



**DOD GLOBAL INFLUENZA SURVEILLANCE QUESTIONNAIRE, 2015-2016**  
**USAF SCHOOL OF AEROSPACE MEDICINE (USAFSAM), DEFENSE HEALTH AGENCY (DHA) SATELLITE**  
**LOCATED AT WRIGHT-PATTERSON AFB, OH**



**Influenza-like Illness (ILI) Case Definition: Fever  $\geq$  100.5°F (38°C), oral or equivalent AND cough and/or sore throat (<72 hours duration)**

- ◆ Submit 6-10 specimens/week from different patients who meet the ILI case definition
- ◆ Medical personnel - please complete the questionnaire in full for each specimen submitted
- ◆ Specimens accepted year round for influenza/respiratory surveillance

**Does the patient meet the ILI case definition?**

Yes  No

*\*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 clinic visit (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Patient FMP/Sponsor SSN: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of birth (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Installation: \_\_\_\_\_ Permanent duty station (if different): \_\_\_\_\_

Please indicate if patient has any of the following conditions by checking the appropriate box:

Chronic Respiratory Disease  Heart Disease  Diabetes  Pregnant/postpartum  Other: \_\_\_\_\_  
 (within 2 weeks)

**VACCINE INFORMATION (2015- 2016)**

Has patient received the **2015-2016** seasonal influenza vaccine? Yes  No

→ If YES, check type: Injection (influenza shot)  Nasal spray (FluMist®)   
 ↳ If shot given, check type: Trivalent  Quadrivalent

→ If YES, list date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **OR** Estimated date: Month: \_\_\_\_\_ & 1st half  or 2nd half

**SIGNS AND SYMPTOMS**

Date symptoms started (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Temperature recorded at clinic: \_\_\_\_\_ °F  °C

Highest recorded temperature at home (if known): \_\_\_\_\_ °F  °C  Date temperature taken at home (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did patient take fever-reducing meds (acetaminophen/ibuprofen) within **6 hours** prior to temperature taken at the clinic? Yes  No

**SYMPTOMS**

	Yes	No		Yes	No		Yes	No
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Chills	<input type="checkbox"/>	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	Sinus congestion	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath/difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Body aches	<input type="checkbox"/>	<input type="checkbox"/>	Earache	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER CLINICAL INFORMATION**

At this visit, were antivirals prescribed? Yes  No  **If YES, check antiviral below:**

Tamiflu (oseltamivir)  Relenza (zanamivir)  Flumadine (rimantadine)  Other: \_\_\_\_\_

Did patient have pneumonia? Yes  No

Was patient hospitalized (admitted into inpatient ward of hospital) for ILI symptoms? Yes  No

↳ If NO, complete "Outpatient Visit." If YES, complete "Inpatient Visit" below.

**Outpatient Visit**

**Inpatient Visit**

Was patient seen at the emergency room or a clinic? ER  Clinic

Was patient hospitalized in a civilian or military facility? CIV  MIL

Was patient placed on quarters? Yes  No

Admission date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

↳ If YES, how many hours? \_\_\_\_\_ hrs

Discharge date (if applicable) (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONTACT AND TRAVEL HISTORY INFORMATION**

Has patient been in close contact with anyone who was recently ill with ILI symptoms? Yes  No

Did patient travel in the past 14 days? Yes  No  → If YES, did patient travel within or outside the U.S.? Within  Outside

↳ If YES, where did they travel to/from? \_\_\_\_\_ Travel return date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Questionnaire Submission:**

- Questionnaires can be completed by hand or by computer and printed.
- Submit a hard copy of the questionnaire with each specimen. See shipping details on reverse side.

Additional questionnaires can be downloaded from our welcome packet:

<https://gumbo2.wpafb.af.mil/epi-consult/influenza/welcome/>

**Questions?**  
**Please email: usafsam.phrflu@us.af.mil**

US AIR FORCE SCHOOL  
OF AEROSPACE  
MEDICINE (USAFSAM),  
DEFENSE HEALTH  
AGENCY (DHA)  
SATELLITE, LOCATED  
AT WPAFB, OH



**\*\*IMPORTANT\*\***

Submit 6-10 specimens/week.

Medical staff - complete the questionnaire in full.

When ordering test in CHCS, order the Epidemiology Lab's viral respiratory panel. Panel is named RESPIRATORY CULTURE PNL (EPI) or similar name designated by your installation.

**ILI CASE DEFINITION**

**Fever  $\geq$  100.5°F (38°C), oral or equivalent**

**AND**

**Cough and/or sore throat  
( $<$ 72 hours duration)**

**Questionnaire  
Submission**

1. Questionnaires can be completed by hand or by computer and printed.
2. Submit a hard copy of the questionnaire with each specimen.
3. Additional questionnaires can be downloaded from our welcome packet:  
<https://gumbo2.wpafb.af.mil/epi-consult/influenza/welcome/>

Making a copy of this questionnaire is recommended:

- To resolve discrepant information.
- For cataloging results and potentially entering them into DRSi.

