



**British Columbia Perinatal Health Program  
Surveillance of Pandemic H1N1 Influenza  
In Pregnancy**

Addressograph  
Name  
DOB  
PHN

Place of Birth: \_\_\_\_\_ Admission date (dd/mm/yy): \_\_\_\_\_ Completed by: \_\_\_\_\_

**Instruction:** Complete the following questions from either maternal report or documentation in the medical records. Please return form to BCPHP even if the patient answered “no” to all three questions.

**Question 1: Has this patient had an influenza like illness\* at any time during the pregnancy?**

- No       Yes - **Select ALL THAT APPLY below:**
- a) Lab-confirmed H1N1 influenza  
Specify gestation age at time of illness: \_\_\_\_\_ weeks
  - b) Lab-confirmed seasonal influenza  
Specify gestation age at time of illness: \_\_\_\_\_ weeks
  - c) Influenza-like illness (ILI) at any time during the pregnancy  
Specify gestation age at each time of illness: \_\_\_\_\_ weeks
  - d) Unknown

**Question 2: Has this patient received antiviral medication, i.e., oseltamivir (Tamiflu) or zanamivir (Relenza), for treatment or prevention of H1N1 influenza or seasonal influenza at any time during the pregnancy?**

- No       Yes - **Select ALL THAT APPLY below:**
- a) Oseltamivir (Tamiflu)  
Specify gestation age at time of treatment: \_\_\_\_\_ weeks
  - b) Zanamivir (Relenza)  
Specify gestation age at time of treatment: \_\_\_\_\_ weeks
  - c) Received other or unknown type of antiviral medication  
Specify gestation age at time of treatment: \_\_\_\_\_ weeks
  - d) Unknown

**Question 3: Has this patient received vaccination for prevention of influenza at any time during the pregnancy?**

- No       Yes - **Select ALL THAT APPLY below:**
- a) H1N1 vaccination  
Specify gestation age at time of vaccination: \_\_\_\_\_ weeks
  - b) Seasonal influenza vaccination  
Specify gestation age at time of vaccination: \_\_\_\_\_ weeks
  - c) Received influenza vaccination, but unsure what type  
Specify gestation age at time of vaccination: \_\_\_\_\_ weeks
  - d) Unknown

**Influenza-like illness (ILI) is defined as:**

- Acute onset of respiratory illness **and**
- Fever **and**
- Cough **and**
- One or more of the following symptoms:  
Sore throat **or** Sore joints **or** Sore muscles **or** Prostration/fatigue

**Note: ILI includes suspected H1N1 influenza or seasonal influenza that has not been confirmed by a laboratory test.**

**WHITE – Send to BCPHP Rm. F5-4500 Oak Street, Vancouver, BC V6H 3N1      YELLOW – Mother’s Chart**