



**Infectious Disease**  
Influenza and Viral Respiratory Diseases



# NOVEL INFLUENZA PLANNING TOOLKIT

Templates and Resources

Guidance for State and Local Public Health Jurisdictions



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## Acknowledgements

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## Introduction

The CSTE Novel Influenza Planning Workgroup, a subgroup of the CSTE Influenza and Viral Respiratory Diseases Subcommittee, was created to assist in responding to novel influenza A detections in local, state and territorial jurisdictions. The purpose of the workgroup is as follows:

*To create resources that are adaptable for states and other public health jurisdictions for use in the event of a novel influenza detection.*

## Guiding Principles and Considerations

- The purpose of this toolkit is to be an adaptable resource for states and other public health jurisdictions in the event of a novel influenza detection.
- Prior to the identification of a novel influenza virus, it is vital to have good working relationships in place among public and animal health agencies.
- In the event a novel influenza virus is detected, there is pressure to respond and produce communication materials quickly. Use of existing templates may facilitate this aspect of the public health response.
- This toolkit can be shared widely with partners.
- Templates should be used as a starting point for communications and may be revised and tailored to fit local circumstances.
- Templates will need to be adapted to fit circumstances and may not be appropriate for every novel influenza detection.
- Preparation for a novel influenza event may include creating a list of relevant partners before such an event occurs
- Reviewing these materials in advance and identifying critical partnerships to effectively and efficiently respond can help speed messaging during the actual event.
- Templates used should be in conjunction with current CDC recommendations.

## Definitions Used in this Toolkit

### Novel Influenza

Novel influenza A virus infections include all human infections with influenza A viruses that are different from currently circulating human seasonal influenza H1 and H3 viruses. A concern would be that there may be little to no pre-existing immunity in the population to such viruses. These viruses include those that are subtyped as nonhuman in origin and may not be subtyped with standard laboratory methods and reagents. Although influenza A viruses have been detected in many species, poultry and swine are the most commonly reported source of novel influenza infections in humans.

CSTE Novel Influenza A Virus Infection 2014 Case Definition:

<https://www.cdc.gov/nndss/conditions/novel-influenza-a-virus-infections/case-definition/2014/>

### Avian Influenza

Avian influenza A viruses naturally occur in wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Among wild aquatic waterfowl, avian influenza A viruses are usually an infection of their intestines and respiratory tract. Depending upon the virus, wild waterfowl usually do not exhibit signs of illness. However, avian influenza A viruses can cause morbidity or mortality in certain species of wild birds and in domestic poultry including chickens, ducks, and turkeys.

Avian influenza A viruses are classified into the following two categories: low pathogenic avian influenza (LPAI) A viruses, and highly pathogenic avian influenza (HPAI) A viruses. The categories refer to molecular characteristics of a virus and the virus' ability to cause disease and mortality in chickens in a laboratory setting ([whqlibdoc.who.int/hq/2005/WHO\\_CDS\\_2005.29.pdf](http://www.who.int/hq/2005/WHO_CDS_2005.29.pdf)). Infection of poultry with LPAI viruses may cause no disease or mild illness (such as ruffled feathers and a drop in egg production) and may go undetected. Infection of poultry with HPAI viruses can cause severe disease with high mortality. Both HPAI and LPAI viruses can spread rapidly through poultry flocks. The designation of HP or LP does not necessarily predict the pathogenicity of the virus in people, as both LPAI and HPAI can potentially infect humans and cause illness in people.

For updated information on avian influenza: <http://www.cdc.gov/flu/avianflu/index.htm>

### Variant/Swine Influenza

Swine influenza is a common respiratory disease of pigs caused by influenza A viruses. Although rarely reported, swine influenza viruses have infected humans. Influenza viruses that circulate in swine are called "swine influenza" viruses when isolated from pigs, but are called "variant influenza" viruses when isolated from humans, and are considered a type of novel influenza. Historically, human seasonal viruses have infected swine and some have become established in swine populations where they can continue to evolve. Seasonal influenza viruses that circulate worldwide in the human population may have important antigenic and genetic differences from swine origin influenza viruses.

