Fax or mail this form to your local/regional health department
Contact your health department at 1-800-705-8868 www.dshs.state.tx.us/idcu/investigation/conditions/contacts/

NBS ID:

General Influenza Investigation Form

Reason for report: ☐ Outbreak ☐ Vaccinated Patient ☐ Other*________________

Patient's name: ____
Last First MI
Address: ____
City: ____________________ **County:** ______________ **Zip:** __________
Phone 1: ( ) _______________ **Phone 2:** ( ) _______________
Date of birth: ___/___/___ **Age:** _____ **Sex:** ☐Male ☐Female ☐Unknown
Race: ☐White ☐Black ☐Asian ☐Pacific Islander ☐Native American/Alaskan ☐Unknown ☐ Other: ____________ **Hispanic:** ☐ Yes ☐ No ☐ Unknown
Occupation:________________________________ **HCW:** ☐ Yes ☐ No
Long-term care resident: ☐Yes, at:__________________ ☐No ☐Unknown

Reported by: ____
Agency: ____
Phone: ( )______________**Date reported:** ___/___/___

Investigated by: ____
Agency: ____
Phone: ( ) _____________
Email:____
Investigation start date: ____/____/____

CLINICAL DATA

Date of symptom onset: ___/___/___ **Date illness ended**: ___/___/___
Did patient die? ☐ Yes, date of death: ___/___/___ ☐ No ☐ Unknown
Weight: _________lbs **Height:** _____ft _____in
Pregnant: ☐ Yes: # weeks gestation: _______ ☐ No ☐ Unknown
Postpartum: ☐ Yes: date of delivery: ___/___/___ ☐ No ☐ Unknown

Signs and symptoms (Check all that apply): ☐ Runny nose/nasal congestion
☐ Cough ☐ Conjunctivitis ☐ Diarrhea ☐ Headache ☐ Muscle aches
☐ Feverishness (measured or not) ☐ Fever greater than 37.8ºC (100ºF)
☐ Rash ☐ Seizures ☐ Shortness of breath ☐ Sore throat ☐ Vomiting
☐ Other: ___________________________ ________________________

UNDERLYING HEALTH CONDITIONS

Does the patient have any underlying health conditions?
☐ Yes (check all that apply) ☐ No ☐ Unknown
☐ Asthma ☐ Chronic lung disease ☐ Heart disease
☐ Diabetes Mellitus ☐ Hemoglobinopathy ☐ Kidney disease
☐ Seizures / Neuromuscular ☐ Other: _______________

Does the patient have compromised immune function?
☐ Yes (check all that apply) ☐ No ☐ Unknown
☐ Cancer in last 12 months ☐ HIV infection
☐ Corticosteroid therapy ☐ Organ transplant recipient
☐ Autoimmune disorder ☐ Other: _______________

VACCINATION HISTORY

Received current season Flu vaccine? ☐ Yes ☐ No ☐ Unknown If yes, date 1st vaccine ____/____/____ Date 2nd vaccine ____/____/____
Vaccine type: ☐ TIV, regular (injected) ☐ TIV, high dose (injected) ☐ LAIV (nasal mist) ☐ Unknown
Manufacturer: _______________________________________ Lot Number:________________
Received influenza vaccine in any previous season? ☐ Yes ☐ No ☐ Unknown
Received pneumococcal vaccine? ☐ Yes, date of vaccine ____/____/____ ☐ No ☐ Unknown

TREATMENT HISTORY

Did the patient receive antiviral medication? ☐ Yes, start date ____/____/____ end date ____/____/____ ☐ No ☐ Unknown
If yes, check all that apply: ☐ Oseltamivir ☐ Zanamivir ☐ Rimantidine ☐ Amantadine ☐ Other: _______________

HOSPITALIZATION INFORMATION

Was the patient hospitalized for flu or flu related illness? ☐ Yes, name of hospital: ________________________________ ☐ No
Date of admission: ____/____/____ Chief complaint or reason for admission: ________________________________
Date of discharge: ____/____/_____ Discharge status: ☐ Recovered ☐ Deceased (flu related) ☐ Deceased (unrelated to flu) ☐ Unknown
Complications? ☐ Pneumonia ☐ Acute Respiratory Distress Syndrome ☐ Sepsis ☐ Hemoptysis ☐ Other:______________________
Was the patient admitted to the intensive care unit? ☐ Yes, admitted to ICU date: ____/_____/____ ☐ No ☐ Unknown
Did the patient have evidence of secondary bacterial infection? ☐ Yes, culture result (organism): __________________ ☐ No ☐ Unknown
Specimen source: ☐ Blood ☐ Sputum ☐ Other ________________________________ Collection date: _____/ _____/ _____

LABORATORY DATA

Was influenza testing done? ☐ Yes ☐ No ☐ Unknown **Specimen sent to DSHS**? ☐ Yes ☐ No ☐ Unknown

Rapid influenza test: Date collected: ____/____/____
Result: ☐ Influenza A ☐ Influenza B ☐ Influenza, undifferentiated ☐Negative ☐ Unknown

PCR test: Date collected: ____/____/_____ Laboratory name: __________________________Specimen#:____________________
Result: ☐ Influenza A, 2009 H1N1 ☐ Influenza A, other H1N1 ☐ Influenza A, H3N2 ☐ Influenza A, subtyping not performed
☐ Influenza B ☐ Negative ☐ Inconclusive ☐ Unknown ☐ Pending

Other influenza test: Test name: ☐ Culture ☐ Enzyme immunoassay (EIA) ☐ Direct fluorescent antibody (DFA) ☐ Other:________________
Date collected: ____/____/____ Laboratory name: ________________________________Specimen#:____________________
Specimen Source: ☐ Nasal swab ☐ NP swab ☐ NP aspirate ☐ Throat swab ☐ Other:______________
Result: ☐ Influenza A, 2009 H1N1 ☐ Influenza A, other H1N1 ☐ Influenza A, H3N2 ☐ Influenza A, subtyping not performed
☐ Influenza B ☐ Negative ☐ Inconclusive ☐ Unknown ☐ Pending

 *Some flu investigations may require additional information (e.g. novel flu). Flu-associated pediatric mortality requires a different form.