever (over 38 degrees Celsius)

AND

- New onset of (or exacerbation of chronic) cough or breathing difficulty

AND

VI. Evidence of severe illness progression, i.e.:

- Radiographic evidence of infiltrates consistent with pneumonia
  OR
- Diagnosis of acute respiratory distress syndrome (ARDS)
  OR
- Severe ILI, which may also include complications such as encephalitis or other severe and life threatening complications

AND

- Admission to the ICU/other area of the hospital where critically ill patients are cared for
  OR
- Mechanical ventilation

AND

VII. No alternate diagnosis within the first 72 hours of hospitalisation, i.e.:

- Results of preliminary clinical and/or laboratory investigations, within the first 72 hours of hospitalisation, cannot ascertain a diagnosis that reasonably explains the illness.

AND

VIII. One or more of the following exposures/conditions, i.e.:

- Residence, recent travel or visit to an affected area where a novel influenza virus or other emerging or re-emerging respiratory virus has been identified (including Pandemic (H1N1) 2009) [refer to table of currently affected areas/sites: http://www.phac-aspc.gc.ca/h5n1/index.html.]
- Close contact (including health care providers) of an ill person who has been to an affected area/site within the 10 days prior to onset of symptoms.
- Exposure to settings in which there had been mass die offs or illness in domestic poultry or swine in the previous six weeks.
- Occupational exposure involving **direct** health care, laboratory or animal exposure, i.e.:
  - **Health care exposure** involving primary care providers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals;
    OR
  - **Laboratory exposure** in a person who works directly with emerging or re-emerging pathogens;
    OR
  - **Animal exposure** in a person employed as one of the following:
    - domestic poultry/swine farm worker;
    - domestic poultry processing plant worker;
    - domestic poultry culler (catching, bagging, or transporting birds, disposing of dead birds/swine);
    - worker in live animal market
    - dealer or trader of pet birds or other potentially affected animals
    - chef working with live or recently killed domestic poultry or other potentially affected animals

(B) SRI death

A **deceased person** with:

V. A history of respiratory symptoms, i.e.:

- History of unexplained acute respiratory illness (including fever, and new onset of (or exacerbation of chronic) cough or breathing difficulty) resulting in death

AND

VI. Autopsy performed with findings consistent with SRI, i.e.:

- autopsy findings consistent with the pathology of ARDS without an identifiable cause

AND

VII. No alternate diagnosis that reasonably explains the illness

AND

VIII. One or more of exposures/conditions, as listed above.

☐ SRI Case ☐ SRI Death ☐ pH1N1 Hospitalization (lab-confirmed) ☐ pH1N1 Death (lab-confirmed)

SECTION 2: ADMINISTRATIVE INFORMATION

Report Status ☐ Initial Report ☐ Update

Date of initial report (dd/mm/yyyy): _____/_____/_____
Date of this update (dd/mm/yyyy): _____/_____/_____

Name/affiliation of person making report: _____

Reporting contact phone no: (____) ____ - _____ext____

Reporting Province: _____
Reporting RHA: _____
Province where case resides: _____

SECTION 3: PATIENT INFORMATION

Gender: ☐ Male ☐ Female ☐ Unknown

Age: ____ years, ☐ Age unknown
If under 2 years of age, specify ____ months

Occupation: _____

Aboriginal ☐ Yes ☐ No ☐ Unknown

If Aboriginal, what is their ethnicity
☐ **Inuit** ☐ **Innu**
☐ **Métis** ☐ **First Nations (FN)**:

If FN, does this person live primarily on reserve? ☐Yes ☐No ☐Unknown
If FN, is this person a 'Registered Indian'? ☐ Yes ☐ No ☐ Unknown

Is patient from: *Isolated Community* ☐Yes ☐No ☐Unknown (no year round road access)

Remote Community ☐ Yes ☐ No ☐ Unknown (≥200km or ≥4hrs from community with acute care hospital, but where year-round road access avail).

