AVIAN INFLUENZA

Additional case information

Usual place of residence	For cases that usually live elsewhere provide the country, region and district of residence.

Basis of diagnosis

Clinical criteria	
Fits clinical description	Select the 'Yes' option if the case fits the clinical description for the disease. The case definition can be found in the Communicable Disease Control Manual.
Asymptomatic	Indicate whether case was asymptomatic. If not known or unavailable, then select the 'Unknown' option.
Symptoms	If the case had symptoms, select all that apply and specify any other symptoms present.
Clinical signs	Select all the clinical signs that apply.
Laboratory criteria	
Laboratory confirmation of disease	Indicate if the case meets the laboratory confirmation criteria for the disease. If not, select the 'No' option. If no laboratory tests were carried out, select 'Not Done'. If the results of the laboratory test are not yet available, select 'Awaiting results'.
Laboratory results	If the laboratory test results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out, select 'Not Done'. If influenza A was detected by PCR, provide the subtyping result. Specify any other positive tests that are not listed.
Epidemiological criteria	
Fits epidemiological criteria	Indicate whether the case meets the epidemiological criteria. If not known or unavailable, then select the 'Unknown' option. The epidemiological criteria include contact with animals and/or human cases. Refer to the latest case definition in the Communicable Disease Control Manual.
Additional laboratory details	
Organism subtype	Specify the H and N subtype identified.

Classification

Classification	**Under investigation -** a clinically compatible illness in a person who has been notified and meets the epidemiological criteria (i.e. a suspected case), but information is not yet available to classify further. This includes positive influenza A results where subtyping is outstanding**.** **Probable -** a clinically compatible illness in a person who meets the epidemiological criteria and has laboratory suggestive evidence**.** **Confirmed - a** person that has laboratory definitive evidence**.** **Not a case** – a case that has been investigated, and subsequently found not to meet the case definition.

Additional outcome details

ICU, ventilation, ECMO	Indicate whether the case received care in an intensive care unit (ICU), mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). If not known or unavailable, then select the 'Unknown' option.

Risk factors

Overseas travel	Indicate whether the case was overseas during the incubation period. If 'Yes' record the date of arrival in New Zealand. List the countries/regions visited (up to four) from the most recent to the least recent. Record the date of entry and departure in each country/region. If not known or unavailable, then select the 'Unknown' option.
Healthcare or laboratory worker	Indicate whether the case works in a human or animal healthcare setting or a human or animal health laboratory. If the case works in a laboratory indicate whether the avian influenza virus is handled there. If not known or unavailable, then select the 'Unknown' option.
Animal contact	Indicate whether the case had contact with wild or domestic animals, either through work or recreation activities. If the case had animal contact, select all that apply and specify any other animal(s) not listed. Describe the nature of the animal contact.
Contact with a probable or confirmed case	Indicate whether the case had close contact with a probable or confirmed human case of avian influenza. If 'Yes', provide the EpiSurv number for the case. If not known or unavailable, then select the 'Unknown' option.
Underlying conditions	If the case had underlying conditions, select all that apply and specify any other underlying conditions.
Other risk factors	Specify any other risk factors for avian influenza if they were present.

Protective factors

Vaccination	Indicate whether the case had received a seasonal and/or pre-pandemic influenza vaccine in the last 12 months. If 'Yes', specify the date of the last vaccination. If not known or unavailable, then select the 'Unknown' option.

Management

Case management	
Isolation	Indicate whether the case was advised to isolate. If 'Yes', record the dates of the isolation period. If not known or unavailable, then select the 'Unknown' option.
Antivirals	Indicate whether the case received antiviral medications. If 'Yes', specify the purpose, the antivirals that were given and the date started. Indicate whether the prescribed dose was taken every day prior to illness. If not known or unavailable, then select the 'Unknown' option. If the case did not receive antiviral medications, indicate whether they are planned. If not known or unavailable, then select the 'Unknown' option. If antiviral treatment was considered but not given, select all the reasons that apply and specify any other reason.
Contact management	
Number of contacts identified	Record the number of household, healthcare/laboratory and other high risk close contacts who were identified.
Contact follow up	Record the number of household, healthcare/laboratory and other high risk close contacts who were counselled, had symptoms and were given post exposure prophylaxis. Note: the number who were counselled, had symptoms and/or were given post exposure prophylaxis should be a subset of the number of contacts identified. For more information refer to the Communicable Disease Control Manual.