

NYSDOH Swine Influenza A (H1N1) Screening Form

REPORT DATE	MM	DD	YYYY	Name of LHD Submitter:	Case status: <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
CDESS #					
PATIENT DEMOGRAPHICS	Patient Name: (Last)			(First)	
Date of birth:	MM	DD	YYYY	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Street:		Apt.	City:	County:
State:	Zip:		Phone: ()		
Occupation:			Specify location(e.g., name of school/hospital):		
SCREENING INFORMATION	Date of symptom onset	MM	DD	YYYY	
SECTION 1. Medical Care					
Y N DK					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was the patient hospitalized?					
If YES,					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was the patient admitted to a critical care area (e.g., ICU, CCU)?					
If NO,					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was the patient associated with an ILI outbreak?					
If patient was associated with an ILI outbreak, what is the outbreak number? _____					
SECTION 2. Symptoms					
Y N DK					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever/ Feverishness					
Highest temperature recorded: _____ <input type="checkbox"/> F <input type="checkbox"/> C					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sore throat					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Runny nose/congestion					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cough					
SECTION 3. Laboratory Information					
Y N DK					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was rapid testing performed?					
If YES, result: <input type="checkbox"/> Positive influenza A <input type="checkbox"/> Positive influenza B <input type="checkbox"/> Positive undifferentiated <input type="checkbox"/> Negative					
SECTION 4. Travel history					
During 7 days prior to symptom onset: Exposure window= ___/___/___ to ___/___/___					
Y N DK					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did the case travel to a foreign/domestic area?					
Location: _____ Dates of visit: From ___/___/___ to ___/___/___					

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SECTION 5. Exposures		
During 7 days prior to symptom onset: <i>Exposure window</i>= ___/___/___ to ___/___/___		
Y N DK		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did the case have contact with someone who had acute respiratory illness who traveled to/resides in a foreign/domestic area with confirmed cases of swine flu*?		
Location: _____ Dates of visit: From ___/___/___ to ___/___/___		
Y N DK		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did the case have contact with an animal with confirmed or suspected swine influenza A (H1N1)?		
*To view current affected areas go to: http://www.cdc.gov/swineflu/investigation.htm		
LHD REPORTER INFORMATION	Last Name:	First Name:
Title:		
LHD Name:		
Phone: ()	Cell or Pager: ()	Fax: ()
E-mail address:		

- A Probable case of swine influenza A (H1N1) virus infection is defined as:
 - A person with an acute respiratory illness with an influenza test that is positive for influenza A, but H1 and H3 negative.
- A Suspected case of swine influenza A (H1N1) virus infection is defined as:
 - A person with an acute respiratory illness who was a close contact to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill **OR**
 - A person with an acute respiratory illness with a recent history of contact with an animal with confirmed or suspected swine influenza A (H1N1) virus infection **OR**
 - A person with an acute respiratory illness who has traveled to an area where there are confirmed or probable cases of swine influenza A (H1N1) ****INCLUDING TRAVEL TO NEW YORK CITY**
- Definition of respiratory illness:
 - Acute respiratory illness, recent onset of at least TWO of the following:
 - Rhinorrhea/nasal congestion
 - Sore throat
 - Cough
 - Fever/feverishness
 - Influenza-like illness:
 - Fever >37.8 C (100 F) AND one of the following:
 - Cough
 - Sore throat

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- If patient DOES meet screening criteria, notify NYSDOH immediately by telephone:
 - 518-408-1745
 - During business hours contact the appropriate Regional Epidemiologist.
 - If unavailable, contact the Bureau of Communicable Disease Control at (518) 473-4436.
 - Outside of business hours, contact the NYSDOH After-Hours Duty Officer at 1-866-881-2809.
- In New York City, notify the New York City Department of Health and Mental Hygiene (NYCDOHMH) immediately by telephone:
 - During business hours, contact the NYCDOHMH through the Provider Access Line at 1-866-NYC-DOH1 (1-866-692-3641).
- Please fax completed forms to NYSDOH attention Madhu Anand at: 518-408-1745