Guideline for Proactive Epidemiological Research of Pandemic Influenza (Pandemic Phases 4 to 6)

March 26, 2007

Pandemic Influenza Experts Advisory Committee

Proactive Epidemiological Research Guidelines for Pandemic Influenza (Overview)

Suspected pandemic influenza patient reported by medical institution

↓

Through consultation with the medical institution that reported the suspected case, determine whether the reported case satisfies the definitions of a pandemic influenza patient

↓

Designated for observation as a true case of Pandemic Influenza
- Registration of reported case as designated for observation by institution
- Report the case to the central government via the local government

→ Not designated for observation

↓

Provide explanation to the reporting institution and instruct to report any new additional information.

↓

Commence proactive epidemiological research

- Register the Case designated for observation in the NESID
- Instruct the patient to consult a medical institution designated for patients with infectious diseases
- If necessary, request for a transport service to transfer the patient to the designated medical institution
- Send a specimen sample from the infected patient to a local health institute
- **Investigate basic and clinical information of the case**
- **Investigate history of the Case's actions (places visited, activities involved in, etc.)**

→ Negative result to PCR test for H subtype of pandemic influenza virus

↓

- Repeat tests as necessary
- Observation of the patient is terminated when the possibility of infection by a pandemic influenza virus is rejected.

↓

Positive result to PCR test for H subtype of pandemic influenza virus

↓

Infection by Pandemic Influenza confirmed
- Patient Isolation
- Report to Central Government
- **Investigate case's contact with others**
- **Investigate infection sources**

→

Create a list of individuals having had contact with Case
- **Individuals living in Case's household**
- **Health care workers in contact with patient without PPE**
- **Individuals with direct physical contact with patient**

→ Individuals listed as having had contact with Case:
→ Conduct health observation including preventive administration for ten days after exposure

→ Individuals not included in the list:
→ In principle, instruct individual to monitor his or her own health for ten days after exposure

Proactive Epidemiological Research Guidelines for Pandemic Influenza - Pandemic Phases 4 to 6 -

1. Introduction

In June 2006, the Government of Japan formulated guidelines to conduct proactive epidemiological research on citizens infected by avian influenza (H5N1) in Pandemic Phase 3. Proactive epidemiological research includes case studies and contact studies. On November 22, 2006, the Manager of the Tuberculosis and Infectious Diseases Control Division of the Ministry of Health, Labour and Welfare issued a notice on the implementation of proactive epidemiological research concerning influenza virus (H5N1). The Proactive Epidemiological Research Guidelines for Pandemic Influenza (From Pandemic Phase 4 Onwards) follows the abovementioned guidelines and notice.

The public health institutions of prefectures, special districts and cities operating health centers (hereinafter "prefectures etc.") shall take the initiative to proactively conduct epidemiological research on pandemic influenza. Unless the pandemic enters Phase 6 with increased and sustained transmission throughout the general population of Japan, proactive epidemiological research forms the basis of Japan's countermeasures against pandemic influenza. The Government of Japan will implement actions and measures to fight pandemic influenza based on the results of such proactive epidemiological studies.

These guidelines include preventive administration of antiviral drugs to individuals having had contact with (suspected) pandemic influenza patients, which is a point that was not referred to in the preceding guidelines. The possibility of an outbreak of Pandemic Influenza, and its spread into Japan must be taken seriously as Japan prepares to implement proactive epidemiological research that follows these guidelines.

2. Principles of research

(1) Researching entities

1) Regardless of the source of infection, epidemiological investigation of human cases of infection by a new type of influenza virus shall be conducted under the initiative of health centers and other public health departments of the prefectures etc. (Section 1, Article 15 of the Law concerning Prevention of Infection of Infectious Diseases and Patients with Infectious Diseases (hereinafter referred to as "Infectious Disease Law")).

2) The Ministry of Health, Labour and Welfare shall also take the initiative in the proactive epidemiological research as necessary. Upon requests from prefectures etc., the National Institute of Infectious Diseases shall dispatch field epidemiological experts and the public health labs of universities shall send their faculty members to support the relevant municipalities (Section 6, Article 15 of the Infectious Disease Law).

(2) Scope of research

1) (Suspected) patients infected by new subtypes of an influenza virus that are defined as "pandemic influenza" in Pandemic Phase 4 and onwards, cases designated for observation, and individuals having been in contact with (suspected) patients (Case definitions shall be provided when pandemic influenza occurs.)

(3) Considerations of human rights and other ethical issues

1) Appropriate measures shall be taken to protect human rights. Consent shall be obtained from subjects for the use of personal information gathered for the purpose of research based on the Infectious Disease Law, transfer, recommendation for hospitalization, restriction of work, observation of progress, control of individuals contacting (suspected)

patients, possibility of information disclosure (to the media etc.) and other research details.

