

## **Instructions to Complete the Highly Pathogenic Avian Influenza A (H5N1) Case Investigation Form**

- Submit form electronically via **secure email** to the appropriate DSHS Public Health Region (PHR).
- DSHS PHRs should send completed forms through secure email to DSHS EAIDU at [FLUTexas@dshs.texas.gov](mailto:FLUTexas@dshs.texas.gov).
- Record all information accurately and as completely as possible in the appropriate spaces. Use the Continuation Page if needed.
- Use a separate form for each individual subject and illness.
- All dates should be formatted mm/dd/yyyy.
- \*Denotes a required data entry field in NEDSS.
- During the interview if the information cannot be easily obtained, or the question is not pertinent, move on to the next question.

### **DEMOGRAPHIC INFORMATION**

*Please complete as much as possible prior to interview using existing medical records or report information.*

- **\*Reporting health department:** write in the jurisdiction responsible for investigating this case. This should be the health department that DSHS should contact if there are questions regarding this investigation.
- **Investigator name:** enter the official name (last and first) of the person investigating and reporting the case. This should be the person that DSHS should contact if there are questions regarding this investigation.
- **Investigator email:** write in the email address for the public health investigator.
- **Investigator phone:** write in the contact number of the person investigating the case. This should be the person that DSHS should contact if there are questions regarding this investigation.
- **Case name:** write in the case's official name (last and first).
- **Date of Birth:** write in the case's official date of birth.

- **Age:** enter the case's age at time of illness onset and age unit, (e.g., years, months, weeks, or days). For subjects aged >24 months, it is preferable for age to be calculated in years.
- **Sex:** enter the case's sex. Write in one choice (Male, Female, or Unknown).
- **Case email:** write in the email address for the case.
- **Address:** enter the case's home address (primary residence), state and zip code.
- **County of residence:** write in the case's primary county of residence. Please follow the [Council for State and Territorial Epidemiologist guidelines](#) for reporting this data element.
- **Case phone:** enter the contact number for the case.
- **Race:** select the case's self-identified race. 'Unknown' should be selected for choices including: 'Unknown', 'Asked but unknown', 'No Information', 'Not asked', or 'Refused to answer'. If 'Other' is selected, then please specify in the text box provided.
- **Ethnicity:** select the case's self-identified ethnicity. 'Unknown' should be selected for choices including: 'Unknown', 'Asked but unknown', 'No Information', 'Not asked', or 'Refused to answer'.
- **\*Case Status:** select the case's classification as defined below:
  - Confirmed: A case meeting the clinical criteria with a CDC laboratory confirmed novel/variant influenza A virus result.
  - Probable: A case meeting the clinical criteria and epidemiologically linked to a confirmed case or animal presumed to be infected with novel/variant influenza with LRN testing that has resulted in 'unsubtypable' or influenza A H5 AND is pending CDC confirmatory testing and/or CDC results that are inconclusive or negative for a novel/variant influenza A virus infection.
  - Suspect: A case meeting the clinical criteria and epidemiologically linked to a confirmed case or animal presumed to be infected with novel/variant influenza but is pending initial laboratory testing for influenza.

- Lost to Follow-Up: Could not reach the case for interview.
- **\*Date of report to public health:** Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
- **\*Date of report to state:** write in the date the case was first reported to the Emerging and Acute Infectious Disease Unit. This can be a report submitted via secure email, telephone call, or a notification submission in NEDSS.
- **Reporter:** write the reporting provider or facility who reported the case to the local or regional health department.
- **Reporter Phone:** write the reporting provider or facility's phone number.
- **NEDSS ID/Unique ID:** enter the NEDSS identification number that is unique to the person assigned upon entry into the system.

