

CONFIDENTIAL Influenza Case Report Form

FAX to: (858) 715-6458 ATTN: Epidemiology/Influenza Surveillance

Use this form to report influenza detections to Public Health
Thank you for reporting influenza detections!

Patient Information Last Name: _____ First Name: _____

Date of Birth: _____ Sex: MALE FEMALE Pregnant? YES NO UNK

Race: Asian African American/Black American Indian/Alaskan Native Pacific Islander White
 Other Unknown

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Unknown

Address: _____ City: _____ Zip: _____

Resident of LTCF/Assisted Living? YES NO Unknown If YES, facility name: _____

Testing Details Specimen Collection Date: _____

Positive Test Results: INFLUENZA A INFLUENZA B INFLUENZA A/B (untyped)

Subtype Results (if available): A/H1N1(2009)-Pandemic Influenza A/H3 B/Victoria B/Yamagata

Patient Medical Symptom Onset Date: _____

Received care in ICU? YES NO Unknown

Patient Died? YES NO Unknown

If YES to ICU or Died: Hospital Name: _____ MRN#: _____

Vaccinated >2 wks prior to onset? YES NO Unknown

Exposure History

Recent foreign travel? YES NO Unknown If YES, location(s) & return date: _____

Reported By

Facility Name: _____ Contact: _____

Address: _____ Phone: _____

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FOR MORE INFORMATION ON INFLUENZA SURVEILLANCE: WWW.SDEPI.ORG

Epidemiology Program Tel#: 619-692-8499 Public Health Laboratory Tel#: 619-692-8500