(4) Transparency of information and international collaboration

Response to pandemic influenza is a challenge to be tackled by each country as well as by the international community. Strategic early response and diverse countermeasures shall be put into practice in a swift and internationally concerted manner. Prefectures etc. shall promote information sharing with the central government, even before information becomes conclusive (Section 5, Article 15 of the Infectious Disease Law). The Government of Japan shall ensure prompt information sharing and collaboration with the WHO and other international institutions.

(5) Information sharing and publication of research data

1) In the battle against pandemic influenza, strategic early response and diverse countermeasures shall be put into practice in a swift and multisectorally concerted manner. Researching entities shall share information on situations and findings with other municipalities, the central government etc. even before the research completes (Section 6, Article 15 of the Infectious Disease Law).

2) Response to pandemic influenza is a challenge to be tackled by each country as well as by the international community. The Government of Japan shall ensure prompt information sharing with the WHO, and publish the latest information to the general public in Japan and the world.

3) Considering infection routes, incubation period and other traits of influenza virus, it is possible that infection spreads rapidly and extensively. Therefore, researching entities shall prepare for smooth information sharing through standardized research methods and forms, because locations to be investigated may stretch over multiple prefectures (See attached forms).
Further, the "National Epidemiological Surveillance of Infectious Diseases (NESID) support system to research suspected cases" shall be utilized to facilitate swift registration and sharing of information on (suspected) patients and individuals contacting them.

4) Research data shall be published in a timely and appropriate manner, with the cooperation of the mass media. Sufficient considerations must be taken for the protection of personal information. Dedicated representatives shall be assigned to risk communication including the publication and feedback of research data (Article 16 of the Infectious Disease Law).

3. Objectives of research

Objectives of proactive epidemiological research are categorized as follows.

(1) If cases of pandemic influenza occur, the research seeks to identify the whole picture of pandemic, as well as sources, routes and risk factors of infection. The research also assesses infection risks through the identified cases of pandemic influenza.

(2) The central and local governments shall provide information collected through the research and analysis of research data to municipalities and prefectures where infection occurs, as well as medical institutions, the Ministry of Health, Labour and Welfare and other related institutions (Section 5, Article 15 of the Infectious Disease Law (Principle No.2-6)).

(3) The research shall also help the prevention of infection spread by facilitating countermeasures against infection for high-risk groups, early identification of human transmission, prompt commencement of medical treatment etc.

(4) Bolstered quarantine, strategic early response and countermeasures against infection spread at medical institutions, public facilities and households in Japan shall be implemented effectively based on the analysis of research data.

4. Preparations for proactive epidemiological research during non-emergency situations

(1) Assignment of epidemiological researchers:

1) It is desirable to assign in advance (i.e. during the normal time) personnel who should be dedicated to epidemiological research (hereafter "epidemiological researchers") once cases of pandemic influenza are identified and the necessity for research is determined.

2) The number of epidemiological researchers shall be determined as appropriate, so that they will be able to conduct prompt contact studies, visiting and interviewing several individuals who have been in contact with (suspected) pandemic influenza patients within a relatively short period (36 hours after the identification of (suspected) patients).

3) Epidemiological researchers shall comprise of experts in public health with specialized knowledge in epidemiological research and infection prevention, such as physicians and hygienists. However, in preparation for a larger-scale expansion of the pandemic, a system that enables the addition of other appropriate human resources to this group of researchers, on condition that they receive specified training, will be implemented.

(2) Infection prevention of epidemiological researchers:

1) It is desirable to check and secure in advance the required number of masks, gloves, personal protective equipment (PPE), portable disinfectant alcohol etc., to prevent secondary infection to epidemiological researchers.

2) A scheme shall be established to enable epidemiological researchers to conduct required studies after receiving sufficient training on infection preventive measures, including standard prevention, as well as protection against droplet infection, contact infection and droplet nuclei infection (aerial infection), as basic precaution.

3) The abovementioned training shall include training on how to put on and remove PPE, hygienic methods of hand washing, appropriate disinfection of polluted locations and the environment, collection and disposal of infectious waste etc.
See also: The website of "Personal protective equipment (PPE) pertaining to contacts with (suspected) patients of avian influenza (H5N1) and pandemic influenza (Phases 3 to 5)," Infectious Disease Surveillance Center, National Institute of Infectious Diseases
http://idsc.nih.go.jp/disease/influenza/05pandemic.html

4) PPE that should be worn by epidemiological researchers indicated in these guidelines includes masks, eye protection (face shields or goggles), gloves and gowns. On principle, the designated mask type is N95.

5) In Pandemic Phase 4A, when pandemic influenza starts to occur in other countries, it is recommended to administer prepandemic vaccine in advance to epidemiological researchers, as well as public health personnel who may contact with (suspected) pandemic influenza patients, as far as possible.

   * Because epidemiological researchers are likely to be exposed to the pandemic influenza virus, they shall receive pre-season vaccination against seasonal influenza every year to avoid the genetic hybridization or reassortment of pandemic influenza virus and normal seasonal influenza virus.

(3) Seminars:

1) In addition to the abovementioned infection prevention, epidemiological researchers shall obtain in advance basic knowledge of influenza virus, such as the routes of infection etc., and information on pandemic influenza and avian influenza (H5N1), from seminars and other sources.