For updated information on variant/swine influenza:

<http://www.cdc.gov/flu/swineflu/index.htm>

## Templates and Resources

Since it is difficult to anticipate what kind of novel influenza virus detection will arise, the CSTE Novel Influenza Planning Workgroup has created and compiled templates based on past novel influenza virus detections, which could be easily adapted to suit immediate needs. However, any current CDC recommendations should be incorporated. The following templates were created and are attached as appendices:

### Communications

- **Laboratory:** Information on the collection and submission of specimens from a potential novel influenza A case.
- **Public talking points:** General talking points that can be used to explain a case of variant influenza to the public.
- **Industry/workers:** Information to give to individuals exposed to avian influenza (AI).

### Avian Influenza (AI) Forms

- **AI Monitoring Form:** This form can be used or adapted to monitor individuals exposed to avian influenza (AI).
- **AI Interview Form:** This form can be used or adapted to interview individuals exposed to avian influenza (AI).

## Appendix A – Laboratory Communications

Information on the collection and submission of novel influenza A specimens.



# Collection and Submission of Specimens from Suspected Human Infections with Novel Influenza A Viruses

*\*Insert name of state health department\**

## When to collect specimens for suspect novel influenza A infections

- When exposure criteria, as defined by local health jurisdiction, are met AND symptoms compatible with influenza illness (including conjunctivitis) are present.
- Specimens should be collected as soon as possible after illness onset, ideally within 7 days of onset, but specimens collected up to 10 days after onset of symptoms may be submitted if necessary.

## What specimen types should be collected

*Before collecting a specimen, ensure that all involved healthcare personnel are adhering to proper infection control practices (i.e., Standard Precautions, plus Contact and Airborne Precautions).*

*See: [Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#)*

*\*Optional, insert links to additional local, state, or CDC guidance\**

- **Patients with upper respiratory illness:** Recommended specimens include upper respiratory tract clinical specimens: nasopharyngeal swabs (NP), nasal swabs (NS), throat swabs (TS), nasal aspirates (NA), nasal washes (NW) or dual nasopharyngeal/throat swabs combined in one viral transport media vial. Refrigerate immediately at 4°C.
- **Patients with lower respiratory illness (pneumonia, ARDS):** Appropriate lower respiratory tract specimens include bronchoalveolar lavage (BAL), bronchial wash (BW), tracheal aspirate (TA), sputum, and lung tissue (lower respiratory tract specimens have a higher viral recovery yield in patients with lower respiratory illness). Refrigerate immediately at 4°C.
- **Patients with conjunctivitis:** Patients with conjunctivitis and a history of exposure to infected birds should be considered for testing. However, ocular swabs are not an approved specimen type for diagnostic testing and it would be considered off-label use for reference testing and should not be used as the sole basis for diagnosis. Influenza testing of ocular swabs may be considered in consultation with the CDC Diagnostic Laboratory.

*\*Additional specimen type title line\**

*\*Additional specimen type text\**

## How specimens should be collected and transported

- Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended.
- Place the swab in the container with viral transport media (VTM), break off end of swab so that it fits in container.
  - Types of acceptable VTM include universal viral transport media (UVT), M4, and M5 media.
  - Check with your public health lab for use of other transport media including liquid Amies medium, liquid Stuart medium, or saline.
- Label the container with patient name, date of birth, date of collection, and type of specimen.

- All respiratory specimens should be kept at 2-8°C and should be tested within 72 hours. If specimens will be tested more than 72 hours after collection, they should be frozen at ≤-70°C and shipped on dry ice. Avoid freezing and thawing specimens if at all possible.
- The state public health laboratory in your jurisdiction should be notified prior to specimen submission that the specimen(s) was obtained from a patient with a suspect novel influenza A infection. This will enable the laboratory to institute necessary enhanced biosafety precautions during the handling of the specimen(s).
- All specimens from a potential human infection with a novel influenza A virus should be tested using the FDA-approved CDC Human Influenza Real-Time RT-PCR Diagnostic Panel (CDC Flu rRT-PCR Dx Panel).

