

Human Influenza A (H5) Screening Form

EPIDEMIOLOGIC CRITERIA:

PATIENT MUST HAVE ALL CLINICAL SIGNS AND ONE OR MORE EXPOSURES IN THE 10 DAYS PRIOR TO SYMPTOM ONSET.

1. Clinical Signs (ALL)

Condition Met:

- a. requires hospitalization or is fatal; AND
- b. has or had a documented temperature of $\geq 100.4^{\circ}$ F; AND
- c. has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established.

2. Exposures (AT LEAST ONE IN 10 DAYS PRIOR TO SYMPTOM ONSET)

Condition Met:

- History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans*, AND had at least one of the following potential exposures during travel (*check all that apply*):
 - direct contact with (e.g., touching) sick or dead domestic poultry;
 - direct contact with surfaces contaminated with poultry feces;
 - consumption of raw or incompletely cooked poultry or poultry products;
 - direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 - close contact (approx. 3 feet) of a person who was hospitalized or died due to a severe unexplained respiratory illness;
- Close contact (approx. 3 feet) of an ill patient who was confirmed or suspected to have H5N1;
- Worked with live influenza H5N1 virus in a laboratory.

*List of all affected countries and dates of outbreaks available at: http://www.who.int/csr/disease/avian_influenza/en/

Testing for avian influenza A (H5N1) virus infection can be considered on a case-by-case basis for patients having the following signs or symptoms and exposures:

- A patient with mild or atypical disease (hospitalized or ambulatory) who has one of the exposures listed above; OR
- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable, or otherwise suspicious but does not meet the criteria above (examples include: a returned traveler from an influenza H5N1-affected country whose exposures are unclear or suspicious, a person who had contact with sick or well-appearing poultry, etc.)

*****Testing should be coordinated with state epidemiology section and sent only to Georgia Public Health Laboratory.*****

*****RT-PCR and viral culture should not be attempted at any private laboratory.*****

CONTACT INFORMATION:

Date of call ___/___/___

Epidemiologist On-Call _____

Contact Name _____

Contact Phone _____

Physician Name _____

Physician Phone _____

Hospital Name _____

County _____

Patient Name _____

Date of Birth ___/___/___ Age _____

Patient Address _____

City _____ Zip _____ County _____

Patient Home Phone _____

Cell (Other) Phone _____

GPHL Contact _____

Phone _____ Fax _____

SPECIMEN(S) COLLECTED Yes No

(advise clinician to take appropriate infection control measures when collecting specimens):

PATIENT'S EXPOSURE(S):

Countries travelled to in past 10 days: _____

Dates Travelled: _____

Exposure to farm or wild animals and dates of exposure (poultry, wild birds, pigs, other): _____

EPIDEMIOLOGICAL NOTES: _____