2) It is desirable that the governments of prefectures etc. provide seminars on field epidemiology required for the proactive epidemiological research of pandemic influenza.

(4) Collaboration with research and medical institutions

1) The governments of prefectures etc. shall establish a required laboratory scheme with local hygienic institutions at its hub, to analyze highly pathogenic H5N1 avian influenza virus and/or pandemic influenza virus mutating from it. To bolster this scheme, the governments of prefectures etc. shall confirm communication routes with health centers, hygienic institutions and the National Institute of Infectious Diseases, and take related seminars provided by the National Institute of Infectious Diseases whenever possible.

2) Once research starts, a large number of cases designated for observation may be identified. A laboratory scheme shall be established to enable appropriate response to such cases.

(5) Preparations for explanation to (suspected) patients, individuals contacting them, and relatives of such patients/individuals on purpose of the research

1) It is desirable that research is conducted after confirming the research target's ((suspected) patients, individuals having been in contact with them, and relatives of such patients/individuals) understanding of the aim of the research etc.

2) It is desirable that materials, written informed consent sheets, etc. to be used to explain the research to research targets, explains the necessity for collecting information indicated in the Infectious Disease Law, related to the transfer of (suspected) patients, recommendation of hospitalization, restriction of work, observation of development, control of individuals contacting (suspected) patients, etc.

5. Categories of research

Proactive epidemiological research includes case studies and contact studies. If a multiple number of cases occur in the same cluster, multiple case studies will be conducted in combination with the relevant contact studies. In addition to these studies, a cluster survey shall be conducted, focusing on infection sources, infection routes and the efficiency of transmission as important items of evaluation.

(1) Case studies (Section 1, Article 15 of the Infectious Disease Law)

1) Studies on basic information of cases and clinical information:
Researchers shall collect epidemiological and clinical information directly. Laboratory tests of samples shall be conducted promptly in coordination with clinical and lab departments.

2) Studies on the movements of cases:
These studies aim to identify detailed information on the movements of cases, and to list individuals contacting the cases. Detailed information is required to enable strategic early response based on proactive epidemiological research data.

3) Studies on infection sources:
Researchers shall identify the sources of infection (birds or humans), as well as the locations of infection (domestic or overseas). If infection is considered to have occurred overseas, information shall be exchanged swiftly with quarantine stations, internal organizations, governments of the countries where infection occurs etc.

(2) Contact studies (Section 1, Article 15 of the Infectious Disease Law)

Researchers shall study individuals contacting (suspected) patients of pandemic influenza, in the following process.

1) Defining individuals having had contact with (suspected) patients (hereafter “contact individuals”)
2) Listing contact individuals
3) Status survey of contact individuals
4) Initial interview or telephone survey, as well as health instructions, to contact individuals
5) Follow-up survey
6) Discontinuation of follow-up survey

6. Research Procedure

Described below are procedures of research in the case of (possible) human infection by pandemic influenza. These procedures shall also apply to individuals who contacted patients of pandemic influenza overseas, and satisfying the case definition of pandemic influenza, which shall be formulated following the occurrence of pandemic influenza.

(1) Case studies

1) Studies on basic information of cases and clinical information:
   i) If a (suspected) case of human pandemic influenza is reported from a medical institution to a health center, and if the health center considers that the reported case is likely to require observation, then the health center shall request a medical institution designated in advance to examine the reported case. The health center shall launch promptly studies on basic information of cases and clinical information.
   ii) Researchers shall use the Form for Studies on Basic Information of Cases and Clinical Information (Attachment 1). If the reported case is determined to require observation, it shall be input and registered in the NESID Database (See the Surveillance Guidelines). The relevant case shall be tested for influenza virus.
   iii) The case designated for observation shall be reported immediately to the central government, requiring its collaboration and cooperation as necessary. (Section 6, Article 15 of the Infectious Disease Law)
   iv) Although the virulence of the pandemic influenza virus prevalent in other countries or regions is reported to be moderate, the traits of the virus found in cases designated for observation in Japan are unknown at this point. Therefore, maximum care should be taken to prevent infection assuming the maximum risk, including the use of PPE during in-person interviews with the case in the same room.
2) Studies on the movements of cases: (Section 12, Article 15 of the Infectious Disease Law)
   i) Epidemiological researchers shall interview (suspected) patients on their detailed movements, and on individuals contacting them during the reported movements, using the Form for Studies on the Movements of Patients (Attachment 2).
   ii) In principle, these studies shall be conducted on (suspected) patients of pandemic influenza. However, cases designated for observation shall be also studied if considered necessary.
   iii) In principle, these studies shall target at the detailed movements of (suspected) patients, from the day before they developed designated symptoms (“designated symptoms” refer to fevers at this point, but are subject to change in response to the pathological data obtained from confirmed cases) to the point of hospitalization when appropriate infection measures are applied. These studies form the basis of subsequent contact studies, and are therefore extremely important.
3) Studies on infection sources: (Section 1, Article 15 of the Infectious Disease Law)

If infection and transmission in Japan is likely from the travel history and other information of cases, studies on infection sources (upstream case studies) shall be conducted to identify the sources of infection.

i) Sources have been reported

If upstream case studies have reported birds (or other animals) or patients as the sources of infection, the data of contact studies of the reported sources shall be verified.

ii) Sources have not been identified

If a possibility is suggested that infection was caused by birds among which avian influenza has not been identified before, other animals, objects or humans, studies shall be promptly organized and implemented into the suspected infection sources and individuals contacting them.