SECTION 4: CLINICAL INFORMATION

Symptoms (check all that apply): **Date of onset of first symptom(s)** (dd/mm/yyyy): ___/____/_____

☐ fever	☐ prostration	☐ diarrhea	☐ altered level of consciousness
☐ cough	☐ rhinorrhea or nasal congestion	☐ nausea	☐ nose bleed
☐ sore throat	☐ sneezing	☐ vomiting	☐ encephalitis
☐ arthralgia	☐ shortness of breath	☐ conjunctivitis	☐ other, specify:
☐ myalgia	☐ sputum production	☐ headache	_____
☐ malaise	☐ chest pain	☐ seizures	

Was this case hospitalized: ☐ Yes ☐ No ☐ Unknown
Date of initial admission (dd/mm/yyyy): ___/____/____ Date of final discharge (dd/mm/yyyy): ____/____/_____

Course of Illness/Severity:

Admitted to ICU?	☐ Yes	☐ No	☐ Unknown
On oxygen therapy during any of the hospital stays?	☐ Yes	☐ No	☐ Unknown
Ventilated during any of the hospital stays?	☐ Yes	☐ No	☐ Unknown
Pneumonia diagnosed by chest x-ray or CT scan?	☐ Yes	☐ No	☐ Unknown
Diagnosed with Acute Respiratory Distress Syndrome (ARDS)	☐ Yes	☐ No	☐ Unknown

Disposition at time of report:
☐ Stable ☐ Deteriorating ☐ Recovering ☐ Died (indicate date/cause below) ☐ Unknown
If patient died, **Date of death (dd/mm/yyyy): ___/___/_____ Cause of death (specify): _____**

SECTION 5: MEDICAL AND VACCINE HISTORY

<u>Treatment</u>: Is patient taking prescribed antivirals? ☐ Yes ☐ No ☐ Unknown
If yes, Specify name: _____
Start date (dd/mm/yyyy): ____/____/_____End date (dd/mm/yyyy): ____/____/_____

Did patient receive this year's <u>seasonal human influenza vaccine</u>? ☐ Yes ☐ No ☐ Unknown

If yes, date of vaccination (dd/mm/yyyy): ___/___/_____

SECTION 6: UNDERLYING CONDITIONS and RISK FACTORS

Chronic Pulmonary disease	☐Yes ☐No ☐Unknown	Pregnant (or <6wks postpartum)	☐Yes ☐No ☐Unknown
Asthma	☐Yes ☐No ☐Unknown	*If yes*,	weeks of gestation_____ or
Chronic heart disease	☐Yes ☐No ☐Unknown		trimester:_____ or
Chronic Liver disease	☐Yes ☐No ☐Unknown		weeks postpartum_____
Diabetes	☐Yes ☐No ☐Unknown		
Kidney disease	☐Yes ☐No ☐Unknown	Other condition/risk, specify:	
Immunodeficiency	☐Yes ☐No ☐Unknown	Weight:_____	☐ Kgs ☐ Pounds
Anemia or Hemoglobinopathy	☐Yes ☐No ☐Unknown	Height: _____	☐cm ☐inches
Chronic Neurological disease	☐Yes ☐No ☐Unknown	Obesity (as per chart)	☐Yes ☐No ☐Unknown
		Current smoking	☐Yes ☐No ☐Unknown

SECTION 7: LABORATORY TESTING

Outbreak Number: _____

Date Specimen Collected (dd/mm/yyyy)	**P/T Lab Specimen Number**	**Specimen Source**	**Test Method**	**Test Result**	**Date Test Performed** (dd/mm/yyyy)	**Laboratory Performing Test**

**Recommended specimens for optimal investigation of influenza include: nasopharyngeal swab; nasal swab; bronchoalveolar lavage (BAL); serum (as per consultation with NML)*

SECTION 8: EXPOSURES

Is the patient:

☐ A health care worker exposed to SRI patient(s) under investigation

☐ Exposed to a person who is part of a cluster of human swine influenza or SRI (Please describe location of cluster):
☐ Acute care facility ☐ Long term care facility ☐ School-based ☐ Community-based

☐ A laboratory worker working directly with emerging or re-emerging pathogens

☐ In contact with any of the following animals within 7 days after symptom onset:
☐ swine ☐ poultry ☐ other (e.g. mink, ferrets): _____

In the 10 days prior to symptom onset, had the patient travelled outside of NL: ☐ Yes ☐No ☐Unknown
If yes, please specify location: _____
Date of arrival (dd/mm/yyyy): ____/____/_____
Date of departure (dd/mm/yyyy): ____/____/_____

SECTION 9: SUMMARY OF CLOSE CONTACTS* IN THE 7 DAYS PRIOR TO SYMPTOM ONSET

Total # contacts: ____	☐ Household contacts: _____ ☐ Workplace contacts: _____ ☐ Other close contacts: ____(i.e. social) ***Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of human swine influenza.***