### Where to submit specimens

- Complete one copy of the ***\*Insert name/ hyperlink to state-specific submission form here\**** for each specimen as completely as possible.
- Place collected specimen (primary media container) and one frozen cold pack in a sealed plastic bag (or other watertight secondary packaging), place submission forms in a separate sealed container.
- Follow protocols for standard interstate shipment of etiologic agents. All shipments must comply with current DOT/IATA regulations for Category B Biological Substances.
- **Overnight shipment is preferred for receipt within 24 hours. Transport package to the following address:**
  - \*Name of Public Health Laboratory or preferred testing facility\**
  - \*Attn: Contact Name\**
  - \*Street Address (building or floor number)\**
  - \*City, State, Zip Code\**
- All suspect novel influenza A specimens will be subsequently forwarded on to CDC by the Public Health Laboratory.
- If you have any questions please call *\*Insert state-specific program contact information\**

## Appendix B – Public Talking Points

General talking points that can be used to explain a case of variant influenza to the public.

## Talking Points: HxNxv Case

## Talking Points: Variant Influenza Case

### Key Messages

- A case of variant influenza A (*HxNxv*) was identified in *[Insert State Here]*.
- Influenza viruses are common in swine and can be transmitted to people from time to time. They are different from currently circulating human influenza viruses.

### Talking Points

#### What happened?

- An individual *[add any details desired, such as age range, general geographic location]* with variant influenza A (*HxNxv*) was identified in *[Insert State or General Geographic Location Here]*.
- The person was hospitalized, but has fully recovered.

#### How common is it for people to be infected with an influenza strain from swine/pigs?

- Influenza viruses commonly circulate in pigs. These viruses may be different from human influenza viruses.
- It is not common, but transmission of an influenza A virus from a pig to a human can happen, just as humans can transmit human influenza viruses to pigs.
- When the virus is passed from a pig to a human, it is called a “variant virus” and denoted with a “v” after the subtype (e.g., H1N1v, H1N2v, H3N2v).
- Human infections with a variant virus occur in people with exposure to infected pigs.
- Only a few persons infected with variant influenza have been identified in *[Insert State Here]* in the past few years.
  - 2013 – x cases of
  - 2014 – x case of
  - 2015 – x case of
  - 2016 – x case of

#### Is the general public at risk?

- Influenza viruses are common in pigs
- While reported human infections with viruses that normally circulate in pigs are rare in the United States, they do occur, most often in the context of visits to agricultural fairs

#### Swine influenza has not been shown to be transmissible to people through eating properly handled and prepared pork (pig meat) or other products derived from pigs. What should I do to protect myself if I have contact with pigs or other animals?

- Remember that even healthy animals can carry germs that can make people sick.
- Wash your hands frequently with soap and running water before and after any exposure to animals.
- Don’t eat, drink, or put anything in your mouth while in an area where animals are housed or exhibited.
- People in high risk groups should take extra care around animals. These include senior citizens, children under 5 years old, pregnant women, and people with chronic health conditions or a weakened immune system.

## Talking Points: HxNxv Case

- Avoid close contact with pigs that look or act ill
- Don't take toys, pacifiers, cups, baby bottles, strollers or similar items into pig areas
- Watch your pig (if you have one) for illness. Call a veterinarian if you suspect illness.
- Because humans can transmit human influenza viruses to pigs, it is important to remember that an annual seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu and spreading it. When more people get vaccinated against the flu, less flu can spread whether to other people or animals such as swine.
- People with high risk factors who develop flu symptoms should call a health care provider. Tell them about your high risk condition and any exposure to pigs or swine barns you've had recently. Providers should alert the local public health department if novel influenza infection is suspected. While human seasonal flu vaccine will not protect against commonly circulating swine influenza viruses, prescription antiviral drugs can treat infections with these viruses in people, especially when initiated early.
  - *[Health Department]* has several resources about preventing illness associated with animal contact on our website: *[Health Department or CDC Link Here]*

### How are variant influenza cases reported?

- CDC reports all human infections with novel influenza viruses, including variant influenza cases, in its weekly national influenza surveillance report, [FluView](http://www.cdc.gov/flu/weekly/fluactivitysurv.htm) (<http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>).

