



Canine Influenza Virus (CIV)

Confirmed **Suspected**

Reporting Instructions (Note: All reporting is voluntary)

Please fill out and submit this form for each individual case of Confirmed or Suspected CIV your facility encounters. Fax form along with laboratory results to: (206) 296-0189, Attention: Public Health Veterinarian.

CIV Reporting Case Definitions:

Confirmed: Any dog with laboratory tested and confirmed CIV positive sample.
Suspected: Any dog with symptoms and history for CIV from the SAME household as a dog with a CONFIRMED case of CIV or a known exposure to a dog with a CONFIRMED case of CIV, but no positive test.

REPORT SOURCE

Report Date (MM/DD/YY): _____

Veterinarian: _____

Facility/Clinic Phone: (_____) _____

Facility/Clinic Name and Address:

PATIENT INFORMATION

Name of dog: _____

Last name of owner: _____

Breed: _____

DOB or Age: _____

Gender: Male Female

Neutered/Spayed: Yes No

Zip code of dog's residence: _____

CLINICAL INFORMATION

Date of onset of illness (MM/DD/YY): _____

Cough:	Yes	No
Nasal Discharge:	Yes	No
Fever:	Yes	No
If yes, what was highest known temperature during illness? _____		
Sneezing:	Yes	No
Lethargy:	Yes	No
Anorexia:	Yes	No
Pneumonia	Yes	No
Recovered	Still sick/recovering	Died
Underlying or chronic medical conditions? Please list conditions:	Yes	No

IMMUNIZATION HISTORY

Has the dog ever received a Canine Influenza Virus vaccine?
 Yes No Unknown

If yes, which type? (mark all that apply):
 H3N8 H3N2

Did the dog receive an initial vaccination and a booster vaccine 2-4 weeks later?
 H3N8 Yes No Unknown
 H3N2 Yes No Unknown

Last vaccination given in the past year?
 H3N8: Yes No Unknown
 H3N2: Yes No Unknown

EXPOSURE RISK			
In the past month, has the patient had exposure to other dogs in:			
Dog Daycare Facility:	Yes	No	Unknown
Kennel/Boarding Facility:	Yes	No	Unknown
Grooming Facility:	Yes	No	Unknown
Dog Park or Off Leash Area:	Yes	No	Unknown
Dog Play Group:	Yes	No	Unknown
Obedience/Training Class:	Yes	No	Unknown
Veterinary Facility (prior to showing clinical signs):	Yes	No	Unknown
Other (specify):			
Any other dogs in household ill?	Yes	No	Unknown
LABORATORY TESTING	LABORATORY RESULTS		
Collection date of sample(s) (MM/DD/YY): _____	<u>Please send a copy of laboratory results</u>		
Days from onset of illness: _____	Positive results for: H3N8 H3N2 Canine influenza- unknown strain		
Samples taken (mark all that apply): Serum Nasal swab Pharyngeal swab Ocular swab Transtracheal Wash (TTW) Bronchoalveolar Lavage (BAL)	Laboratory results (mark one result for each test submitted):		
Name of laboratory: _____	PCR	Positive	Negative
	Serology (HI/HAI)	Positive	Negative
	Virus Isolation	Positive	Negative
	Other	Positive	Negative
Laboratory tests (mark all that apply): PCR Serology (HI/HAI): Acute OR Convalescent Virus Isolation Other (specify): _____	Other positive results (e.g. respiratory panel or other tests done): _____ _____		
Other Comments:			
For questions email us at AnimalDiseasesPublicHealth@kingcounty.gov			
Return form along with laboratory results to: Email: animaldiseasespublichealth@kingcounty.gov If a convalescent sample is submitted in the future, please also fax these results (do not need to complete form again)			