



10550

Influenza Surveillance Program

2010 - 2011



Influenza Case Report Form

FAX (714) 834-8196

Epidemiology & Assessment, Telephone (714) 834-8180
Please send (either via fax or GoScan) the following demographic and laboratory information for each patient who tests positive for influenza.

Please Print Like This:

A B C 1 2 3

Shade bubbles like this: ● Not like this: ☑ ☒

Last Name

[Grid for Last Name]

Gender

Female Male Unknown

First Name

[Grid for First Name]

Date of Birth

(example 07/01/1960)

Zip Code of Residence

[Grid for Date of Birth and Zip Code]

Positive Laboratory Result

Influenza A Influenza B A/B Unspecified

Type of Test

Rapid Test DFA EIA IFA PCR Culture

Date Positive Specimen Collected

[Grid for Date Positive Specimen Collected]

Type of Specimen

NP-Wash NP-Swab Tracheal Aspirate Bronchioalveolar Lavage Other: _____

Forward specimen to Orange County Public Health Laboratory if YES to any questions in this box

Patient died?

Yes No Unknown

Date of Death

[Grid for Date of Death]

Patient part of an outbreak?

Yes No Unknown

Patient pregnant?

Yes No Unknown

Estimated Date of Confinement

[Grid for Estimated Date of Confinement]

COMPLETE THE FOLLOWING IF PATIENT ADMITTED TO HOSPITAL:

Patient admitted to hospital?

Yes No Unknown

Onset Date

[Grid for Onset Date]

Admission Date

[Grid for Admission Date]

ICU Admission?

Yes No Unknown

Patient receive flu vaccine this season?

Yes No Unknown

Number of doses of flu vaccine this season?

1 2 Unknown

First Influenza Vaccination Date This Season

[Grid for First Influenza Vaccination Date]

Second Influenza Vaccination Date This Season

[Grid for Second Influenza Vaccination Date]

Patient travel outside the US within 10 days of onset?

Yes No Unknown

if yes, where? _____

Reporting facility:

[Box for Reporting facility]

Sent by:

[Box for Sent by]

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