

DoD Global Influenza Surveillance Program

Enhanced Influenza Surveillance Questionnaire

Installation: _____ Date of Clinic Visit: _____
DD-MMM-YYYY

PRIVACY ACT STATEMENT: The social security number is required to facilitate documentation of health care received and patient follow-up. The primary use of this information is to aid in preventive health and communicable disease control programs. The requested information is voluntary.

Patient Information PLEASE PRINT LEGIBLY

Patient Name: _____ Date of Birth: _____
Last Name, First Name DD-MMM-YYYY

Patient FMP/Sponsor SSN _____ / _____ - _____ - _____ Gender: Male / Female
FMP Sponsor SSN

Sponsor's (military member) Work Phone (_____) _____ - _____ DSN # _____ - _____

If taken at home, Highest Temp Recorded: _____ Date Taken _____ - _____ - _____
DD-MMM-YYYY

Symptoms: Please select NA (Not Applicable) if the presence of symptoms cannot be determined.

| | | |
|-----------------------------------|----------------------------------|--|
| Sore Throat: Yes / No / NA | Cough: Yes / No / NA | Vomiting: Yes / No / NA |
| Chest Pain: Yes / No / NA | Fatigue: Yes / No / NA | Conjunctivitis: Yes / No / NA |
| Headache: Yes / No / NA | Chills: Yes / No / NA | Ear Ache: Yes / No / NA |
| Diarrhea: Yes / No / NA | Body Aches: Yes / No / NA | Stiffness: Yes / No / NA |
| Dyspnea: Yes / No / NA | Runny Nose: Yes / No / NA | Sinus Congestion: Yes / No / NA |

Has the patient been in close contact with anyone who was recently ill with ILI symptoms? Y N

Has the patient been in close contact with a person or animal recently confirmed with Human Swine Influenza (H1N1)? **No Yes, Human Yes, Animal**

Travel Information

Did the patient travel recently (past 14 days)? Yes No Unknown

Has the patient travelled to an area where there have been confirmed cases of swine influenza A (H1N1) within 7 days of their illness onset? Yes No Unknown

If so, where did they travel to? _____ (City, State/Province, Country)
when (last day of stay in location)? _____

See the CDC page for updates on confirmed human swine influenza A (H1N1) cases in the U.S.:
<http://www.cdc.gov/swineflu/>

See the WHO Disease Outbreak News page for other affected countries:
<http://www.who.int/csr/don/en/>

Has the patient received the influenza vaccine this season? Yes No Unknown

If YES, list date _____ Estimated Date: _____ & _____
DD-MMM-YYYY Month 1st half or 2nd half of Mo.

Type: ___ Injection (Flu Shot) ___ Nasal Spray (FluMist)

Location: ___ Military facility ___ Civilian facility

Clinical Information PRINT LEGIBLY

Fever ($\geq 100.5^{\circ}\text{F}$ / 38°C , oral or equivalent) Temp = _____ Subjective Temp = _____

AND (check the symptom/s) a. ___ Cough or b. ___ Sore throat (<72 hours duration)

When did symptoms start? Date: _____ - _____ - _____
DD-MMM-YYYY

Hospitalized? Yes / No If YES, how long (hrs)? _____ Hospital Name? _____

Patient treated with antivirals? Yes / No If YES, which antiviral? _____

Patient put on Quarters? Yes / No If YES, how long (hrs)? _____

Physician (name and number): _____
Name Contact Phone Number

IMPORTANT

*Surveillance Information (to be completed by public health staff)

1) This questionnaire **MUST** be completed (in full) for each specimen submitted.

2) Patient **MUST** meet the influenza-like illness (ILI) case definition:

ILI Case Definition

* Fever $\geq 100.5^{\circ}\text{F}$ (38°C), oral or equivalent

AND

* Cough and/or Sore Throat (<72 hours duration)

PLEASE NOTE THE

ADDITIONAL FIELDS FOR ENHANCED SURVEILLANCE

Specimen Submission

****6-10 specimens/week**

Questionnaire Submission

NEW website:

<https://gumbo2.brooks.af.mil/pestilence/influenza>

1) This questionnaire should be entered and submitted online.

2) Additional questionnaires can be downloaded from the [Influenza website](#) at

3) When ordering a test in CHCS, annotate in the *Remarks* section "Flu Surveillance".

Make a copy of this questionnaire for administrative purposes:

* To resolve discrepant information

* For cataloging results and entering them into the Reportable Medical Events System (RMES)

Questions?

Please e-mail:

influenza@brooks.af.mil