

For Section of EPI use only:

AKSTARS # \_\_\_\_\_

Fax to ASVL

(Fax: 907-474-4036)

**Confidential Influenza-Associated Mortality  
Case Report Form  
State of Alaska, Section of Epidemiology**

PATIENT INFORMATION		
Last name	First name	Date of birth / /
Street address	City	Zip code
Gender · Female · Male	Ethnicity · Hispanic · Non-Hispanic · Unknown	Race · White · Black · Native American · Asian/Pacific Islander · Other · Unknown
ONSET, HOSPITALIZATION AND DEATH INFORMATION		
Date of onset of symptoms / /	Hospitalized? · Yes · No · Unknown	If hospitalized, hospital name and location
Date of hospital admission / /	Date of hospital discharge / /	
Date of death / /	Location of death (i.e. home, ED-name of hospital ED, etc.)	If died, autopsy performed? · Yes · No · Unknown
INFLUENZA LABORATORY TESTING INFORMATION (Please attach a copy of the test result, if available)		
Date of specimen collection / /	Specimen type (e.g. nasopharyngeal swabs, endotracheal aspirate, bronchoalveolar lavage)	
Influenza type and/or subtype _____	Where was testing performed?	
Rapid test _____ PCR _____		
INFLUENZA VACCINATION HISTORY		
Received seasonal influenza vaccine during the current season? Yes · No · Unknown		
If yes, date vaccinated: / / Please specify the type of influenza vaccine received: _____		
CLINICAL COURSE		
Received antiviral treatment? · Yes · No · Unknown	Type of antiviral · Oseltamivir · Zanamivir · Other Specify other: _____	
Date antiviral treatment started / /	Date antiviral treatment ended / /	Intubated? · Yes · No · Unknown
Complications · Pneumonia · ARDS · Sepsis · Acute renal failure · Encephalitis/encephalopathy · Required vasopressor · Required hemodialysis · Pulmonary embolus · Secondary bacterial infection If yes, specify organism: _____ · Other Specify other: _____		
SIGNIFICANT PAST MEDICAL HISTORY		
· Cardiac disease · Chronic pulmonary disorder · Immunosuppression (e.g. cancer) · Immunosuppressive medications (e.g. chemotherapy, steroids) · Metabolic disorder (e.g. diabetes mellitus, renal) · Neurological disorder (e.g. cerebral palsy) · Hemoglobinopathy (e.g. sickle cell disease) · Genetic disorder (e.g. Down syndrome) · Obesity If obese, BMI (if known): _____ Height: _____ Weight: _____ · Pregnant If pregnant, estimated delivery date: _____ / _____ / _____ · Postpartum If postpartum, delivery date: _____ / _____ / _____ · Other conditions (e.g. hypertension, hyperlipidemia)		
Reported By: _____	Date Reported: _____ / _____ / _____	
Phone Number: _____		

Fax reports to (907) 563-7868. This form is also available online at:  
<http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/default.aspx>

Rev  
3/31/16

To report Public Health Emergencies call (907) 269-8000 or after hours (800) 478-0084