4) Infection prevention

i) Epidemiological researchers shall put on PPE during in-person interviews. The time and number of interviews shall be minimized as far as possible.

ii) Because epidemiological researchers contact patients of pandemic influenza directly, they shall receive prepandemic vaccination when pandemic influenza occurs in other countries or other areas of Japan.

iii) If an epidemiological researcher contacts a patient of pandemic influenza without sufficient infection prevention, such a researcher is likely to get infected. Therefore, it is desirable that a 75-mg oseltamivir phosphate capsule shall be administered to such a researcher once a day for ten consecutive days as preventive administration ("preventive administration to contacting individuals"), coupled with health observation for ten days from the contact (See 6-(2)-2 for more details).

(2) Contact studies (Section 1, Article 15 of the Infectious Disease Law)

"Contact individuals" refers to individuals having had contact with (suspected) patients with pandemic influenza, during the period from the day (24 hours) before the contacted patient developed defined symptoms, to the end of the seventh day after the date of defervescence of the same patient (regarding the date of defervescence as "Day 0") (If the contacted patient is twelve years old or younger, to the end of the 21st day after the date of manifesting symptoms (regarding the date of manifesting symptoms as "Day 0")). Swift investigation into contact individuals and appropriate treatment to them are extremely important to prevent the expansion of pandemic influenza. The definitions of contacting individuals are indicated below.

1) Definitions of contacting individuals:

i) High-risk contact individuals (Individuals who heavily contacted with (suspected) patients of pandemic influenza)

High-risk contact individuals must be investigated as soon as they are identified. List contact individuals based on the definitions indicated below (Section 17, Article 15 of the Infectious Disease Law), and request the listed individuals to take the temperatures twice a day without fail, from the day of final contact (exposure) with a patient to the end of the tenth day after the final contact (regarding the day of final contact (exposure) as "Day 0") (Section 3, Article 15 of the Infectious Disease Law). Also provide preventing administration of antiviral drugs at health centers or other public health institutions, if high-risk contact individuals consent (See Attachment 3, Form for Individuals Having had Contact with (Suspected) Patients of Pandemic or Avian Influenza, and Attachment 4, Temperatures Recording Sheet). The research priorities shall be determined by the intensity of contact as indicated below (from higher to lower).

a) Individuals living in the same household

Individuals who live at the same address as a patient

b) Health care workers

Health care workers and paramedics who were involved in the examination, treatment, transfer etc. of a patient without wearing PPE

c) Individuals contacting contaminated substances

Individuals who contacted blood, bodily fluid, secretion (excluding perspiration), excretion etc. from a patient without wearing PPE; This includes laboratory personnel who handled samples taken from a patient without wearing gloves or masks, washing hands or taking other precautionary measures, as well as cleaning personnel who cleaned the toilets, washrooms, beddings etc. used by a patient.

d) Individuals contacting a patient in person

Individuals who conversed, greeted or otherwise contacted a patient within a touchable talking distance; This includes individuals contacting with patients in a short distance such as offices, schools, hospital waiting rooms, dining rooms, party rooms, karaoke boxes etc.

ii) Low-risk contact individuals (Individuals who mildly contacted with (suspected) patients of pandemic influenza)

Low-risk contact individuals must be investigated as soon as possible. The risk of infection is indicated below (from higher to lower). The scope of contact studies, health observation and preventive administration of antiviral drugs shall be determined in line with the pandemic phase, patients' conditions and other related circumstances.

a) Of "Individuals having had direct contact with a patient" mentioned in 6-(2)-1)-i)-d), those who did not come closer to the patient within two meters

b) Individuals sharing a closed space with a patient

Individuals who shared the same space within the distance of two meters in a relatively closed facility; Such individuals and the patient are not acquainted with each other, but share a car, bus, train, airplane or other public transportation, or a hotel, restaurant, movie theater, hall or other public facilities.

* In the case of b), it is difficult to identify contacting individuals by normal epidemiological studies. Cooperation of transportation operators (such as airlines and railroad companies) and the mass media may be required. At the same time, accurate communication, briefing and other measures shall be examined to avoid possible confusions, panics and harmful rumors due to inaccurate information.

iii) Individuals having had contact with a pandemic influenza case designated for observation

In principle, individuals having had contact with a case designated for observation are not included in the scope of follow-up investigation or health observation. A case designated for observation requires investigation of the patient and his/her family, as well as related health care workers. Speed is critical to achieve the goals of epidemiological research on cases of pandemic influenza. Therefore, in many cases, it would not be preferable to commence contact studies after a case designated for observation is proved as a suspected or confirmed case of pandemic influenza by laboratory tests. To fill this gap, it is recommended to formulate the list of contacting individuals etc. to facilitate the studies indicated in 6-(2)-1)-i).

