

Suspect ILI Case Information Report (Community Settings) Calgary Area

For physicians in community settings: report cases of influenza-like illness (ILI) with travel history, or contact with ill travellers, to Mexico or areas with confirmed influenza A (H1N1) (human swine influenza) cases **ONLY when a laboratory investigation is done.**

**IF YOU HAVE ANY CONCERNS OR QUESTIONS, PLEASE CONTACT THE COMMUNICABLE DISEASE UNIT
AT (403) 955-6750 OR THE MOH ON CALL AT (403) 264-5615.**

Complete all fields below (please print). Use addressograph or label as appropriate.

Date of report: _____ Reporting Site: _____
(yyyy-mmm-dd)

Reporting physician: _____ Phone (direct line): _____

Patient Name: _____ Gender: _____ DOB: _____ PHN: _____
(Last, First) (F/M) (yyyy-mmm-dd)

Address: _____ Postal Code: _____ Phone (hm): _____ (cell): _____

Travel history (where, dates of travel, date returned): _____

Symptoms/clinical history: _____

Symptom onset date: _____ Seasonal Influenza Vaccine (2008-09) _____
(yyyy-mmm-dd) (yyyy-mmm)

Reason for swabbing: High risk individual* HCW Other _____

Lab Testing

DO NOT TEST MILD ILI CASES unless they are at high risk* for influenza-related complications or are a health care worker. Samples collected more than 5 days after onset of illness will likely test negative and should not be sent.

For mild cases (mark EI 236 on ProvLab req): throat swab only

FAX to Communicable Disease Unit (403) 955-6755

*High risk individual: ≥65 years; 0-23 months; immunocompromised; cardiac/pulmonary/renal/metabolic conditions; pregnant or breastfeeding; resident of chronic care facility (LTC, etc)