## Appendix C – Industry/Workers Communications

Information to give to individuals exposed to avian influenza (AI).

## Health Information for People in Contact with Avian Influenza (H5N1) Infected Flocks

### The risk of getting sick from the virus if you have cared for infected birds is low.

- No one has gotten sick with this strain of avian influenza in [Insert State Here] or in the U.S.
- However, avian influenza viruses have made people sick in other parts of the world.
- Even though the risk is low, it is possible that a human infection could occur.
- This does not mean the start of a pandemic.

### Even though the risk is low, there are some things you can do to stay healthy.

- Limit contact with the infected flock(s).
- Use personal protective equipment (PPE) when working with all flocks on the farm, whether or not they have tested positive. PPE should include:
  - Washable or disposable long sleeved coveralls or Tyvek suit
  - Rubber boots that can be disinfected or disposable plastic boots (Replace if torn)
  - Washable or disposable hat or Tyvek suit hood
  - Latex or nitrile gloves, but you may use cotton gloves underneath (Replace if torn)
  - Goggles or safety glasses
  - A respirator or face mask (N-95 preferred)
- Avoid touching your eyes, nose or mouth while working.
- When your work is complete, remove your PPE and wash hands with soap and water, or use alcohol-based hand gel until hands can be washed.

### If you had contact with sick birds without protective equipment, you may be advised by your health department or safety officer to take an antiviral medication

Contact with sick birds and their environment includes:

- Any close contact with sick birds or contaminated environments
- Sampling sick birds
- Picking up dead birds
- Helping with examination of dead birds (necropsy)
- Checking feeders and waterers in barns with sick birds
- Preparing for depopulation: crowding birds, moving equipment
- Depopulation activities
- Disposal of dead birds
- Participating in disinfecting/clean-up activities of potentially contaminated environments

[Health Department] will be contacting you to do a short interview about your potential exposures and to answer any of your questions. We would like to contact you over a 10-day period by phone, text or email to ask if you have an eye infection or a cough, fever, sore throat or runny nose. Having these symptoms does not necessarily mean you are sick with [avian influenza strain], but we will help get testing and care if needed.

If you have questions, please call [Health Department] at [XXX-XXX-XXXX]. You can also get more information on Avian Influenza at [Health Department or CDC Link Here]

## Appendix D –AI Monitoring Form

This form can be used or adapted to monitor individuals exposed to avian influenza AI.



Name: \_\_\_\_\_

ID: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Monitoring start date (for example, date of first interview with public health or date when sick birds were found): \_\_\_\_\_

Date of last exposure (last date of contact with sick or dead birds or contaminated environment): \_\_\_\_\_

End of monitoring period (10 days after date of last exposure): \_\_\_\_\_

| Date | Method of Contact                                                                                                                                                                      | Temperature (°F) | Symptoms (Check all that apply)                                                                                                                                                                         |                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                              | Comments or other symptoms |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |
|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |
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|      |                                                                                                                                                                                        |                  |                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                              |                            |

## Symptom and Temperature Monitoring after Exposure to Avian Influenza

ID: \_\_\_\_\_

| Date | Method of Contact                                                                                                                                                                      | Temperature (°F) | Symptoms (Check all that apply)                                                                                                                                                                         |                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                              | Comments or other symptoms |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |
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|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |
|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |
|      | <input type="checkbox"/> In Person <input type="checkbox"/> Email<br><input type="checkbox"/> Text <input type="checkbox"/> Phone<br><input type="checkbox"/> <b>Unable to Contact</b> |                  | <input type="checkbox"/> <b>No Symptoms</b><br><input type="checkbox"/> Feeling feverish /chills<br><input type="checkbox"/> Eye irritation (red eyes)<br><input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Eye discharge<br><input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Body aches<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Seizures | <input type="checkbox"/> Sneezing<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Rash |                            |

## Appendix E - AI Interview Form

This form can be used or adapted to interview individuals exposed to avian influenza AI.

