



Severe Respiratory Illness (SRI) Investigation Report Form

Provincial/Territorial Case ID: _____	TO BE COMPLETED BY PHAC (CIDPC): Date received by PHAC ____/____/____ (dd/mm/yyyy) PHAC ID: _____
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SECTION 1: SCREENING CRITERIA

This form should ONLY be completed if patients meet (A) SRI Case Definition AND/OR (B) H5N1 Screener

(A) SEVERE RESPIRATORY ILLNESS (SRI) CASE DEFINITION*

*refer to SRI Enhanced Surveillance Definition on back of form or http://www.phac-aspc.gc.ca/eri-ire/pdf/02-SRI-Surveillance-Protocol_e.pdf

Hospitalised patient with:

(Must meet all of the following)

- Fever (> 38 degrees Celsius)
- New onset of (or exacerbation of chronic) cough or breathing difficulty
- Radiographic evidence of infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS) OR Severe ILI, which may also include complications such as encephalitis or other severe and life threatening complications
- No alternate diagnosis (that reasonably explains the illness) within the first 72 hours of hospitalisation

OR If post-mortem, deceased with:

(Must meet all of the following):

- History of unexplained acute respiratory illness (including fever and cough or breathing difficulty) resulting in death
- Autopsy findings consistent with the pathology of acute respiratory distress syndrome (ARDS) without an identifiable cause

AND

Possible Epi-Link/Risk Factor (Must meet one or more of the following): *[Note: Exposure conditions subject to change]*

Travel exposure:

- Traveller returned from currently affected area/site¹
- Contact with an ill traveller to currently affected area/site¹

Lab/Health care exposure:

- Laboratory worker who works directly with emerging or re-emerging pathogens
 - Health care workers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals
 - Epi-link to nosocomial (i.e. health care) cluster
- Cluster ID # _____

Animal exposure (occupational):

- Domestic poultry/swine farm worker
- Domestic poultry/swine processing plant worker
- Domestic poultry/swine culler (catching, bagging, or transporting birds, disposing of dead birds/swine)
- Worker in live animal market
- Dealer or trader in pet birds
- Chef working with live or recently killed domestic poultry

Animal Exposure, other:

- Exposure to settings in which there had been mass die offs or illness in domestic poultry or swine in the previous six weeks

¹list of currently affected areas/sites at <http://www.phac-aspc.gc.ca/h5n1/index.html>

(B) H5N1 SCREENER

Patient presenting with:

- Severe influenza-like illness (severe ILI)² **AND**

Epi-link within 10 days prior to symptom onset (MUST meet one or more of the following):

- travel to an affected area AND resided in or visited an area/setting reporting sick or dead domestic poultry or wild birds
- close contact (within 1 metre) with an ill traveler from an affected area with known H5N1 in domestic poultry or wild birds

² **ILI:** acute onset of respiratory illness with fever and cough and one or more of the following - sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent. **Severe ILI:** In addition to the symptoms of ILI noted above, severe ILI may also include complications such as pneumonia, Acute Respiratory Distress Syndrome (ARDS), encephalitis or other severe and life threatening complications

CASE CLASSIFICATION	<input type="checkbox"/> Meets SRI case definition (clinical symptoms plus epi-link) <input type="checkbox"/> Positive H5N1 screener <input type="checkbox"/> Excluded (please specify reason): _____	Isolation Date (dd/mm/yyyy): ____/____/____
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SECTION 2: ADMINISTRATIVE INFORMATION

Report Status	<input type="checkbox"/> Initial Report <input type="checkbox"/> Update	Date of initial report (dd/mm/yyyy): ____/____/____ Date of this update (dd/mm/yyyy): ____/____/____
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Name/affiliation of person making report: _____ Reporting contact phone no: (____) ____ - ____ ext ____	Reporting Province /Territory: _____ Reporting Health Unit: _____
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SECTION 3: PATIENT INFORMATION

Gender: Male Female Unknown **Date of birth:** ____/____/____ (dd/mm/yyyy) **Age:** ____ years Age unknown

Occupation:

- Veterinarian/Vet technician
- Farm Worker
- Laboratory Worker handling emerging/re-emerging pathogens
- Health Care Worker, **if yes, with direct patient contact?** Yes No
- Other, specify: _____