2) Contact studies and response to contacting individuals:

Procedures for studies on individuals having had contact with (suspected) patients of pandemic influenza, as well as typical responses to such individuals, are described below.

i) Listing contact individuals

List high-risk contact individuals without omission, based on the abovementioned definitions. It is desirable that low-risk contact individuals described as above are also listed down to a minimum necessary level, considering the risks of infection.

ii) Status check and tracking of listed individuals (health observation)

As for listed individuals, their history of contact with patients shall be investigated carefully. Health observation of listed individuals must be conducted, from the date of starting observation to the end of the tenth day after the final exposure (regarding the day of final exposure as "Day 0") . Researchers shall record the information of observed individuals in the Form for Individuals Having had Contact with (Suspected) Patients of Pandemic or Avian Influenza (Attachment 3). Hand the Temperatures Recording Sheet (Attachment 4) to observed individuals in advance, and request to record their temperatures by themselves or their families in this recording sheet. In principle, representatives of health centers etc. shall identify the health status of listed individuals and collect other necessary information, through interviews with and daily reporting from individuals by phone or fax ("active surveillance") (Section 3, Article 15 of the Infectious Disease Law).

iii) Preventive administration of antiviral drugs to listed individuals (Preventive administration for contacting individuals)

Listed individuals shall receive preventive administration of antiviral drugs at health centers and other public health institutions, after they consent to such administration (See Attachment 3, Form for Individuals Contacting with (Suspected) Patients of Pandemic or Avian Influenza, and Attachment 4, Temperatures Recording Sheet). The period of preventive administration shall end on the tenth day after exposure (regarding the day of final exposure as "Day 0") (For example, if one is listed as a contacting individual and starts to take an antiviral drug on Day 3, such an individual shall end the administration on Day 10, after taking the drug for eight consecutive days).

iv) Instructions to listed individuals and standards for consulting medical institutions:

Instruct listed individuals to wait at home, and wear masks if they go out for unavoidable reasons. Also explain to listed individuals in advance that if they develop symptoms of pandemic influenza, they shall consult health centers immediately. Health centers shall instruct them to visit designated medical institutions for infectious diseases promptly, if considered necessary. Fevers are an important indicator. It is recommended that adult individuals who evidently and heavily came into contact with (suspected) patients consult medical institutions.

v) Movements during symptoms are manifesting

Instruct in advance that individuals who satisfy "1) Definitions of contact individuals" shall refrain from activities in locations where many people gather. Request contact individuals to report any symptoms to a local health center promptly, and consult medical institutions instructed by that health center. Also instruct that contact individuals shall avoid public transportation as far as possible, even on their way to and from medical institutions.

vi) Unlisted contact individuals

Health centers shall explain the possibility of human infection by pandemic influenza, its symptoms and incubation period to contact individuals who were identified by epidemiological research, but are not considered to require listing. In principle, it is recommended to request such individuals to observe their health by themselves. Hand out the Temperatures Recording Sheet (Attachment 4) to such individuals, and request them to take and record the temperatures. If an unlisted

individual experiences a high fever of 38°C or over, or acute respiratory symptoms, during the development observation (until the end of the tenth day (regarding the day of exposure as “Day 0”)), report such individual to the local health center immediately, and consult on a required life style, contact with other individuals, designated medical institutions etc.

7. Continuation and termination of proactive epidemiological research

Proactive epidemiological research described as above shall be continued proactively during Pandemic Phases 4B and 5B. Principles for the continuation and termination of proactive epidemiological research in Pandemic Phase 6B onwards are outlined below.

(1) Continuation of research:

1) Proactive epidemiological research is important in response to pandemic influenza, and should be continued as long as possible.

2) The range of listing contact individuals shall be determined in coordination with the Ministry of Health, Labour and Welfare, considering comprehensively the hygienic significance of administering antiviral drugs to contact individuals, the quantity of stockpiles of antiviral drugs and other factors at the point of listing. (Sections 2, 5 and 6, Article 15 of the Infectious Disease Law)

(2) Principles for the termination of research:

As a rule, proactive epidemiological research shall be terminated when the central government and local government agree that the tracking of infected individuals by proactive epidemiological research has become meaningless, because a large number of patients occur in the same geographical area and therefore the sources of infection become unidentifiable in many cases. Following the termination of proactive epidemiological research, pandemic influenza surveillance programs shall be bolstered. (Sections 1, 2 and 5, Article 15 of the Infectious Disease Law)

References

Cleaning and disinfection of locations where patients stayed

In the case of normal seasonal influenza, droplet infection is the main route of infection, followed by contact infection, and aerial infection under special circumstances around patients (e.g. treatment generating aerosol from patients). There has been no clear evidence proving infection and transmission by routes other than droplet infection. The possibility of aerial infection is considered around patients receiving special treatment etc. As a rule, it will not be necessary to consider the possibility of dust infection, caused by inhaling influenza virus rising with dust from the floor of hospital rooms after the discharge of patients (like Noro virus).