ID: \_\_\_\_\_

## Avian Influenza (AI) Interview Form

*Complete one form for each potentially exposed person.*

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

### Demographic Information of Potentially AI Exposed Person

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: ☐ Female ☐ Male Race/Ethnicity: \_\_\_\_\_

Parent's name (if child): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Interpreter required? ☐ Yes ☐ No If yes, language: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

### Description of Exposure

Name of site where exposed: \_\_\_\_\_ Type of facility: \_\_\_\_\_

Number of buildings on site: \_\_\_\_\_ Number of flocks on site: \_\_\_\_\_

Relationship to this facility: \_\_\_\_\_

Do you live at this facility? ☐ Yes ☐ No I live about \_\_\_\_\_ miles away.

What date was it first noticed that birds were off-feed, sick, or dying (possibly with avian influenza)? \_\_\_\_\_

What date were the birds quarantined? \_\_\_\_\_

What date was the flock sampled? \_\_\_\_\_

Results? \_\_\_\_\_ (what virus was identified)

Did you have contact with positive birds, the virus-contaminated environment, or were you in an enclosed environment with sick or dead birds?

☐ Yes ☐ No ☐ Unknown

If yes, describe: \_\_\_\_\_

Do you still have contact with infected birds or the environment contaminated by virus? ☐ Yes  
☐ No ☐ Unknown

ID: \_\_\_\_\_

If contact has ceased, date of last contact: \_\_\_\_\_

Quarantined released? ☐ Yes ☐ No ☐ Unknown

If yes, date of release: \_\_\_\_\_

*Note: monitoring for symptoms of conjunctivitis and influenza-like illness should occur during exposure and for 10 days after last exposure.*

### **Personal Protective Equipment (PPE)**

If you had contact with infected birds or virus-contaminated environment, or were in an enclosed environment with sick or dead birds, did you wear any of the following types of personal protective equipment (PPE) at those times?

- Eye Protection:
  - ☐ Yes, always
  - ☐ Yes, sometimes
  - ☐ Never
  - ☐ Unknown
- Gloves:
  - ☐ Yes, always
  - ☐ Yes, sometimes
  - ☐ Never
  - ☐ Unknown
- Fluid-resistant Coveralls:
  - ☐ Yes, always
  - ☐ Yes, sometimes
  - ☐ Never
  - ☐ Unknown
- Rubber Boots:
  - ☐ Yes, always
  - ☐ Yes, sometimes
  - ☐ Never
  - ☐ Unknown
- Respirator (surgical masks and bandanas are not respirators):
  - ☐ Yes, always
  - ☐ Yes, sometimes
  - ☐ Never
  - ☐ Unknown

ID: \_\_\_\_\_

If respirator used, describe (N95, other type): \_\_\_\_\_

Was respirator fit tested? ☐ Yes ☐ No ☐ Unknown

### Personal Protective Equipment (PPE) Breaches

If you answered “yes, always” or “yes, sometimes” to any of the questions above, did you ever have any breaches in PPE? This could be PPE that broke, fell off, tore, that you forgot to wear, or because you contaminated yourself by donning or doffing the PPE improperly. If you did have any breaches in PPE, describe:

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### Exposure Summary

*For the investigator completing this form to fill out:*

This person had the following exposure to infected birds or their environment (select one):

- ☐ No exposure
- ☐ Protected exposure (full PPE used at all times with no breaches)
- ☐ Unprotected exposure (full PPE was not used at all time *or* there was a breach in PPE)

Describe exposure status and when it occurred:

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### Immunization Status

Did you get a flu vaccine (shot) this season? ☐ Yes ☐ No ☐ Unknown

If yes, date of vaccination and type: \_\_\_\_\_

*If not, we would recommend that you get the flu vaccine annually.*

ID: \_\_\_\_\_

### Symptoms of influenza like illness (ILI)

Have you had any of the following symptoms since the poultry were found positive for avian flu or, if the birds were ill, from when they first appeared sick?