Patient/Proxy PROTECTED INFORMATION – LOCAL USE ONLY – DO NOT FORWARD THIS SECTION TO PHAC

PATIENT Contact Information: Last name: _____ First name: _____ Usual residential address: _____ City: _____ Province/Territory: _____ Postal code: _____ Phone number(s): (____) ____ - ____ (____) ____ - ____ Local Contact Information (if different from residential): Phone number: (____) ____ - ____ Number valid until (dd/mm/yyyy): ____/____/____	HOSPITAL Information: Name of hospital: _____ PROXY Information: Is respondent a proxy? (e.g. for deceased patient, child) <input type="checkbox"/> No <input type="checkbox"/> Yes (complete information below) Proxy Last name: _____ Proxy First name: _____ Proxy Relationship to case: _____ Proxy Phone number: (____) ____ - ____
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SECTION 4: CLINICAL INFORMATION

First Symptom(s): _____

Date of onset of first symptom(s) (dd/mm/yyyy): ____/____/____

Date of hospital admission (dd/mm/yyyy): ____/____/____

Date of hospital discharge (dd/mm/yyyy): ____/____/____

Course of Illness/Severity:

Is/Was the patient admitted to ICU? Yes No Don't Know

Is/Was the patient on oxygen therapy during any of the hospital stays? Yes No Don't Know

Is/Was the patient ventilated during any of the hospital stays? Yes No Don't Know

Is/Was the patient diagnosed with ARDS-NYD? Yes No Don't Know

Does/did the patient present with atypical clinical symptoms? Yes No Don't Know

If yes, specify: gastroenteritis encephalitis Other, specify: _____

**Acute Respiratory Distress Syndrome – Not Yet Diagnosed*

Disposition at time of report: Stable Deteriorating Recovering Died (indicate date/cause below)

If patient died, Date of death (dd/mm/yyyy): ____/____/____ Cause of death (specify): _____

SECTION 5: MEDICAL AND VACCINE HISTORY

Is/was patient taking prescribed antiviral medication?

Yes No Don't Know

If yes, Specify name (e.g. Tamiflu): _____

Each dose: _____ mg

No. of doses per day: _____

Start date (dd/mm/yyyy): ____/____/____

End date (dd/mm/yyyy): ____/____/____

Were there side effects severe enough to discontinue antiviral medication? Yes No Don't Know

Is/was patient taking prescribed antibiotic medication?

Yes No Don't Know

If yes, Specify name (e.g. penicillin): _____

Each dose: _____ mg

No. of doses per day: _____

Route of administration: _____

Start date (dd/mm/yyyy): ____/____/____

End date (dd/mm/yyyy): ____/____/____

Were there side effects severe enough to discontinue antibiotic medication? Yes No Don't Know

Did patient receive this year's seasonal human influenza vaccine? Yes No Don't Know

If yes, date of vaccination (dd/mm/yyyy): ____/____/____

SECTION 6: UNDERLYING ILLNESS

Chronic heart disease Yes No Don't Know

Diabetes Yes No Don't Know

Kidney disease Yes No Don't Know

Immune suppressed Yes No Don't Know

Lung disease Yes No Don't Know

Other, specify: _____

SECTION 7: LABORATORY TESTING

(refer to Laboratory Protocols at <http://www.phac-aspc.gc.ca/eri-ire/pdf/CPHLN-Lab-testing-for-patients-with-SRI-NYD.pdf>)

Laboratory Tracking Code/Outbreak Number: _____

Date Specimen Collected (dd/mm/yyyy)	Specimen Source	Test Method	Test Result	Date Test Performed (dd/mm/yyyy)

SECTION 8: ANTIVIRAL RESISTANCE

Type of Antiviral Testing	Influenza Virus Subtype	Influenza Virus Characterization	Result
Amantadine			<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant
Oseltamivir			<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant
Zanamivir			<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant



SECTION 9: TRAVEL EXPOSURES

In the 10 days prior to the onset of symptoms, did the patient travel by airplane to a currently affected area/site¹?

