

Influenza Surveillance Questionnaire

IMPORTANT

Specimen Submission

***6-10 specimens/week

To Participate:

- 1) This questionnaire **MUST** be completed (in full) for each specimen submitted.
- 2) Patient **MUST** meet the influenza-like illness (ILI) case definition:

ILI Case Definition

* Fever $\geq 100.5^{\circ}\text{F}$ (38°C), oral or equivalent

AND

* Cough and/or Sore Throat (<72 hours duration)

Questionnaire Submission

NEW website:

<https://gumbo2.brooks.af.mil/pestilence/influenza>

- 1) This questionnaire should be entered and submitted online.
- 2) Additional questionnaires can be downloaded from the [Influenza website](#).
- 3) When ordering a test in CHCS, annotate in the *Remarks* section "Flu Surveillance".

Make a copy of this questionnaire for administrative purposes:

- * To resolve discrepant information
- * For cataloging results and entering them into the Reportable Medical Events System (RMES)

Questions?

Please e-mail:

influenza@brooks.af.mil

Installation: _____ Date of Clinic Visit: _____
DD-MMM-YYYY

PRIVACY ACT STATEMENT: The social security number is required to facilitate documentation of health care received and patient follow-up. The primary use of this information is to aid in preventive health and communicable disease control programs. The requested information is voluntary.

Patient Information PLEASE PRINT LEGIBLY

Patient Name: _____ Date of Birth: _____
Last Name, First Name DD-MMM-YYYY

Patient FMP/Sponsor SSN _____ / _____ - _____ - _____ Gender: Male / Female
FMP Sponsor SSN

Sponsor's (military member) Work Phone (_____) _____ - _____ DSN # _____ - _____

If taken at home, Highest Temp Recorded: _____ Date Taken _____ - _____ - _____
DD-MMM-YYYY

Symptoms: Please select NA (Not Applicable) if the presence of symptoms cannot be determined.

Sore Throat: Yes / No / NA	Cough: Yes / No / NA	Vomiting: Yes / No / NA
Chest Pain: Yes / No / NA	Fatigue: Yes / No / NA	Conjunctivitis: Yes / No / NA
Headache: Yes / No / NA	Chills: Yes / No / NA	Ear Ache: Yes / No / NA
Diarrhea: Yes / No / NA	Body Aches: Yes / No / NA	Stiffness: Yes / No / NA
Dyspnea: Yes / No / NA	Runny Nose: Yes / No / NA	Sinus Congestion: Yes / No / NA

Did the patient travel recently (past 14 days)? Yes No Unknown

If YES, Where? _____ When? _____
City, State/Province, Country

Has the patient received the influenza vaccine this season? Yes No Unknown

If YES, list date _____ Estimated Date: _____ & _____
DD-MMM-YYYY Month 1st half or 2nd half of Mo.

Type: ___ Injection (Flu Shot) ___ Nasal Spray (FluMist)

Location: ___ Military facility ___ Civilian facility

Clinical Information PRINT LEGIBLY

Fever ($\geq 100.5^{\circ}\text{F}$ / 38°C , oral or equivalent) Temp = _____ Subjective Temp = _____
AND (check the symptom/s) a. ___ Cough or b. ___ Sore throat (<72 hours duration)

When did symptoms start? Date: _____ - _____ - _____
DD-MMM-YYYY

Hospitalized? Yes / No If YES, how long (hrs)? _____ Hospital Name? _____

Patient put on Quarters? Yes / No If YES, how long (hrs)? _____

Physician (name and number): _____
Name Contact Phone Number

Surveillance Information (to be completed by public health staff)

Please enter questionnaire online at our **NEW** website (<https://gumbo2.brooks.af.mil/pestilence/influenza>)

Keep questionnaires for assistance in entering information into service's "Reportable Medical Events System" (RMES).

Nasal Wash-Procedural Guidelines

- 1.) Have patient blow their nose into a tissue to clear excess mucus.
- 2.) Tuck bib into patient's shirt collar.
- 3.) Uncap pre-filled saline syringe and specimen collection container. Break the seal on the syringe by gently expressing a small amount of saline into the tip of the hub.
- 4.) Have patient tilt their head back so they are able to look directly at the ceiling while they hold the specimen collection container up to their chin area.

Steps 4-6



Step 7



- 5.) Encourage patient to not swallow saline by saying "Ka Ka Ka" or making a constant "choking sound" while saline is expressed into their nostrils.
- 6.) Gently express 2-4 mL of sterile saline into the patient's right nostril. Saline will drain back into the back of the nasopharynx.
- 7.) After a few seconds, have the patient lean their head far enough forward so the saline will drain into the specimen collection container. **Repeat for second nostril.**
- 9.) Offer patient a facial tissue or have them use the bib to wipe away excess saline from their face.
- 10.) Mix the contents with the Viral Transport Medium (VTM) included in the kit. Bending the rim of the cup will help in pouring the contents into the VTM tube.

Step 10



Step 11



- 11.) Place specimen in the biohazard bag included in the kit and forward to laboratory for packaging and shipment to USAFSAM. In order to maintain optimal quality for diagnostics, please be sure to ready the specimen for immediate shipment.

Storing, Packing and Shipping

Specimen stability

Refrigerated: Up to 3 days from day of collection; ship on gel packs.

Frozen (-70°C): Greater than 72 hours; ship on dry ice. Please contact USAFSAM if dry ice is not available at your site.

Frozen (-20°C): **Not Acceptable**

Viral transport supplies may be ordered by emailing our Customer Service department at epilab.help@brooks.af.mil or by calling 210-536-8378 (DSN: 240-8378).

**Please ship to: FedEx number: Please contact the Lab Customer Service Team
USAFSAM/PHE- 2730 Louis Bauer Drive, Building 930
Brooks City-Base, TX 78235-5132**

For additional packing and shipping details, please see the USAFSAM/PHE Lab website:

<https://kx.afms.mil/epi>

Please see the video demonstration at <http://www.airforcemedicine.afms.mil/flu>

For other information please see our **NEW** website at:
<https://gumbo2.brooks.af.mil/pestilence/Influenza/>

-Important-
For Military Treatment Facilities:
Please remember to order
"Respiratory Viral Culture(EPI)"
in CHCS for respiratory surveillance.

