MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR DISEASE PREVENTION
930 WILDWOOD DRIVE, P.O. BOX 570, JEFFERSON CITY, MO 65102-0570
TELEPHONE: (573) 751-6113 FAX: (573) 526-0235

INFLUENZA-ASSOCIATED MORTALITY CASE REPORT

PARTY ID	
CONDITION ID	
NETSS ID	

PATIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	SEX
				☐ Male ☐ Female ☐ Unknown

ADDRESS	CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE

TELEPHONE NUMBER	PREGNANT	DUE DATE	ETHNICITY
	☐ Yes ☐ No ☐ Unknown		☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

RACE (CHECK ALL THAT APPLY)
☐ American Indian ☐ Asian ☐ Black ☐ Pacific Islander ☐ White ☐ Other: ☐ Unknown

CLINICAL INFORMATION

DATE OF SYMPTOM ONSET	DATE OF DEATH	AUTOPSY PERFORMED	HOSPITALIZED
		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

DATE OF HOSPITAL ADMISSION	HOSPITAL NAME AND LOCATION

SIGNS AND SYMPTOMS
☐ Fever ≥100°F (37.8°C) ☐ Feverish/Chills ☐ Cough ☐ Sore Throat ☐ Runny Nose/Congestion ☐ Fatigue
☐ Headache ☐ Muscle/Body Aches ☐ Vomiting ☐ Diarrhea ☐ Shortness of Breath ☐ Other:

SECONDARY BACTERIAL INFECTION	ORGANISM	SPECIMEN SOURCE	COLLECTION DATE
☐ Yes ☐ No ☐ Unknown		☐ Blood ☐ Sputum ☐ Other:	

UNDERLYING HEALTH CONDITIONS
☐ Cardiac Disease ☐ Obesity ☐ Diabetes
☐ Asthma ☐ Chronic Pulmonary Disease
☐ Immunosuppressive Condition
☐ Genetic Disorder ☐ Neurologic Disorder
☐ Other:

COMPLICATIONS DURING ILLNESS
☐ Pneumonia ☐ Bronchitis ☐ Encephalopathy/Encephalitis
☐ Croup ☐ Acute Respiratory Disease Syndrome ☐ Sepsis
☐ Reye's Syndrome ☐ Cardiomyopathy/Myocarditis
☐ Hemorrhagic Pneumonia/Pneumonitis ☐ Seizures ☐ Shock
☐ Other:

RECEIVING THERAPY PRIOR TO ILLNESS ONSET
☐ Antiviral Prophylaxis ☐ Aspirin or Aspirin-Containing Products
☐ Steroids By Mouth or Injection ☐ Chemotherapy or Radiation Therapy ☐ Other:

PLACED ON MECHANICAL VENTILATOR
☐ Yes ☐ No ☐ Unknown

VACCINATION HISTORY

RECEIVED CURRENT SEASON'S INFLUENZA VACCINE	TYPE OF VACCINE RECEIVED
☐ Yes ☐ No ☐ Unknown	☐ IIV ☐ LAIV ☐ RIV ☐ Unknown ☐ Other:

DATE RECEIVED: DOSE 1	DATE RECEIVED: DOSE 2	RECEIVED ANY PREVIOUS SEASON'S INFLUENZA VACCINE
		☐ Yes ☐ No ☐ Unknown

LABORATORY DATA

SPECIMEN SOURCE
☐ NP Swab ☐ Nasal Swab ☐ OP Swab ☐ BAL ☐ TA ☐ Lung Tissue ☐ Other:

TEST METHOD	COLLECTION DATE	POS.	NEG.
☐ Rapid Test		☐	☐
☐ RT-PCR		☐	☐
☐ Viral Culture		☐	☐
☐ IFA/DFA		☐	☐
☐ Other:		☐	☐

INFLUENZA TYPE/SUBTYPE
☐ A (H1N1)pdm09 ☐ A/B, Not Distinguished
☐ A (H1) (prior to 2010) ☐ B
☐ A (H3) ☐ Negative
☐ A, Subtyping Not Done ☐ Inconclusive
☐ A, Unable to Subtype ☐ Unknown

SPECIMEN SENT TO MSPHL	DATE SENT	IF <18 YEARS OF AGE, SPECIMEN SENT TO CDC	DATE SENT
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

TREATMENT HISTORY

RECEIVED ANTIVIRAL MEDICATION	START DATE	END DATE	TYPE OF ANTIVIRAL
☐ Yes ☐ No ☐ Unknown			☐ Oseltamivir ☐ Zanamivir ☐ Peramivir ☐ Other:

TRAVEL HISTORY

RECENT TRAVEL OUTSIDE COUNTY OF RESIDENCE OR OUTSIDE MISSOURI	LOCATION	DATE OF DEPARTURE	DATE OF RETURN
☐ Yes ☐ No ☐ Unknown			

CONTACT WITH SWINE, POULTRY OR WILD BIRDS	DESCRIBE	LOCATION	DATE
☐ Yes ☐ No ☐ Unknown			

REPORTER INFORMATION

REPORTER NAME	REPORTING FACILITY	REPORTER ADDRESS	

CITY, STATE, ZIP CODE	REPORTER EMAIL	TELEPHONE NUMBER	DATE OF REPORT