¹refer to list of currently affected areas/sites at <http://www.phac-aspc.gc.ca/h5n1/index.html>

- Yes* No (skip to section 10) Don't Know (skip to section 10)

If Yes, specify country(s)/area(s), hotel(s)/residence(s) stayed in and dates of arrival and departure:

Country / Area	Hotel / Residence	Date of Arrival (dd/mm/yyyy)	Date of Departure (dd/mm/yyyy)

Was the patient part of an organized tour? Yes No Don't Know

If yes, was the patient ill during tour? Yes* No Don't Know

If yes, Name of tour/ tour company: _____

*Local public health units are to contact CEPR (Office of Public Health Security) at Health Canada for passenger/tour group manifests.

Was the patient ill during flight(s)? Yes* No Don't Know

If yes, specify flight number(s), carrier(s), seat number(s), city(s) of origin and date(s) of flight(s):

Flight #**	Carrier	Seat #	City of origin	Date of Flight (dd/mm/yyyy)

*Local public health units are to contact CEPR (Office of Public Health Security) at Health Canada for passenger/tour group manifests.

** Connecting flights and stopovers need to be assessed

SECTION 10: CLOSE CONTACT: HUMAN EXPOSURE

Is patient a contact of a previously identified emerging/re-emerging infection case?

- Yes (complete remainder human exposure section) No (skip to section 11)
 Don't Know (skip to section 11)

If yes to above question, indicate the cause of illness in human contact:

- SRI, not yet diagnosed Novel influenza virus (including H5N1), specify subtype if known: _____
 SARS Other, specify: _____

Case status of the human contact:

- Confirmed case Probable **Provincial/Territorial Case ID (specify):** _____
 Suspect/under investigation Unknown

Type of contact: household health care setting¹ airline Other, specify: _____

Date of First contact: ____/____/____ (dd/mm/yyyy) Date of Last contact: ____/____/____ (dd/mm/yyyy)

¹ health care settings include acute, long term, ambulatory and community care

In the 10 days prior to symptom onset, was the patient in close contact (within 1 metre) with anyone who:

- Works in a health care facility Yes No Don't Know
Travelled to a currently affected area/site¹ Yes No Don't Know
Works in a laboratory directly with emerging/re-emerging pathogens Yes No Don't Know

¹Refer to list of currently affected areas/sites at <http://www.phac-aspc.gc.ca/h5n1/index.html>

SECTION 11: CLOSE CONTACT: ANIMAL EXPOSURE

10 days prior to symptom onset, did patient have contact with the following:

- Sick/dying poultry Yes No Don't Know
Under- or uncooked products from infected birds Yes No Don't Know
Sick/dying wild or pet birds Yes No Don't Know
Other sick/dying animals (e.g. pigs) Yes No Don't Know
Manure, litter, bedding from sick/dying flock Yes No Don't Know
Contaminated surfaces Yes No Don't Know
Contaminated vehicles, equipment, clothing and footwear involved sites (e.g. farms with sick/dying poultry) Yes No Don't Know
Enclosed environment where movement of birds or manure may have resulted in aerosolization of a virus Yes No Don't Know

SECTION 12: SUMMARY OF PERSONAL CONTACTS

(see SRI PERSONAL CONTACTS sheet on Page 4)

Total contacts (column 1): _____

Summary of contact type (column 3):

- Lives with patient (Total 1's): _____
- Works in the same environment as patient (Total 2's): _____
- Friends/family/others who have visited patient/who patient has visited (Total 3's): _____
- Other close contacts (Total 4's): _____

COMMENTS:



LOCAL USE ONLY - DO NOT SUBMIT TO PHAC

Reporting Province/Territory: _____	Provincial/Territorial Case ID: _____
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SECTION 13: SRI PERSONAL CONTACTS

Please give details of all people with whom the patient has had close contact (within 1 metre) since the onset of their symptoms.

- This includes people who:
- 1) live with the patient
 - 2) work in the same environment as the patient
 - 3) friends/family/others who have visited the patient/whom patient has visited
 - 4) other close contacts

Name of Contact (Last name, First name)	Phone Number	Type of Contact (Select all of the above numbers that apply)	Is this person experiencing respiratory symptoms? <i>If Yes</i> , Date of Onset (dd/mm/yyyy) and most prominent symptoms
1			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
2			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
3			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
4			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
5			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
6			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
7			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
8			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
9			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____
10			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , Date of Onset: ___/___/___ <input type="checkbox"/> ILI <input type="checkbox"/> severe ILI <input type="checkbox"/> SRI <input type="checkbox"/> other: _____

If more contacts, please copy and attach additional **SRI Personal Contacts** sheet and staple to this form. Thank you.



