



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

Addressograph
Name
DOB
PHN

Place of Birth: ABC Hospital Admission date (dd/mm/yy): 1/Jan/10 Completed by: Dr.M.W.Nurse

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: 36 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: 28 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