Form 5. Avian influenza exposed person investigation and monitoring

Exposed person unique identifier (assigned by public health)

Form completion details	
Date of initial form completion (DD/MM/YY) / /	Time of initial form completion :
Name of person completing form	Position of person completing form
Institution / organisation	
Telephone	Mobile

Exposed person details	
Name	Date of birth (DD/MM/YY) / /
Surname	Age years months
Gender Male ☐ Female ☐	
Address (Regular)	
Postcode	
Telephone	Mobile
Address (in past 2 weeks if different from regular)	
Occupation	
Health care worker	Yes ☐ No ☐
Laboratory worker	Yes ☐ No ☐
Veterinary	Yes ☐ No ☐
Poultry worker	Yes ☐ No ☐
Other (specify)	
Travel in the last 2 weeks	Yes ☐ No ☐
If yes, where? (country, administrative district)	

General Practitioner details
Name of general practitioner (GP)
GP address (regular)
Postcode
GP telephone

Starting point of exposed person tracing	
Human case* exposure	
Exposed to a human case*?	Yes ☐ No ☐
Laboratory exposure	
Potential exposure to influenza A/H5N1 from a sample?	Yes ☐ No ☐
Animal / environmental exposure	
Shared exposure with a human case*?	Yes ☐ No ☐
Other animal / environmental exposure NOT shared with a human case*?	Yes ☐ No ☐

* Probable or confirmed

Human case* Exposure - If exposed to a human case* (If more than a human case, please complete table as necessary)	
Human case*	
Human case* unique identifier	
Date of onset of symptoms of human case*	(DD/MM/YY) / /
Date of notification of human case*	(DD/MM/YY) / /
Relationship with human case*	
Details of exposure to human case*	
Period of Exposure FROM	(DD/MM/YY) / /
Period of Exposure TO	(DD/MM/YY) / /
Duration of exposure	
Type of exposure	
Further details of exposure	

Laboratory Exposure - If potential exposure to influenza A/H5N1 from a sample	
Details of exposure to influenza A/H5N1 from a sample	
Human case* unique identifier (sample)	
Period of Exposure FROM	(DD/MM/YY) / /
Period of Exposure TO	(DD/MM/YY) / /
Duration of exposure	
Type of exposure	
Place of exposure (hospital /laboratory)	
Further details of exposure	

Animal / Environmental Exposure - If shared exposure with a human case*	
Human case* with whom exposure has been shared	
Human case* unique identifier (assigned by public health)	
Details of shared exposure with a human case*	
Shared Exposure n	
Exposure**	
If animal, healthy / sick / dead?	
Period of exposure FROM	(DD/MM/YY) / /
Period of exposure TO	(DD/MM/YY) / /
Nature of exposure	
Duration of exposure	
Location of exposure***	
Further details of exposure	

Other Animal / Environmental Exposure - If NOT shared with a human case*	
Details of exposure NOT shared with a human case*	
Other Exposure n	
Exposure**	
If animal, healthy / sick / dead?	
Period of exposure FROM	(DD/MM/YY) / /
Period of exposure TO	(DD/MM/YY) / /
Nature of exposure	
Duration of exposure	
Location of exposure***	
Further details of exposure	

* Probable or confirmed
** Species
*** Family farm/backyard, poultry factory, live market, culling, food processing (butcher, cook…), veterinarian, other

NOTE: Insert additional pages if needed

Clinical monitoring

Clinical monitoring until 7 days after the last known exposure (as above)
Day 0 is the day of the last known exposure

	Day 0		Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Fever ≥38°C (measured)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cough	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhoea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Has the exposed person developed symptoms since the last known exposure? Yes ☐ No ☐

If the exposed person falls ill → Complete Form 1

Date of onset of symptoms (DD/MM/YY) / /

Antiviral chemoprophylaxis

Antiviral chemoprophylaxis given to exposed person? Yes ☐ No ☐

If yes → Complete Form 7

Medication (generic name and brand name)	Indication	Route of administration	Dose (quantity and unit of measure)	How many times a day?	Date started DD/MM/YY	Time started	Date finished DD/MM/YY	Time finished
	Prophylaxis				/ /	:	/ /	:
	Prophylaxis				/ /	:	/ /	:

Other information