For the details of infection routes of normal influenza and pandemic influenza, as well as countermeasures against infection, please refer to the Guidelines for Infection Prevention at Medical Facilities. Indicated below are principles of cleaning and disinfection of locations where patients stayed, based on the abovementioned guidelines. Public health workers are requested to guide patients' families and related workers based on the following principles.

1. Cleaning

(1) Cleaning the floor:

To remove virus coated with organic substances, the floor of locations where patients stayed shall be wiped with a mop or dust cloth. The effects of wiping can be increased by using detergent. If there is an obvious deposition of blood, bodily fluid, secretion (excluding perspiration), excretion etc. from a patient, disinfect that area.

(2) Cleaning locations contacting patients:

Locations which are considered to have contacted with patients frequently (such as door knobs, toilet seats, switches, stair rails, tables, chairs, bed rails etc.) shall be cleaned with a mop or dust cloth. The effect of wiping can be increased by using detergent. Electronic equipment such as PCs, telephone sets and fax machines shall be disinfected with alcoholic agents, because they may be broken if water enters inside.

(3) Cleaning walls and the ceiling:

Walls and the ceiling need not cleaning unless there is an obvious deposition of blood, bodily fluid, secretion (excluding perspiration), excretion etc. from a patient. If there is a deposition of blood, bodily fluid, secretion (excluding perspiration), excretion, etc. from a patient, disinfect the disposition and the surrounding areas.

(4) Dishes, clothes and linens:

Dishes, clothes and linens should be washed and cleaned as usual. If there is a deposition of blood, bodily fluid, secretion (excluding perspiration), excretion etc. from a patient on clothes or linens, and if it is difficult to wash out, disinfect that area with alcoholic agent. If applicable, hot water disinfection (soaking in water over 80°C for more than ten minutes) is also an alternative.

(5) Goods:

Goods that patients used shall be wiped and cleaned as appropriate.

2. Disinfection:

Use sodium hypochlorite solution, or isopropanol or disinfectant ethanol agent for disinfection.

(1) Sodium hypochlorite solution:

Use solution of concentration between 0.05 – 0.5 w/v% (500 – 5,000 ppm). Soak items to be cleaned in the solution for thirty minutes, or wipe them with a towel, dust cloth etc. soaked in disinfectant solution. Disinfectant agents shall not be sprayed, because it may cause incomplete disinfection or rising of virus, as well as health harm to disinfecting individuals.

(2) Isopropanol or disinfectant ethanol:

Use isopropanol or disinfectant ethanol of 70v/v%. Wipe items to be cleaned with a towel (paper towel etc.) or an absorbent cotton deeply soaked in disinfectant agent. Disinfectant agents should not be sprayed, because it may cause incomplete disinfection or rising of virus

3. PPE to wear during cleaning

Put on masks (surgical masks as a rule), goggles or other eye protection, and gloves, when they perform cleaning, disinfection etc. Gloves need not be sterilized, but made from tough and impermeable materials.

4. Hygiene of hands and fingers

Never fail to wash hands under tap water with soap, or disinfect hands and fingers with quick drying rubbing disinfectant alcohol agent, following cleaning or disinfection operations. Hygiene of hands and fingers is fundamental in all infection prevention measures. Individuals shall also wash or disinfect hands and fingers after touching objects possessed by patients in hospital rooms, before serving meals, before having meals, and after urination or excretion. Pandemic influenza may outbreak in a district where patients occur. Individuals shall also be instructed to wash or disinfect hands and fingers after returning home.

(Attachment 1)

Form for Studies on Basic Information of Cases and Clinical Information of Pandemic or Avian Influenza (Confirmed Diagnoses / Suspected Case / Case Designated for Observation)

1	Health center in charge:			Researcher's name :	
2	Date & time of research: (Date) , (Time) :			Method of research : □ Interview □ Phone □ Other ( )	
3	Respondent: □ Patient □ Other → Name ( ), Relationship ( )				
	Contact information of respondent: Home phone: - -			Mobile phone: - -	
4	Acceptance No. of infection report:		5	Health center of the patient's address:	
6	Reporting medical institution :		7	Physician in charge	
8	Location of reporting medical institution:		9	Reporting medical institution TEL: - -	
10	Date & time of accepting the report: (Year) (Month, Date) , (Time)		11	Municipality accepting the report: Prefecture / City	
12	Health center accepting the report:		13	Person accepting the report:	

14	Patient's name :	15	Sex: M / F	16	Date of birth: (years old)
17	Patient's address:				
18	Patient's TEL: Home: - -				Mobile: - -
19	Occupation / Industry / School etc.: Last date of attendance: (* Describe the class etc. of a child / student in detail.)				
20	Office / School :				
	Location of office / school:				
21	Office / School TEL: - -				
22	Location of the patient as of accepting date: □ Reporting medical institution □ Home □ Office / School □ Other ( ) □ Unknown				
23	Contact information TEL: Home: - -				Mobile: - -

