



2018-2019 Severe Influenza Case Reporting Form Hospitalizations and Deaths

Reported by:	Reporter Contact #:
Reporting Jurisdiction:	

Last Name:	First Name:	DOB:	Age:
Street Address:			
City of Residence:		County of Residence:	
Race: White <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	

Onset Date:	Admit Date:	
Discharge Date:	Discharge Status: Pending <input type="checkbox"/> Home <input type="checkbox"/> Long Term Care <input type="checkbox"/>	
If institutional resident please specify facility:		
Death: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Death:	
Laboratory Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Test:	Clinical Diagnosis Only: <input type="checkbox"/>
Influenza Type: Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Untypeable <input type="checkbox"/>	Subtype: Seasonal A(H3) <input type="checkbox"/> 2009 A(H1N1) <input type="checkbox"/>	

Vaccinated for seasonal influenza? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Vaccination Date:
Primary HCP:	HCP Phone:

Select all applicable pre-existing medical conditions/comorbidities*:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Neuromuscular Disorder	Comments:
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Obesity (BMI≥40)	
<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Immune Suppression	<input type="checkbox"/> Renal Disease	
<input type="checkbox"/> Metabolic Disorder	<input type="checkbox"/> No known Condition	
<input type="checkbox"/> Neurologic Disorder	<input type="checkbox"/> Other _____	

*See next page for expanded list of medical conditions/comorbidities

PLEASE REPORT CASES TO LOCAL HEALTH DEPARTMENT

Risk Factor/Preexisting Comorbidities Reporting

To better understand the impact of influenza in Montana, CDEpi is requesting additional information on underlying risk factors and preexisting medical conditions/ comorbidities among reported cases of influenza hospitalization and death. Use the list below to determine if the reported case has any of the risk factors or medical conditions/comorbidities and check the box in the newly added “Pre-existing Medical Conditions/Comorbidities” section of the form. In MIDIS, simply add the pre-existing medical conditions/comorbidities in the “General Comments” section of the investigation.

Description of pre-existing medical conditions/comorbidities:

- Asthma (medical diagnosis of asthma or reactive airway disease)
- Cardiovascular Disease (such as congenital heart disease, congestive heart failure, coronary artery disease, stroke)
- Chronic lung disease (such as COPD and cystic fibrosis)
- Immune suppression due to disease or medication (such as people with HIV or AIDS, cancer or those on chronic steroids)
- Metabolic disorders (such as inherited metabolic disorders, mitochondrial disorders, diabetes mellitus, thyroid dysfunction, adrenal insufficiency, liver disease)
- Neurologic disorders (such as seizure disorder, cerebral palsy and cognitive dysfunction)
- Neuromuscular disorders (such as multiple sclerosis and muscular dystrophy)
- Renal disease (such as acute or chronic renal failure, nephrotic syndrome, glomerulonephritis, impaired creatinine clearance)