

**Severe Illness (ICU Admission) or Death in Pregnant or Postpartum Woman  
Case Report  
Centers for Disease Control and Prevention**

**Instructions:** Local health jurisdiction staff are encouraged to use this form to report all pregnant and postpartum women with severe influenza admitted to an intensive care unit (ICU) or who died. Completed forms should be faxed to the Department of Health Communicable Disease Epidemiology Section at 206-418-5515.

CDC staff members are available 24/7 on the CDC Pregnancy Flu Line (404-368-2133) to answer clinical questions related to 2009 H1N1 infections in pregnant women.

<b>Case ID:</b>	
<b>Medical record number:</b>	
<b>Contact name:</b>	
<b>Contact phone:</b>	
<b>Contact e-mail:</b>	
<b>Hospital name:</b>	
<b>Hospital zip code:</b>	
<b>Patient name:</b>	
<b>Patient DOB:</b>	
<b>State of residence:</b>	

**1. Patient Race:**

- White
- Black/African-American
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Other
- Unknown

**2. Patient Ethnicity:**

- Hispanic
- Non-Hispanic
- Unknown

**3. Insurance Type:**

- Private health insurance
- Medicaid
- Self-pay
- Uninsured
- Unknown

**4. Pregnancy classified as high-risk?**  Yes  No  Unknown

**5. Underlying medical conditions/risk factors:**

- Asthma
- Other chronic lung disease
- Pre-existing diabetes (prior to pregnancy)
- Gestational diabetes
- Obesity (prior to pregnancy)
- Cardiovascular disease, excluding hypertension
- Hypertension (prior to pregnancy)
- Gestational Hypertension/Preeclampsia/Eclampsia
- Seizure disorder
- Neurodevelopmental and/or neuromuscular disorder
- Tobacco use during current pregnancy
- History of tobacco use
- Immunosuppression, specify \_\_\_\_\_
- Cancer diagnosed in last year
- Hemoglobinopathy
- Renal disease
- Other, specify: \_\_\_\_\_
- Unknown

**6. Prenatal medications upon admission to hospital:**


7. Estimated due date? \_\_/\_\_/\_\_  Unknown
8. Gestational age at admission (wks): \_\_\_\_  Unknown
9. Date of symptom onset: \_\_/\_\_/\_\_  Unknown
10. Date initial care sought: \_\_/\_\_/\_\_  Unknown
11. Did mother receive rapid influenza test?  Yes  No  Unknown  
 Result of rapid test?  Positive  Negative  Unknown
12. Did mother receive rRT-PCR test?  Yes  No  Unknown  
 Result of rRT-PCR test?  Positive  Negative  Unknown
13. Did mother have any viral cultures?  Yes  No  Unknown  
 Result of viral cultures?  Positive  Negative  Unknown
14. Did mother receive DFA/IFA test?  Yes  No  Unknown  
 Result of DFA/IFA cultures?  Positive  Negative  Unknown
15. Did mother receive any influenza vaccine in 2009 or 2010 more than 2 weeks before onset of illness?  Yes  No  Unknown  
 If yes, 2009 seasonal flu vaccine?  Yes  No  Unknown  
 2009 pandemic H1N1 vaccine?  Yes  No  Unknown

**16. Did mother take antiviral medications after becoming ill?**

Yes (list below)     No     Unknown

<input type="checkbox"/> Oseltamivir (Tamiflu®)	Dose _____ times/day Dates taken from ____/____/____ to ____/____/____
<input type="checkbox"/> Zanamivir (Relenza®)	Dose _____ times/day Dates taken from ____/____/____ to ____/____/____
<input type="checkbox"/> Rimantadine	Dose _____ times/day Dates taken from ____/____/____ to ____/____/____
<input type="checkbox"/> Amantadine	Dose _____ times/day Dates taken from ____/____/____ to ____/____/____
<input type="checkbox"/> Other	Dose _____ times/day Dates taken from ____/____/____ to ____/____/____
<input type="checkbox"/> Unknown antiviral	

**17. Date of hospital admission:** \_\_/\_\_/\_\_     Unknown

**18. Admitted to ICU?**     Yes     No     Unknown

**19. Date of ICU admission:** \_\_/\_\_/\_\_     Unknown

**20. Date of Final ICU discharge:** \_\_/\_\_/\_\_     Not yet discharged     Unknown

**21. Date of hospital discharge/death:** \_\_/\_\_/\_\_     Not yet discharged     Unknown

**22. Maternal death?**     Yes     No     Unknown

**23. Other medications during hospitalization:**

- Antibiotics
- Antihypertensives
- Vasopressors
- Systemic corticosteroids. If yes, please specify reason (e.g. for maternal health or fetal lung maturity) \_\_\_\_\_
- Nebulized drugs (e.g. albuterol)
- Antiepileptics
- Antiglycemics
- Tocolytic agents
- Diuretics
- Other, specify: \_\_\_\_\_
- Unknown

**24. Was she diagnosed with:**

Pneumonia  Yes, date: \_\_/\_\_/\_\_  No  Unknown  
If pneumonia, was a bacterial culture obtained?  Yes  No  Unknown  
What was the culture site? \_\_\_\_\_  
Result of bacterial culture?  Positive  Negative  Unknown  
ARDS  Yes, date: \_\_/\_\_/\_\_  No  Unknown

**25. Did she require mechanical ventilation?**

Yes, then how many days?\_\_  No  Unknown

**26. Date of delivery:** \_\_/\_\_/\_\_  Unknown

**27. Delivery location:**

labor and delivery  
 emergency department  
 intensive care unit  
 Other, specify: \_\_\_\_\_  
 Unknown

**28. Method of delivery:**

Undelivered  
 Vaginal  
 Cesarean, scheduled  
 Cesarean, emergency  
 Unknown

**29. Other delivery details/complications:**


**30. Outcome:**

Live birth  
 Stillbirth  
 Unknown

**31. Gestational age at delivery (wks):** \_\_\_\_\_

**32. Infant birthweight:** \_\_\_\_\_  Unknown

**33. Infant 1-minute Apgar?** \_\_\_\_\_  Unknown

**34. Infant 5-minute Apgar?** \_\_\_\_\_  Unknown

**35. Infant to NICU?**  Yes  No  Unknown

**36. Date of infant discharge/death:** \_\_/\_\_/\_\_  Unknown

**37. Infant death?**  Yes  No  Unknown

