

Form 1. Notification of person under investigation for avian influenza

Notification of

- Avian influenza possible case (Reason for Notification Clinical Criteria AND Epidemiological Criteria)
- Avian influenza exposed person (Reason for Notification Epidemiological Criteria)
- Person in whom the clinician suspects avian influenza because of any other reason (Reason for Notification Clinical Suspicion)

Unique identifier (assigned by public health)

Notification details

Date of notification (DD/MM/YY) / /

Time of notification :

Name of person notifying

Institution / organisation

Telephone

Mobile

Name of public health person receiving notification

Institution / organisation

Telephone

Mobile

Patient details

Name

Date of birth (DD/MM/YY) / /

Surname

Age years months

Gender Male Female

Nationality

Address (Regular)

Address (in past 2 weeks if different from regular)

Postcode

Postcode

Telephone

Mobile

Occupation

Health care worker

Yes No

Laboratory worker

Yes No

Veterinary

Yes No

Poultry worker

Yes No

Other (specify)

Travel in the last 2 weeks

Yes No

If yes, where? (country, administrative district)

General Practitioner details

Name of general practitioner (GP)

GP address (regular)

GP postcode

GP telephone

Health Care Facilities details

Did the person attend any of the following health care providers before you notified public health?

General Practitioner

Yes No

Hospital

Yes No

Other (specify)

Yes No

If yes to any of the above, give further details

Health Care Hospitalisation details	
Is the patient currently admitted to hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give further details	
Date of admission (DD/MM/YY) / /	Time of admission :
Hospital	
Ward and room	
Consultant	
Hospital record number	

Clinical history			
Date of onset of symptoms (DD/MM/YY) / /			
Fever $\geq 38^{\circ}\text{C}$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Shortness of breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Myalgia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Diarrhoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other (specify)			

Epidemiological history				
Within 7 days of onset of symptoms, has the patient had any of the following?			Period of exposure FROM TO	
a. Been in close contact (within one metre) of a person reported as probable or confirmed case of influenza A/H5N1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
b. Worked in a laboratory where there is potential exposure to influenza A/H5N1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
c. Been in close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
d. Reside in or have visited an area where influenza A/H5N1 is currently suspected or confirmed as reported to the European Commission (SANCO) by the Animal Disease Notification System (ADNS), available at http://ec.europa.eu/food/animal/diseases/adns/index_en.htm#?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
If yes to the previous question, has the patient				
Been in close contact with sick or dead domestic poultry or wild birds in the affected area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Been in a home or a farm where sick or dead domestic poultry have been reported in the previous six weeks in the affected area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	

Reason for notification			
Clinical criteria			
Any person with at least one of the following two: ►Fever AND signs and symptoms of acute respiratory infection			
Is the clinical criteria met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Epidemiological criteria			
Any person with at least one of the four defined ►epidemiological links			
Is the epidemiological criteria met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Clinical suspicion			
If the person has no clinical criteria (as above) and no epidemiological link (as above), does the clinician suspect avian influenza because of any other reason?			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, please provide details			

Other relevant information