

# SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

**INTERNAL USE:** Reference Case Illness Onset Date: \_\_\_\_\_

Referent period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Use for Questions #2-12, 16  
-7 days before onset 7 days after onset

State EPI ID # (reference case): \_\_\_\_\_ CDC EPI ID # (reference case): \_\_\_\_\_

State EPI ID # (other reference case): \_\_\_\_\_ CDC EPI ID # (other reference case): \_\_\_\_\_

State EPI ID # (contact): \_\_\_\_\_ CDC EPI ID # (contact): \_\_\_\_\_

Interview date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Report (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Status:  Case confirmed; date \_\_\_\_/\_\_\_\_/\_\_\_\_  Probable Case; date \_\_\_\_/\_\_\_\_/\_\_\_\_

Suspect Case; date \_\_\_\_/\_\_\_\_/\_\_\_\_  Not a case; date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cluster ID: \_\_\_\_\_ Cluster Name: \_\_\_\_\_

## SOURCE OF INFORMATION

Person  Proxy (not available or too young); if yes, relationship to contact: \_\_\_\_\_

Proxy First \_\_\_\_\_ Proxy Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

## REPORTER INFORMATION (If reporter is CDC staff, list CDC UserID in first field and skip other fields)

Reporter Name First \_\_\_\_\_ Last \_\_\_\_\_

Reporter's Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number :(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax Number :(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

## CONTACT DEMOGRAPHIC INFORMATION

Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not US) \_\_\_\_\_

DOB (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ or Age \_\_\_\_\_  yrs  mo (for infants up to 11mo; 0 mo=<1 mo old)

Sex (circle one) M / F

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

Race:  White (1)                       Native Hawaiian/Other Pacific Islander (4)                       Multiracial (6)  
 Black (2)                                       American Indian/Alaska Native (5)                       Unknown (9)  
 Asian (3)

Ethnicity:  Hispanic                       Non-Hispanic                       Unknown

GPS (if needed) \_\_\_\_\_ (latitude X longitude)                      County \_\_\_\_\_

Email address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_  
 If yes, name employer : \_\_\_\_\_  Employer Phone : \_\_\_\_\_

Does your current job fall into one of these job classes?  
 Laboratory worker (1)      Swine farm-worker (6)                      Other animal husbandry (11) , please specify:  
 Health care worker (2)      School worker or teacher (7)                      \_\_\_\_\_  
 Poultry farm-worker (3)      First-responders (8)                      Other (99), please specify:  
 Wildlife worker (4)              Childcare worker (9)                      \_\_\_\_\_  
 Veterinary worker (5)      Student (if college/university (10), please list school \_\_\_\_\_)

**EXPOSURE INFORMATION -- frame question by referent period**

- What is your exposure context to (*case patient*) ?  
 Household member      Specify : \_\_\_\_\_  
 Extended family              Specify : \_\_\_\_\_  
 Friends                              Specify : \_\_\_\_\_  
 Co-worker                      Specify : \_\_\_\_\_      Co-worker Phone: \_\_\_\_\_  
 School or daycare              Specify : \_\_\_\_\_  
 Public Health worker      Specify : \_\_\_\_\_  
 Laboratory worker              Specify : \_\_\_\_\_      Type of Laboratory: \_\_\_\_\_  
 Healthcare worker              Specify : \_\_\_\_\_  
 Travel out of town              Specify : \_\_\_\_\_  
 Visitor/Guest                      Specify : \_\_\_\_\_  
 Animal encounter              Specify : \_\_\_\_\_  
 Other                                  Specify : \_\_\_\_\_

2. Please list the people that currently live in your household ?

	NAME	RELATIONSHIP	AGE (circle one)
1			Mo / Yr
2			Mo / Yr
3			Mo / Yr
4			Mo / Yr
5			Mo / Yr
6			Mo / Yr

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

7	Mo / Yr
8	Mo / Yr

3. Has anyone in your household had fever, cough, sore throat, or symptoms during \_\_\_\_\_ to \_\_\_\_\_ (*referent dates*) ?

