NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

VERSION NOVEMBER 2022
CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Case Investigation Form: Request for Avian Influenza testing

SPECIMEN DETAILS

Type of sample: ☐ Nasopharyngeal (NP)swab ☐ Oropharyngeal (OP) swab ☐ Nasal swab (NS) ☐ Sputum
☐ Other, specify _____ **Date specimen collected:** D D / M M / Y Y Y Y

PATIENT DETAILS

SA Identity /Passport number _____
Hospital/Clinic no: _____
Surname: _____
First Name: _____
DOB: D D / M M / Y Y Y Y **Age:** _____ **years**
Gender: ☐ Male ☐ Female
Contact number 1: _____
Contact number 2: _____
Company/farm employed: _____
Occupation:
☐ Farm worker ☐ Animal laboratory worker
☐ Poultry Seller ☐ Factory worker
☐ Veterinarian ☐ Owner
☐ Field worker / technician ☐ Farmers' or owners' family
☐ Other /specify : _____

CLINICIAN/INTERVIEWER DETAILS

_____
Surname: _____
First name: _____
Contact number: _____
Facility name: _____

FOR LABORATORY USE ONLY

CLINICAL PRESENTATION (IN PREVIOUS 10 DAYS)

Symptoms (tick all that apply) : ☐ Measured fever (≥38°C) ☐ Self-reported fever ☐ Cough ☐ Chills
☐ Sore throat ☐ Runny nose ☐ Conjunctivitis ☐ Difficulty breathing ☐ Other_____
Date symptom onset symptom (First symptom) : D D / M M / Y Y Y Y N / A * ☐

EXPOSURE HISTORY

In the 14 days before symptom onset did the patient have contact with sick or dead birds or did the patient have contact with a setting where sick/dead birds are/were kept? ☐ Yes ☐ No ☐ Unknown

If yes, was the patient involved in any of the following activities? (mark all that apply)

Touching sick/dead birds	☐ Yes ☐ No ☐ Unknown	Slaughtering of birds	☐ Yes ☐ No ☐ Unknown
Sawing through breast-bone	☐ Yes ☐ No ☐ Unknown	Culling	☐ Yes ☐ No ☐ Unknown
Stunning, throat-slitting, bleeding	☐ Yes ☐ No ☐ Unknown	Deboning of carcasses	☐ Yes ☐ No ☐ Unknown
Plucking/ de-feathering	☐ Yes ☐ No ☐ Unknown	Transporting birds	☐ Yes ☐ No ☐ Unknown
Removal of internal organs	☐ Yes ☐ No ☐ Unknown	Post mortem on birds	☐ Yes ☐ No ☐ Unknown
Gathering or moving birds	☐ Yes ☐ No ☐ Unknown	Feeding of birds	☐ Yes ☐ No ☐ Unknown
Removing/cleaning faeces	☐ Yes ☐ No ☐ Unknown	Preparing/cleaning cages	☐ Yes ☐ No ☐ Unknown
Cleaning contaminated equipment or environmental decontamination			☐ Yes ☐ No ☐ Unknown

☐ Other, specify: _____

If yes to any of the above activities, how long did they spend in contact with sick/dead birds in one day? ☐ Less than 1 hour ☐ More than 5 hours ☐ 1 to 5 hours ☐ Unknown

If yes to any of above activities, how many days did they spend in contact with sick/dead birds? ☐ 1 day ☐ 2-5 days ☐ More than 5 days ☐ Unknown

UNDERLYING MEDICAL CONDITIONS (Tick all that apply)

Tuberculosis	☐ Y ☐ N ☐ U	Asthma	☐ Y ☐ N ☐ U	HIV	☐ Y ☐ N ☐ U
Obesity	☐ Y ☐ N ☐ U	Diabetes	☐ Y ☐ N ☐ U	Pregnancy	☐ Y ☐ N ☐ U
Kidney or renal disease		☐ Y ☐ N ☐ U	Chronic Heart Disease		☐ Y ☐ N ☐ U
Chronic Obstructive Pulmonary Disease		☐ Y ☐ N ☐ U	☐ Other, specify:		

*Y-Yes, N-No, U-Unknown *applies where testing done for asymptomatic individuals*

FOR ADDITIONAL INFORMATION, PLEASE CONTACT

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