### **LAB INFORMATION**

*Please complete as much as possible prior to interview using existing medical records or report information.*

*For influenza testing, enter the specimen type, type of test, specimen collection date, and result. Indicate where the test was performed (including laboratory name, if not state lab) for each test reported on the case. For positive results, indicate the virus identified.*

- **\*Specimen type:** please indicate the specimen source (nasopharyngeal, ocular, oropharyngeal, other)
- **\*Test type:** test(s) performed for this case. If more than two tests were done, then additional results may be included on the notes page.
- **\*Collection date:** date specimen collected.
- **\*Result:** indicate the result of the test performed and any subtype/lineage/clade and sub-clade information reported.
- **Where was test performed:** Indicate the testing laboratory that performed testing of specimens.
- **\*If test result was positive, please indicate virus identified:** please select all viruses for which the specimen resulted positive.

- **Subtype/Lineage/Clade/Sub-Clade:** provide the subtype, lineage, clade, or sub-clade if provided by the testing laboratory.

## **CLINICAL INFORMATION**

*Please complete as much as possible prior to interview using existing medical records or report information.*

1. **\*Date of illness onset:** write in the date of acute symptom onset. Reporting partial dates is acceptable (e.g., month and year).
2. **\*Hospitalization:** select "yes" if the case was admitted as an inpatient and enter the hospitalization details including the subject's admission and discharge dates for this illness, hospital name and location. If the case was hospitalized more than once for this illness (including hospitalizations at the same hospital or transfers/referrals) then include additional details on the notes page.
3. **Outpatient setting:** select "yes" if the case was seen in an outpatient setting and enter the details including the case's provider name, location and phone number. If there are more than one, then additional information can be added on the notes page.
4. **Influenza Vaccination:** check the appropriate box to indicate if the case was vaccinated against seasonal influenza since August 2023 (yes, no, unknown). If yes, write the date of the last vaccination.
5. **Isolation:** check the appropriate box to indicate whether the case has been in isolation since symptom onset. If yes, check the box to select the appropriate type of isolation and write in the isolation start and end dates. If patient described irregular isolation practices (i.e. started and then stopped isolating), document in notes section.
6. **\*Death:** check the appropriate box to indicate if the case died (yes, no unknown). If yes, write the date of death. For the next question, only select "yes" if the case died because of the highly pathogenic avian influenza infection as documented by a death certificate or hospital discharge summary. Select "no" if avian influenza is not listed as the cause or contributor to the death on the death certificate or hospital discharge summary. Select "unknown" if the death certificate or hospital discharge summary is unavailable.

- 7. \*Symptoms:** check the appropriate boxes to indicate which symptoms were present as part of this illness. If fever is noted, write in the highest temperature recorded, and date of fever onset. If only feverish or unknown, skip to question 7d. In the date of illness resolution, indicate the date by which the case reported all symptoms were resolved.

## **TREATMENT INFORMATION**

*Please complete as much as possible prior to interview using existing medical records or report information.*

- 8. Chemoprophylaxis:** select “yes” if chemoprophylaxis medication was taken due to a prior exposure to influenza (i.e., was identified of a close contact to a person infected with avian influenza A (H5N1)). Enter medication(s) and the date it was started.
- 9. \*Antiviral treatment:** select “yes” if an antiviral drug was taken after influenza diagnosis to mitigate symptoms. Choose the appropriate antiviral choice and date started.

## **MEDICAL HISTORY**

*Please complete as much as possible prior to interview using existing medical records or report information.*

- 10. \*Chronic medical questions:** select “yes” if the case has one or more chronic medical conditions. Check the appropriate box(es) to indicate the case’s chronic medical conditions. If there are no chronic medical conditions, skip to the following question about pregnancy status. If a case is a male, skip to the lab section.
- 11. \*Pregnancy:** indicate whether the subject is pregnant or within 6 weeks post-partum at the time of the event. If “yes”, indicate week pregnant at onset OR if post-partum, enter the delivery date. Note: avian influenza infection in a pregnant woman may be more severe than in a non-pregnant woman. In addition, treatment recommendations are different.

## **EPIDEMIOLOGY INFORMATION**

Indicate date of onset and 10 days prior to that date to assist with exposure period identification and the questions below.