Yes:                      No                      Unknown

If yes, please list name(s) or list number from above to indicate **ill persons** in your household & date of symptom onset:

a. \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

b. \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

c. \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

4. For Health Care Workers, describe activities:

Examined patient	Yes (1)	No (2)	Unknown (9)
Obtained respiratory specimens	Yes (1)	No (2)	Unknown (9)
Obtained stool specimens	Yes (1)	No (2)	Unknown (9)
Intubated patient	Yes (1)	No (2)	Unknown (9)
Other:	Yes (1)	No (2)	Unknown (9)

If other, specify: \_\_\_\_\_

5. Did you have contact (ie, within 6 feet or 2 meters) or interact with case patient during (*referent dates*—see *internal use box*), \_\_\_\_\_ to \_\_\_\_\_?

Yes:                      No                      Unknown

a. If yes, can you describe the nature of these specific interactions or close contact with the case patient?

Playing (if case is child)	Yes (1)	No (2)	Unknown (9)
Having a meal with him/her	Yes (1)	No (2)	Unknown (9)
Sharing a bed	Yes (1)	No (2)	Unknown (9)
Other:	Yes (1)	No (2)	Unknown (9)

If other, describe: \_\_\_\_\_

6. Did your interaction involve direct contact with (*case patient*) or their belongings?

Yes                      No                      Unknown

a. If yes, describe:

Sharing cups/utensils	Yes (1)	No (2)	Unknown (9)
Kissing/hugging	Yes (1)	No (2)	Unknown (9)
Direct care of case during illness ( <i>may include handling soiled linen, clothes, etc</i> )	Yes (1)	No (2)	Unknown (9)

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

Other (specify): \_\_\_\_\_ Yes (1) No (2) Unknown (9)

If other, describe: \_\_\_\_\_

7. Approximately how much total time did you interact with case patient during (*referent dates*)? Please think carefully. List all dates:

INTERACTION	DATE OF INTERACTION	APPROXIMATE TIME (MINUTES)
#1	___/___/___	___
#2	___/___/___	___
#3	___/___/___	___
#4	___/___/___	___
#5	___/___/___	___
#6	___/___/___	___
#7	___/___/___	___
#8	___/___/___	___
#9	___/___/___	___

8. During \_\_\_ to \_\_\_ (referent dates), did you do any of the following?

a. Travel out of town, including out of state or internationally?  Yes  No  Unknown

If yes, where did you travel? *Note: If you took a multi-leg flight or several trains/buses, each leg represents a distinct destination*

**DESTINATION 1:** \_\_\_\_\_

Dates of travel: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Unknown

Purpose of travel \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Flight/Ship #: \_\_\_\_\_

Miscellaneous (*If less than 1 day, indicate how many minutes here*) \_\_\_\_\_

**DESTINATION 2:** \_\_\_\_\_

Dates of travel: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Unknown

Purpose of travel \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Flight/Ship #: \_\_\_\_\_

Miscellaneous (*If less than 1 day, indicate how many minutes here*) \_\_\_\_\_

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

**DESTINATION 3:** \_\_\_\_\_

Dates of travel: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Unknown

Purpose of travel \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Flight/Ship #: \_\_\_\_\_

Miscellaneous (If less than 1 day, indicate how many minutes here) \_\_\_\_\_

**DESTINATION 4:** \_\_\_\_\_

Dates of travel: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Unknown

Purpose of travel \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Flight/Ship #: \_\_\_\_\_

Miscellaneous (If less than 1 day, indicate how many minutes here) \_\_\_\_\_

9. Have out-of-town guests visited you?  Yes  No  Unknown

a. If yes, where did they travel from?

