Wyoming Department of Health
Commit to your health.

Severe Influenza Case History Form (Hospitalized and Fatal Influenza Cases)

Case definition for a severe influenza case:
1) Laboratory confirmed influenza, any type or subtype ***AND***
2) In-patient admission (hospitalized patient) ***OR*** expired at any location within facility (ER, ICU, etc…)

Patient Demographic Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip_____

Phone (Home): _____ Phone (Cell): _____ Date of Birth: _____ Age: _____

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

Hispanic: ☐ Yes ☐ No ☐ Unknown Weight: _____ Height: _____

Gender: ☐ Male ☐ Female Pregnant: ☐ Yes ☐ No ☐ Unknown

Patient Healthcare and Laboratory Information

Underlying Medical Condition: ☐ Yes ☐ No ☐ Unknown If *Yes*, list : _____

Case Status: ☐ Laboratory confirmed ☐ Clinically diagnosed Specimen Source:_____

Rapid test done: ☐ Yes ☐ No ☐ Unknown If *Yes*, the results: ☐ Positive ☐ Negative

Was influenza diagnosed by other methods *(check all that apply)*:
☐IFA ☐DFA ☐PCR ☐Viral Culture ☐Other: _____

Onset Date of Symptoms :_____ Specimen Collection Date:_____ Result Date:_____

Level of medical care *(check all that apply)*: ☐ Clinic ☐ ER ☐ In-patient Admission ☐ ICU ☐ None

Hospital Name:_____ If admitted, Date:_____ Discharge Date:_____

Chest X-ray: ☐ Positive ☐ Negative ☐ Not done Findings: _____

Symptoms:

☐ Fever (>100°F)	☐ Diarrhea	☐ Rhinorrhea/Congestion
☐ Headache	☐ Nausea/vomiting	☐ Shortness of Breath
☐ Cough	☐ Seizures	☐ Altered mental status
☐ Sore throat	☐ Body aches	☐ Muscle aches

Complications that occurred during hospitalization:
☐ Pneumonia ☐ ARDS ☐ Secondary bacterial pneumonia ☐ Other: _____

Case Outcome: ☐ Recovering ☐ Deteriorating ☐ Died If *Died*, date of death:_____

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