SRI case definitions

Surveillance for Persons with a Potential Epidemiologic Link who are Hospitalised with SRI

It is recommended that all P/Ts implement, at a minimum, hospital-based surveillance for sporadic cases of SRI, including **severe ILI**¹ and/or other severe acute respiratory illness, not yet diagnosed, meeting the following case definition.

SRI case – must meet criteria in each of four categories for (A) Hospitalised or (B) Deceased, including: I. respiratory symptoms + II. severity + III. unknown diagnosis + IV. epidemiological exposure, as detailed in the case definitions below:

SRI case (A)

A person **admitted to hospital** with:

I. Respiratory symptoms², i.e.:

- Fever (over 38 degrees Celsius) **AND** New onset of (or exacerbation of chronic) cough or breathing difficulty

AND

II. Evidence of severe illness progression, i.e.:

- Radiographic evidence of infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS).

OR

- Severe ILI, which may also include complications such as encephalitis or other severe and life threatening complications

AND

III. No alternate diagnosis within the first 72 hours³ of hospitalisation, i.e.:

- Results of preliminary clinical and/or laboratory investigations, **within the first 72 hours of hospitalisation with no response to treatment**, cannot ascertain a diagnosis that reasonably explains the illness.

AND

IV. One or more of the following exposures/conditions, i.e.:

- Residence, recent travel or visit to an affected area where a novel influenza virus or other emerging or re-emerging respiratory virus has been identified [refer to table of currently affected areas/sites: <http://www.phac-aspc.gc.ca/h5n1/index.html>]
- Close contact (including health care providers) of an ill⁴ person who has been to an affected area/site within the 10 days prior to onset of symptoms.
- Exposure to settings in which there had been mass die offs or illness in domestic poultry or swine in the previous six weeks.
- Occupational exposure involving **direct** health care, laboratory or animal exposure, i.e.:
 - **Health care exposure** involving primary care providers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals;

OR

- **Laboratory exposure** in a person who works directly with emerging or re-emerging pathogens;

OR

- **Animal exposure** in a person employed as one of the following:
 - domestic poultry/swine farm worker;
 - domestic poultry processing plant worker;
 - domestic poultry culler (catching, bagging, or transporting birds, disposing of dead birds/swine);
 - worker in live animal market;
 - dealer or trader of pet birds or other potentially affected animals;
 - chef working with live or recently killed domestic poultry or other potentially affected animals;

OR

SRI case (B)

A **deceased person** with:

I. A history of respiratory symptoms, i.e.:

- History of unexplained acute respiratory illness (including fever, and new onset of (or exacerbation of chronic) cough or breathing difficulty) resulting in death

AND

II. Autopsy performed with findings consistent with SRI, i.e.:

- autopsy findings consistent with the pathology of ARDS without an identifiable cause

AND

III. No alternate diagnosis that reasonably explains the illness

AND

IV. One or more of exposures/conditions, as listed above.

SRI CASE EXCLUSION CRITERIA

- A person should be excluded if an alternate diagnosis can reasonably explain their illness.

¹ **Influenza-like illness (ILI)** for the general population (as per the FluWatch national case definition):

Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent. **Severe ILI:** In addition to the symptoms of ILI noted above, severe ILI may also include complications such as pneumonia, Acute Respiratory Distress Syndrome (ARDS), encephalitis or other severe and life threatening complications.

² Non-respiratory symptoms/presentations may be possible, (i.e. encephalitis, gastroenteritis)

³ It is suggested that laboratory investigation, including laboratory testing for influenza and other respiratory pathogens should be started as soon as possible upon presentation (i.e. do not wait 72 hours to initiate testing). Non-typeable influenza specimens should be sent for immediate subtyping. Also requires immediate infection control and public health action, see the appropriate guidelines.

⁴ A jurisdiction may choose to include, based on its own risk assessment and experience, only contacts of severely ill returned travellers.