Origin: \_\_\_\_\_ (include state & also country, if outside US)

Dates of visitors: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Unknown

b. Was anyone ill or become ill?  Yes  No  Unknown

If yes, please list names of all visitors and indicate if ill or not:

VISITOR	NAME	RELATIONSHIP	AGE	CIRCLE ONE	ILL?	HOME PHONE	CELL PHONE
#1				mo / yrs	Y / N		
#2				mo / yrs	Y / N		
#3				mo / yrs	Y / N		
#4				mo / yrs	Y / N		
#5				mo / yrs	Y / N		
#6				mo / yrs	Y / N		

c. Comments, if someone was ill: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

10. Did you visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited, or are there swine at your home, on your farm or at your workplace?

Yes       No       Unknown

i. Where? \_\_\_\_\_

ii. When? \_\_\_\_/\_\_\_\_/\_\_\_\_

a. Did you have contact with any animals?

Yes       No       Unknown

If yes, what type of animals? \_\_\_\_\_

Were any of the animals sick?  Yes       No       Unknown

If yes, what type of symptoms did they have? \_\_\_\_\_

11. Has anyone in your school or work had fever, cough, sore throat, or symptoms similar to what you reported during \_\_\_\_\_ to \_\_\_\_\_ (*referent dates*) ?

Yes       No       Unknown

If yes, please provide name of **ill persons** in your work or school & their date of symptom onset, to the best of your knowledge:

NAME	DATE (MM/DD/YY)
	____/____/____
	____/____/____
	____/____/____

12. Exposure Narrative: (Impression of exposures including field assessment of most suspicious; may list in order of suspicion)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

### MEDICAL INFORMATION

13. Do you have any of the following medical conditions?

a. Asthma . . . . .  Yes  No  Unknown

If yes, do you currently take medication to control your asthma?  Yes  No  Unknown

b. Other chronic lung disease . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

c. Chronic heart or circulatory disease . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

d. Metabolic disease (including diabetes) . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

If yes, do you currently take medication to control your disease?  Yes  No  Unknown

e. Kidney disease . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

f. Cancer in the last 12 months . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

g. Immunosuppressive condition (HIV infection, , chronic corticosteroid or other immunosuppressive therapy, or organ transplant recipient) . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

h. Neurologic/neuromuscular disorder . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

i. Hemaglobinopathy. . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

j. Other chronic diseases . . . . .  Yes (Specify: \_\_\_\_\_)  No  Unknown

k. Pregnant . . . . .  Yes  No  Unknown

If pregnant, specify current weeks of gestation \_\_\_\_\_ (as of today)

If pregnant, specify estimated date of confinement (EDC) or due date \_\_\_\_\_(DD/MM/YYYY)

14. Did you receive an influenza vaccination between September 2008 and today?

Yes  No  Unknown

If yes, number of doses:  1  2

Dose 1: Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ [If day of month unknown, use '15']

Type of vaccine:  Inactivated (injectable)  Live Attenuated (spray)  Unknown

Dose 2: Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ [If day of month unknown. use '15']

Type of vaccine:  Inactivated (injectable)  Live Attenuated (spray)  Unknown

15. Do you currently smoke cigarettes?  Everyday  Some days  Not at all

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

### ILLNESS INFORMATION

16. Were you ill during \_\_\_ to \_\_\_ (*referent period*)?    Yes                      No (Skip to end)                      Unknown

17. What date did you first start feeling ill ? (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_                      Unknown

a. How many days did your illness last ? \_\_\_\_\_ (Write '777' if still ill or symptomatic)

18. Have you had any of the following symptoms? (*Specify date of onset. Earliest symptom onset date should match illness onset date as indicated in 17.*)

SYMPTOM	IF YES, ONSET DATE	
a. Coughing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
b. Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
c. Difficulty breathing (shortness of breath) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
d. Conjunctivitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
e. Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	Temp, if measured _____
f. Feverish <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
g. Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
h. Muscle aches <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
i. Rash <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
j. Rhinorrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
k. Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
l. Sore throat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
m. Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	
n. Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	___/___/___	Specify: _____

