



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): _____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

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 Yes No
("pink eye")

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 Yes No
("pink eye")

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: _____
