

SEVERE OR NOVEL INFLUENZA SPECIMEN COLLECTION FROM



Check all that apply:

- Severe case: hospitalized in the ICU or death from flu (ages 0-64)
- Part of an influenza-associated outbreak
- Engaged in activities that may have involved swine contact
- Travel to area with novel flu cases within the last 10 days prior to illness onset

ALL cases, including suspected cases, of severe influenza (ICU or death, ages 0-64) and novel influenza (all ages) are reportable to the Communicable Disease Unit using a Confidential Morbidity Report (CMR). Visit www.santacruzhealth.org and chose "How to Report a Disease" from the drop-down list for forms and contact information.

PATIENT INFORMATION

Patient's Name (Last, First):	DOB:	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> No (or N/A) <input type="checkbox"/> Yes, EDD:
Mailing Address (include ZIP code):	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		PRIMARY LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish, but speaks English? <input type="checkbox"/>
	Phone #:		Occupation:	
Signs and Symptoms, DATE OF ONSET: _____		Additional Information:		
<input type="checkbox"/> Max. Temp: _____ °F <input type="checkbox"/> Feverish / Chills <input type="checkbox"/> Cough <input type="checkbox"/> Eye Infection <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose		<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Other, describe: _____		
Underlying Medical Conditions:		Did patient travel within the last 10 days before onset of symptoms? <input type="checkbox"/> N <input type="checkbox"/> Y, (where): _____		
<input type="checkbox"/> Asthma <input type="checkbox"/> Metabolic Disease <input type="checkbox"/> BMI > 30 <input type="checkbox"/> Cancer < 12 mo. <input type="checkbox"/> Compromised Immune System <input type="checkbox"/> Other: _____		Did the patient become infected in an outbreak setting? <input type="checkbox"/> N <input type="checkbox"/> Y → If Yes, name of location/setting: _____		
		Did patient receive seasonal influenza vaccination ≤14 days prior to onset of symptoms? <input type="checkbox"/> N <input type="checkbox"/> Y		
		Was the patient in the ICU? <input type="checkbox"/> N <input type="checkbox"/> Y		
		Was the patient given Antiviral treatment? <input type="checkbox"/> N <input type="checkbox"/> Y → If Yes, list drug and start date: _____		

SPECIMEN INFORMATION

Type of Specimen: <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Other: _____	Date of Specimen Collection:	Was this specimen tested by a RAPID ANTIGEN test? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, the result was: <input type="checkbox"/> Positive <input type="checkbox"/> Negative - If positive, was subtype identified? <input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Not typed
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SUBMITTER INFORMATION

PROVIDER NAME:	PROVIDER OFFICE ADDRESS:	PROVIDER PHONE #:	PROVIDER FAX #:
CONTACT INFORMATION (i.e. FAX #) where RESULTS should be sent: If you are affiliated with the Palo Alto Medical Foundation (PAMF), check here <input type="checkbox"/>			

INSTRUCTIONS

- Each specimen should be clearly labeled with: Date of collection, Specimen type, and Patient name.
- Specimens should be collected within the first 24-72 hours of onset of symptoms and not later than 5 days after onset of symptoms. Personnel collecting specimens should use an N95 respirator, goggles, gown and gloves.
- At a minimum, collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.
- The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70 °C or below and shipped on dry ice.

Specimens, accompanied by this form, be shipped per usual protocol to your local public health laboratory:

County of Santa Cruz, Health Services Agency, Public Health Laboratory

1080 Emeline Ave, Santa Cruz, CA 95060

Phone: (831) 454 - 5445 Fax: (831) 454 - 5000