Highly Pathogenic Avian Influenza Interview Form

ADMINISTRATIVE

EpiTrax # ______________________  Interviewer Name: ____________________________________________

Number of Call Attempts: _______ Follow-up Status: ☐ Interviewed ☐ Refused Interview ☐ Lost to Follow-Up*

Date of initial interview (must enter MM/DD/YYYY): ___________________________

Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other, Specify: ____________________________

DEMOGRAPHICS

County: ________________ Birth Gender: ☐ Male ☐ Female Date of Birth: _________________ Age: ______

Hispanic/Latino Origin: ☐ Yes ☐ No ☐ Unknown

How would you describe your race? ☐ White ☐ Black/African American ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other ________________ ☐ Unknown

INVESTIGATION

ASSESSMENT

Have you had recent contact with birds potentially infected with HPAI H5 virus (i.e., sick or dead birds, or flocks where HPAI H5 virus infection has been confirmed)? ☐ Yes ☐ No

Name of facility where you were exposed ________________

Do you live at this facility? ____________________

Type of facility where you were exposed (e.g. layer, broiler, turkey, etc.) ________________

Company that runs facility where you were exposed ________________

City where you were exposed ________________

State where you were exposed ________________

What date were you first exposed to potentially infected birds? ________________

What date were you last exposed to potentially infected birds? ________________

Did you wear recommended Personal Protective Equipment (PPE) while exposed to potentially infected birds?

☐ Yes, recommended PPE was worn at all times

☐ No, had exposure prior to donning PPE or had documented PPE breach during exposure

ANTIVIRALS

Are you taking antiviral medication prophylactically? ☐ Yes ☐ No ☐ Don’t know

What date did antiviral treatment begin? ________________

What date did antiviral treatment end? ________________

Read the following antiviral guidelines to the exposed individual:

- Anyone who has had contact with sick and dying poultry or HPAI-contaminated poultry environments without the use of full PPE may be at risk for infection.
- The risk of infection is low.
• Antiviral medication is available, and may lessen your risk of infection even more.
• You should consult with your physician regarding the use of antivirals.
• If you develop respiratory symptoms during your monitoring period, you will immediately be prescribed antivirals and tested for influenza.

**MONITORING**

**DAY 1 POST-EXPOSURE**

*Establish phone contact to evaluate for illness compatible with influenza, describe parameters of monitoring plan, provide additional instructions to follow if illness manifests, and verify and exchange contact information.*

**Was contact made?** □ Yes   Date contact made:
□ No   If no, why not? ______________

What hospital will you go to for testing and treatment if you become symptomatic?

Name of hospital: ____________________________

*Public health should contact the facility to make sure it is prepared for testing (airborne PPE for specimen collection, viral test kit materials)*

Do you plan to leave the state during the monitoring period?

*Individuals are allowed to travel within and between states during the 10-day post-exposure monitoring period. If travel is planned, an interstate movement notification will be sent to the receiving state by KDHE. The receiving state will then continue monitoring the responder with, at a minimum, a phone call on day 10 of the monitoring period.*

City(ies) and State(s) of planned travel: _______________

Planned date of departure: _______________

Planned date of return: _______________

Do you have any of the following symptoms?

- Fever □ Yes □ No
  - If yes, Highest Measured Temperature (°F) ___
- Chills □ Yes □ No
- Cough □ Yes □ No
- Sore throat □ Yes □ No
- Runny or stuffy nose □ Yes □ No
- Eye tearing, redness, or irritation (“pink eye”) □ Yes □ No
- Sneezing □ Yes □ No
- Difficulty breathing □ Yes □ No
- Shortness of breath □ Yes □ No
- Fatigue □ Yes □ No
- Muscle or body aches □ Yes □ No
- Headache □ Yes □ No
- Nausea □ Yes □ No
- Vomiting □ Yes □ No
- Diarrhea □ Yes □ No
  - If yes, Maximum number of Stools in 24 hours ___
  - If yes, was the diarrhea bloody? □ Yes □ No □ Unknown
Seizures □ Yes □ No
Rash □ Yes □ No
Other Symptoms □ Yes □ No

If yes, specify: __________________________

If yes, what date did you start to have symptoms of illness? Onset Date:______________  
Onset Time:______________

### DAYS 2-9 POST-EXPOSURE

*Individual should self-monitor for symptoms during days 2-9 of post-exposure period, and immediately contact the local or state health department if signs or symptoms of influenza develop.*

*More frequent or in-person monitoring may be employed as resources permit.*

### DAY 10 POST-EXPOSURE

*Establish phone contact to verify illness status and let individual know that their monitoring period has concluded.*

Did you have any of the following symptoms in the previous 10 days?

- Fever □ Yes □ No
  - If yes, Highest Measured Temperature (°F) _____

- Chills □ Yes □ No
- Cough □ Yes □ No
- Sore throat □ Yes □ No
- Runny or stuffy nose □ Yes □ No
- Eye tearing, redness, or irritation (“pink eye”) □ Yes □ No
- Sneezing □ Yes □ No
- Difficulty breathing □ Yes □ No
- Shortness of breath □ Yes □ No
- Fatigue □ Yes □ No
- Muscle or body aches □ Yes □ No
- Headache □ Yes □ No
- Nausea □ Yes □ No
- Vomiting □ Yes □ No
- Diarrhea □ Yes □ No

- If yes, Maximum number of Stools in 24 hours _____
- If yes, was the diarrhea bloody? □ Yes □ No □ Unknown

Seizures □ Yes □ No
Rash □ Yes □ No
Other Symptoms □ Yes □ No

If yes, specify: __________________________

If yes, what date did you start to have symptoms of illness? Onset Date:______________  
Onset Time:______________
That completes the interview, thank you for taking the time to answer my questions.

Additional notes: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________