**Questions?**

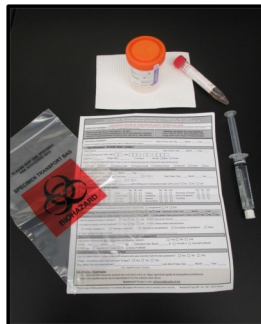
Please e-mail:  
[usafsam.phrflu@us.af.mil](mailto:usafsam.phrflu@us.af.mil)

To effectively reduce the risk of transmission, use PPE (disposable gloves and surgical mask) while collecting a respiratory specimen. Wash hands before and after specimen collection.

**Nasal Wash Procedural Guidelines  
(Preferred Method of Collection)**

**Instructions:**

1. Have patients blow their nose into a tissue to clear excess mucus.
2. Tuck bib into patients' 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 patients 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.
5. Encourage patients 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 right nostril of patient. Saline will drain back into the back of the nasopharynx.
7. After a few seconds, have patients lean their head far enough forward so the saline will drain into the specimen collection container. **Repeat for second nostril.**
8. Offer patients a facial tissue or have them use the bib to wipe away excess saline from their face.
9. Transfer the contents to the viral transport medium (VTM)\* vial included in the kit. Bending the rim of the cup will help in pouring the contents into the VTM tube. Universal transport medium (UTM)\* is also accepted.
10. Place specimen in the biohazard bag included in the kit and forward to laboratory for packaging and shipment to USAFSAM. To maintain optimal quality for diagnostics, please be sure to prepare the specimen for immediate shipment.

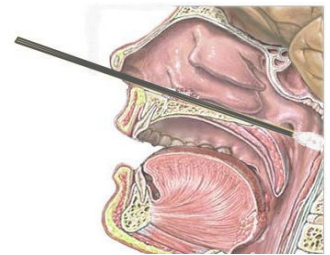


**Nasopharyngeal Swab Collection**

Nasopharyngeal swabs can be used to collect an appropriate specimen for influenza testing. Specimens must be immediately placed in 1-3 mL of VTM\* or UTM\*. Use a flexible fine-shafted aluminum swab with a polyester (Dacron or rayon, not cotton or calcium alginate) tip.

**Instructions:**

1. Have patients blow their nose into a tissue to clear excess mucus.
2. Have patients close their eyes to help them cope with the slight discomfort they are about to experience.
3. With the patients' head at a 70° angle, insert swab into nostril (straight back, not upwards) until resistance is met by contact with the nasopharynx. The distance from the patients' nose to ear gives an estimate of the distance the swab should be inserted.
4. Rotate the swab several times (5-6 times) across the mucosal surface to loosen and collect cellular material.
5. Although a contact time of 30 seconds is suggested, a few seconds of contact often induces coughing or patient resistance, either of which is adequate incentive to remove the swab.
6. Withdraw swab and insert into the tube of VTM or UTM, break off the portion of the stem that extends past the opening of the tube, and cap securely.
7. Place specimen in the biohazard bag included in the kit and forward to laboratory for packaging and shipment to USAFSAM. To maintain optimal quality for diagnostics, please be sure to ready the specimen for immediate shipment.



\* MicroTestTM4RT VTM (supplied by the DoD Global, Laboratory-based Influenza Surveillance Program) and Copan UTM are accepted.

Please see the video demonstration for nasal wash specimen collection at:  
<https://gumbo2.wpafb.af.mil/epi-consult/influenza/lab> (CAC required site)

**Storing, Packing and Shipping**

**Best:** It is best to freeze the specimen at -70°C and ship on dry ice. Please contact USAFSAM if dry ice is not available at your site.

**Note - Specimens frozen at -20°C are not acceptable due to loss of viability of the viruses.**

**Acceptable:** If specimen can arrive at the USAFSAM lab within 48 hours from collection time, a specimen may be shipped on frozen gel packs at refrigerated (2-8°C) temperature.

Viral transport supplies may be ordered by emailing our Customer Service department at [usafsam.phecussv@us.af.mil](mailto:usafsam.phecussv@us.af.mil) or by calling 937-938-4140 (DSN: 798-4140).

**Ship Priority Overnight** to: FedEx number: **425177729** (for respiratory culture panel testing ONLY)  
USAFSAM/PHE Epidemiology Laboratory Service  
2510 Fifth Street, Bldg 20840, Area B, WPAFB, OH 45433-7951

For additional packing and shipping details, please refer to the lab guide on the USAFSAM/PHR website:  
<https://gumbo2.wpafb.af.mil/epi-consult/influenza/lab> (CAC required site)