### HEALTHCARE ENCOUNTER INFORMATION

19. Did you seek medical care for any of these symptoms?

Yes                       No (Skip to end)                       Unknown

20. VISIT #1: Date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

Were you told you have influenza?    Yes     No     Unknown

VISIT #2: Date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_



## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

Phone number (\_\_\_\_) \_\_\_\_\_

Were you told you have influenza?    Yes        No        Unknown

21. Were you tested for influenza during any of these medical visits?

Yes             No             Unknown

If yes, what was the test result?     Positive         Negative         Unknown

22a. Did any of these medical visits lead to hospitalization?    Yes        No        Unknown

[if yes, consider completing clinical case description form]

22b. What was the outcome of the illness?        †Alive    †Dead    †Unknown

23. Did you receive antiviral medications for treating influenza?

Yes             No             Unknown

24. Did you receive antiviral medications for prevention of influenza?

Yes             No             Unknown

Drug	Dosage 1	Start Date1	Stop Date1*	Dosage 2	Start Date2	Stop Date2*
Oseltamivir (Tamiflu®)	mg	___/___/___	___/___/___	mg	___/___/___	___/___/___
Zanamivir (Relenza®)	mg	___/___/___	___/___/___	mg	___/___/___	___/___/___
Rimantadine	mg	___/___/___	___/___/___	mg	___/___/___	___/___/___
Amantadine	mg	___/___/___	___/___/___	mg	___/___/___	___/___/___
Other _____	mg	___/___/___	___/___/___	mg	___/___/___	___/___/___

\*leave blank if still taking the medication

25. Did you receive any antibiotic or other medications?

Yes             No             Unknown

Drug Name	Dosage (if known)	Start Date	Stop Date*
	mg	___/___/___	___/___/___
	mg	___/___/___	___/___/___
	mg	___/___/___	___/___/___
	mg	___/___/___	___/___/___

\*leave blank if still taking the medication

## SWINE INFLUENZA INVESTIGATION, 2009 CONTACT TRACING

### 26. SPECIMEN INFORMATION

If any influenza culture, antibody tests, antigen detection, PCR or special stains were performed, please note results of each influenza test (if multiple tests were performed please use one line per test) :

SPECIMEN TYPE	COLLECTION DATE	TEST TYPE	RESULT	INFLUENZA TYPE/SUBTYPE	SPECIMEN ID	LAB NAME	
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____
	___/___/___	<input type="checkbox"/> DFA/IFA <input type="checkbox"/> PCR <input type="checkbox"/> Viral Cx <input type="checkbox"/> HI	<input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohist <input type="checkbox"/> _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A/H1	<input type="checkbox"/> Flu A/H3 <input type="checkbox"/> Flu A unsubtypeable <input type="checkbox"/> Flu A swine H1	CDC Lab _____ Local ID1 _____ Local ID2 _____ State Lab ID _____

**\*Specimen code and type:**

- |                              |  |                       |
|------------------------------|--|-----------------------|
| 1. Nasopharyngeal swab       | 7. Bronchoalveolar lavage specimen (BAL) | 13. Pleural fluid     |
| 2. Nasopharyngeal aspirate   | 8. Sputum                                | 14. Peritoneal fluid  |
| 3. Oropharyngeal/throat swab | 9. Cerebrospinal fluid (CSF)             | 15. Pericardial fluid |
| 4. Nasal aspirate/swab       | 10. Tissue                               | 16. Chest fluid       |
| 5. Endotracheal aspirate     | 11. Stool                                | 17. Other (Specify)** |
| 6. Serum                     | 12. Urine                                |                       |

**SWINE INFLUENZA INVESTIGATION, 2009  
CONTACT TRACING**

**27. ADDITIONAL COMMENTS (data will not be transmitted to CDC)**

---

---

---

---

---

---