|                                                                        | Onset date     |
|------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> No symptoms                                   |                |
| <input type="checkbox"/> Fever _____ °F °C                             | MM / DD / YYYY |
| <input type="checkbox"/> Feeling feverish/chills                       | MM / DD / YYYY |
| <input type="checkbox"/> Cough                                         | MM / DD / YYYY |
| <input type="checkbox"/> Sore throat                                   | MM / DD / YYYY |
| <input type="checkbox"/> Runny or stuffy nose                          | MM / DD / YYYY |
| <input type="checkbox"/> Eye tearing, redness, irritation ("pink eye") | MM / DD / YYYY |
| <input type="checkbox"/> Sneezing                                      | MM / DD / YYYY |
| <input type="checkbox"/> Difficulty breathing                          | MM / DD / YYYY |
| <input type="checkbox"/> Shortness of breath                           | MM / DD / YYYY |
| <input type="checkbox"/> Fatigue (feeling very tired)                  | MM / DD / YYYY |
| <input type="checkbox"/> Muscle or body aches                          | MM / DD / YYYY |
| <input type="checkbox"/> Headaches                                     | MM / DD / YYYY |
| <input type="checkbox"/> Nausea                                        | MM / DD / YYYY |
| <input type="checkbox"/> Vomiting ____ times/day                       | MM / DD / YYYY |
| <input type="checkbox"/> Diarrhea ____ times/day                       | MM / DD / YYYY |
| <input type="checkbox"/> Seizures                                      | MM / DD / YYYY |
| <input type="checkbox"/> Rash                                          | MM / DD / YYYY |
| <input type="checkbox"/> Other _____                                   | MM / DD / YYYY |

If any symptoms reported,

Do you still have any of these symptoms? ☐ Yes ☐ No ☐ Unknown

Do any of your household contacts currently have similar symptoms?

☐ Yes ☐ No ☐ Unknown

Did you consult a health care provider for this illness? ☐ Yes ☐ No ☐ Unknown

Provider name: \_\_\_\_\_ Clinic/location: \_\_\_\_\_

Was consultation by phone only? ☐ Yes ☐ No Date of visit or phone call: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication(s) prescribed: \_\_\_\_\_

\_\_\_\_\_ If medication was prescribed, did you obtain it and take it? ☐ Yes ☐ No ☐ Not all of it

Were you hospitalized? ☐ Yes ☐ No If yes, name/location of hospital: \_\_\_\_\_

ID: \_\_\_\_\_

Hospital admission date: \_\_\_\_\_ Hospital discharge date: \_\_\_\_\_

Do you know of anyone else with symptoms similar to yours? ☐ Yes ☐ No ☐ Unknown

If yes, fill in name, relationship, and contact information:

| Name | Relationship to you | Phone number/contact information |
|------|---------------------|----------------------------------|
|      |                     |                                  |
|      |                     |                                  |
|      |                     |                                  |

*If exposed person is still ill with ILI symptoms, consider collecting a specimen for influenza testing at the state public health lab.*

### **Monitoring for 10 days after last exposure for symptoms of ILI**

Monitoring start date (by local health department): MM / DD / YYYY

Monitoring end date (this date should be 10 days after the last date of exposure to sick animals or contaminated areas). MM / DD / YYYY

What type of monitoring does the health department plan to implement for this worker?

☐ Passive monitoring (contact twice; once at beginning and once at end of monitoring period)

☐ Active monitoring (daily contact during monitoring period)

☐ No further monitoring necessary (first contact with worker occurred >10 days after last exposure) or assessed not have been exposed.

☐ Other, specify \_\_\_\_\_

How does the health department plan to communicate with the worker for monitoring purposes?

☐ Phone ☐ Email ☐ In-person ☐ Skype/Facetime

☐ Text message ☐ Other, specify: \_\_\_\_\_

Does worker have overnight travel planned outside of the county or state or country during the monitoring period?

☐ Yes ☐ No

If yes, where/when? \_\_\_\_\_

*Note: Develop a plan with the exposed person for where health care should be sought if symptoms of ILI develop during the exposure period, and how the exposed person should get to the medical facility. Communicate with the designated facilities regarding infection control, treatment and testing of exposed people, and how to get in contact with the health department.*



