Ohio Department of Health

Influenza-Associated Hospitalization Confidential Case Report

Person demographics

ODRS ID number			
Last name	First name	Middle name	
Street		County	
City	State	ZIP	
Date of birth / /	Age	Phone number ( )	
Sex ☐ Male ☐ Female	Race (Check all that apply) ☐ White ☐ Asian ☐ Black ☐ Hawaiian Native or Pacific Islander ☐ American Indian or Alaskan Native ☐ Other ☐ Unknown	Ethnicity ☐ Hispanic or Latino ☐ Non Hispanic or Non Latino ☐ Unknown	
Pregnant? ☐ Yes ☐ No ☐ Unknown	Deceased? ☐ Yes ☐ No ☐ Unknown	Date of death / /	

Laboratory information

Test type	Result	Specimen collection date
☐ Commercial rapid diagnostic test	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B (Not distinguished)	/ /
☐ Viral culture	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ Direct fluorescent antibody (DFA)	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B	/ /
☐ Indirect fluorescent antibody (IFA)	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B	/ /
☐ Enzyme immunoassay (EIA)	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ RT-PCR	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ Rapid Molecular Assay	☐ Influenza A ☐ Influenza B ☐ Negative	/ /

Date of illness onset	Clinician name	Clinician phone #
/ /		( )

Was patient hospitalized?	Hospital	Date of admission
☐ Yes ☐ No ☐ Unknown		/ /

Date of discharge	Medical record number	Does patient have neurological symptoms?	Was the patient in the ICU?
/ /		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Culture confirmation of *invasive* bacterial pathogens

Was an invasive bacterial infection confirmed by culturing an organism from a specimen collected from a normally sterile site (e.g., blood, cerebrospinal fluid [CSF], tissue, or pleural fluid)?

☐ Yes ☐No

☐ Streptococcus pneumoniae

☐ *Haemophilus influenzae* type b

☐ *Haemophilus influenzae* not-type b

☐ Group A streptococcus

☐ *Staphylococcus aureus*, methicillin **sensitive**

☐ *Staphylococcus aureus,* methicillin **resistant (MRSA**)

☐ *Staphylococcus aureus*, **sensitivity not done**

☐ *Neisseria meningitidis* (serogroup, if known) _____

☐ Other invasive bacteria _____

Epidemiology information

Did patient travel out of the country during the 10 days prior to illness? ☐ Yes ☐ No ☐ Unknown

If yes, then list where and when:

Is the patient a healthcare worker with direct patient contact? ☐ Yes ☐ No ☐ Unknown

Does the patient have a heart, kidney, or metabolic disorder? ☐ Yes ☐ No ☐ Unknown

Does the patient have a chronic respiratory disorder? ☐ Yes ☐ No ☐ Unknown

Is the patient immunosuppressed? ☐ Yes ☐ No ☐ Unknown

Vaccination information

Did patient receive an influenza vaccine during the current influenza season? ☐ Yes ☐ No ☐ Unknown

If yes, number of doses:	Date of vaccination:	Date of vaccination:	Date of vaccination:
	/ /	/ /	/ /