- 12. Travel:** select "yes" if the case traveled outside of their county of residence in the 10 days prior to onset. List travel dates and locations.
- 13. Raw Milk:** select "yes" if the case consumed, touched, or handled raw milk or raw milk products in the 10 days prior to illness. If yes, write down information about the raw milk/product and where it was obtained.
- 14. Exposure to animals: Determine if patient had contact with animals by completing the table.** If the patient had NO contact with the animals listed, select the NO contact box. If the patient had direct contact (touch or handle an animal), close contact (come within 6 feet for 15 minutes or more with animals confirmed to be infected for avian influenza A [H5N1]), or both types of contact with the animals listed, select the appropriate box for each animal. If the patient had contact with an animal not listed on the table, write in the type of animal and indicate the type of contact. Include date(s) of contact for each animal. Indicate if the patient had DIRECT or CLOSE contact with an animal that appeared to be ill; if so, describe in the box below.

Per the Animal and Plant Health Inspection Service (APHIS), symptoms of highly pathogenic avian influenza in wild birds, poultry, and livestock include: sudden death without any prior symptoms of illness; lack of energy and appetite; a drop in egg production or soft-shelled, misshapen eggs; swelling of the eyelids, comb, wattles, and shanks; purple discoloration of the wattles, comb, and legs; gasping for air (difficulty breathing); nasal discharge, coughing, sneezing; twisting of the head and neck (torticollis); stumbling or falling down; diarrhea; decreased milk production.

If there was no direct or close contact, select "no" and proceed to question 17 (close contact with farm or livestock workers).

- 15. Exposure setting:** select the setting(s) where the direct and/or close contact with the animals occurred. For any setting other than the case's home address, write the business name, address, city and contact information.

**15A.** If contact occurred at work, ask the patient to describe their work duties in their own words and write down the response.

**15b. Exposure contact areas:** select the area of the setting and indicate where the direct and/or close contact occurred.

**16. Personal Protective Equipment (PPE):** if the case indicates they had contact (direct or close) with an animal, healthy or ill, select all PPE measures used during contact. If no PPE was worn, select “No PPE worn” and move to question 23.

**17. Close contact with someone who works at a farm or handles livestock:** select “yes” if the case had close contact with anyone who works on and/or who handles livestock in the 10 days prior to illness onset. If yes, write in the information (including name, address, number) for the farm contact(s) and the close contact(s). If the case had close contact with more than one person, add information in notes section.

**18. Contact of novel influenza A case:** select “yes” if the case was a contact of confirmed or probable case of novel influenza A. Write in the relationship to the case, unique identifiers (including NEDSS ID/Unique ID), sex (M/F/U), age (in years) and date of illness onset.

**19. Contact of person with similar illness:** select “yes” if the case was a contact of someone who was sick with influenza-like illness symptoms and/or conjunctivitis within 10 days of illness onset. Write in the name, address, and phone number for the contact.

**20. Infection Timeline/Exposures:** use the infection timeline to identify the case’s exposure and infectious periods. Enter onset of illness, count backwards enter dates into the exposure period and forwards to enter dates into the infectious period. Use the timeline to identify when the case may have exposed others to the virus (infectious period). Enter information about the persons who may be exposed in the table, including contact information (name, phone number), sex (M/F), symptomatic (Y/N), date of illness onset (if symptomatic), any direct or close contact with animals, date post exposure prophylaxis (PEP) was recommended by public health, and the date the case started PEP.

## **REMINDERS**

Local health departments should email/fax the completed form to their Public Health Region (PHR).

DSHS PHRs should send completed forms through secure email to DSHS EAIDU at [FLUTexas@dshs.texas.gov](mailto:FLUTexas@dshs.texas.gov).

Antiviral treatment should be given to all patients with possible infection with novel influenza A viruses. Local health departments should encourage persons with possible infection or who have tested positive for avian influenza A (H5N1) to discuss antiviral treatment with their healthcare provider.

Healthcare facilities should use appropriate isolation precautions for patients for infection with novel influenza A viruses. Persons with possible infection or who have tested positive for avian influenza A (H5N1) should stay home from school, work, and social gatherings until cleared by public health.

For further recommendations, please refer to the [Emerging and Acute Infectious Disease Guidance \(EAIDG\) 2024](#).