24	Household mem (Name)	(Relationship:) (Date of birth) (Month Day, Year)	25	Contact information of an individual other than the patient
	(1)	(years old)		Name :
	(2)	(years old)		Relationship with the patient:
	(3)	(years old)		Address:
	(4)	(years old)		
	(5)	(years old)		Home: - -
	(6)	(years old)		Mobile: - -

26	Fever of 38 degrees Celsius or higher	(Date:)
27	Coughs	(Date:)
28	Sore throat	(Date:)
29	Shortness of breath / Breathing difficulty	(Date:)
30	Diarrhea	(Date:)
31	Generalized fatigue	(Date:)
32	Confusion	(Date:)
33	Other 1 ( )	(Date:)
34	Other 2 ( )	(Date:)

35 Date & time of manifesting symptoms: (Date) , (Time) :

36 Initial consultion: (Date) , (Time)

Medical institution: TEL: - - Physician:

37 Estimated date of infection:

38 Suspected source of infection:

Infection source: □ Human □ Bird → (□ Sick bird □ Dead bird) □ Other ( )

Location of the infection source (Country / Region etc.):

Diagnosis of pandemic or avian influenza of the infection source:

Status of contact with this patient:

Date & time of final contact: (Date) , (Time) around :

Visits to or stays in countries or regions where pandemic or avian influenza is reported;
(Countries and regions are subject to change over time.)

□ Japan (Area:)

40 □ Indonesia

41 □ Vietnam

42 □

43 □

44 Date of return ( )

Port of arrival

( )

Flight or vessel

( )

45 Period of stay in the relevant region

From to

46 No. of co-travellers:

47 Travel agency:

TEL : - -

48 Tour:

Period of tour: From to

49 Medical history

50 Blood donation (within seven days before symptoms manifest): □ No

□ Yes Date of donation: Place of donation:

51 Organ transplant (within seven days before symptoms manifest): □ No

□ Yes Date of operation: Operating medical institution:

52 Present diseases

53 Treatment process

Drug administration

54 Tamiflu : □ No □ Yes Date of starting administration:

55 Other antiviral drug: □ No □ Yes (Please describe) ( ) Date of starting administration:

56 Other major medication: ( )

57 Hospitalization: □ No □ Yes

58 Hospitalizing medical institution:

59 Physician in charge:

60 Location of hospitalizing medical institution: TEL:

61	Date of hospitalization:	62 Date of discharge:	63 Date of death:
	Test items	Values or findings	Date of test (Month Day, Year)
64	Chest x-ray	Pneumonic picture □ No □ Yes (Findings)	
65	Chest CT	Pneumonic picture □ No □ Yes (Findings)	
66	White blood cell count	/μL	
67	Lymph cells	%(/μL)	
68	Platelet count	/μL	
69	CRP	mg/dL	
70	Other		

71	Conditions during research:
72	General observation: □ No symptoms □ Mild to moderate □ Serious □ Other ( )
	Date of test result
73	□ Confirmed diagnosis
74	□ Suspected case
75	□ Case designated for observation
76	□ Suspended
77	Rejected case □ No □ Yes (Date) Reasons:
78	Development following the initial research:

* Use separate sheets for studies of patient's movements and contacting individuals.

Test results specific to influenza					
Antigen tests		79 □ Positive (Type A / Type B / A or B Unknown)		Date of sampling:	
(Rapid test)		□ Negative □ Not conducted		Date of test result:	
		Sample materials	Date of sampling / Date of test result	Test results	Testing institution
80	RT - PCR □ Conducted □ Not conducted		Date of sampling: Date of test result:	Negative / Positive / Testing Other ( )	
			Date of sampling: Date of test result:	Negative / Positive / Testing Other ( )	
			Date of sampling: Date of test result:	Negative / Positive / Testing Other ( )	
81	RT - LAMP □ Conducted □ Not conducted		Date of sampling: Date of test result:	Negative / Positive / Testing Other ( )	
			Date of sampling: Date of test result:	Negative / Positive / Testing Other ( )	
82	Virus isolation and identification □ Conducted □ Not conducted		Date of sampling: Date of test result:		
			Date of sampling: Date of test result:		
		Testing method	Date of sampling / Date of test result	Test results	Testing institution
83	Serum antibody test □ Conducted □ Not conducted		Date of sampling: Date of test result:		
			Date of sampling: Date of test result:		
			Date of sampling: Date of test result:		
		Testing method	Date of sampling / Date of test result	Test results	Testing institution
84	Additions / Others		Date of sampling: Date of test result:		
			Date of sampling: Date of test result:		
			Date of sampling: Date of test result:		

* Check the appropriate squares (□).

Test results of other pathogens			
Adenovirus antigen	85	+ / - / Not conducted	(Date)
RS virus antigen	86	+ / - / Not conducted	(Date)
Other	87		(Date)
	88		(Date)

(Attachment 2)

Form for Tracking the Movement of Pandemic/Avian Influenza Patients Before the manifestation of Symptoms (Confirmed diagnosis / Suspected case / Case designated for observation)

Infection Report Receipt No:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patients (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day(s) before and after symptoms manifest	Example	From midnight to early morning 8:30 Around 9:00 Around 10:00 Around 12:00 Around 17:00 Around 18:00	· Home · Clinic A · Station X of Railway B Station Y of Railway B · Company C · Restaurant D · Station Y of, Station X of Railway B · Home	· Feeling the chills starting midnight; Feverish in the morning · Left home and consulted Clinic A · Went directly from Clinic A to Station X of Railway B; Caught a rapid train bound for Station P at 9:15; Got off at Station Y at 9:45 · Arrived at Company C for work · Had lunch at Restaurant D · Went to Station Y of Railway B; Caught a rapid train bound for Station Q at 17:30; Got off at Station X at 18:00 · Returned home	· S. K. (Wife, Part-time work at Supermarket E) · T. M. (Home doctor, Physician) · Section F, Company C	· Address, Street, Town Z, City X · Address, Street, Town Z, City X · Address, Street, Town W, City Y	· 0X - XXXX - XXXX 090 - XXXX - XXXX · 0X - XXXX - XXXX 090 - XXXX - XXXX · 0XX - XXX - XXXX (Railway B) · 0XX - XXX - XXXX (Company C)
Day before symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Date of manifesting symptoms)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Date of manifestiation of symptoms	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 1 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 1 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 2 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 2 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 3 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 3 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 4 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 4 after symptoms manifest	) (/ /						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 5 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 5 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 6 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 6 after symptoms manifest	) (/ /						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 7 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 7 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 8 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 8 after symptoms manifest	(/ /)						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 9 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 9 after symptoms manifest	) (/ /						

Remarks:

Form for Studies on the Movements of Patients of Pandemic or Avian Influenza (Confirmed diagnosis / Suspected case / Case designated for observation) (Day 10 after symptoms manifest)

Acceptance No. of infection report:

Patient's name :

Day(s) before or after symptoms manifest	Date & Day of the week	Time	Location / Visited place / Facility (Address / Contact information / Window etc.)	History of patient activities and status of contact of others with patient (Heavy contact within two meters shall be defined in detail.)	Individuals with contact with patient (Name / Age / Sex / Contact Level / etc.)	Addresses of individuals with contact with patient	Contact information of individuals with contact with patient (Home phone / Mobile phone etc.)
Day 10 after symptoms manifest	(/ /)						

Remarks:

(Attachment 3)

Research Form for Individuals Contacting with (Suspected) Patients of Pandemic or Avian Influenza

1	Health center in charge:	Researcher's name :
	Date & time of research: (Date) , (Time) :	Method of research : □ Interview □ Phone □ Other ( )

2	Code of contacting individual:	3	Health center of the contacting individual's address:
4	Acceptance No. of contacting individual report:	5	Health center of the patient's address:

Details of the contacting individual

6	Name :	7	Sex:
8	Date of birth: (Month Day, Year)	9	Age:
10	Address :		
11	TEL: Home: - -		Mobile: - -
12	Occupation (Office):		
13	Respondent: □ Contacting individual □ Other → Name ( ), Relationship ( )		

(Questions 14 to 16 only apply to a respondent other than the contacting individual.)

14	Respondent's name :							
15	Respondent's address:							
16	Respondent's TEL: Home: - -				Mobile: - -			
17	Household members							
	Name 1	Relationship:	Age:	years old	Name 4	Relationship:	Age:	years old
	Name 2	Relationship:	Age:	years old	Name 5	Relationship:	Age:	years old
	Name 3	Relationship:	Age:	years old	Name 6	Relationship:	Age:	years old
18	Status of contact with a patient or a bird (Describe the date, location and details of contact)							
19	Date & time of final contact with a patient or a bird: (Date) , (Time) around :							
20	□ High-risk contacting individual □ Low-risk contacting individual □ Contact with a case designated for observation							
21	Infection prevention at the time of contact: □ Yes (Please describe) ( ) □ No							

Status of the contacting individual during research

22	Temperature: (℃) → Fever of 38℃ or higher □ No □ Yes
23	Respiratory symptoms: □ Yes: Sore throat / Coughs / Phlegm / Breathing difficulty / Hypoxia / Other ( ) □ No
24	Digestive symptoms : □ Yes: Diarrhea / Vomit / Stomachache / Other ( ) □ No
25	Symptoms other than fever, respiratory or digestive symptoms: □ No □ Yes: Headache / Muscle pain / Joint pain / Generalized fatigue
	Others (Please describe) ( )

Testing institution (TEL:) Physician ( )

Test findings: Complete blood count (/); White cell count: Red cell count: Platelet: Other ( )

Influenza antigent test (/); Positive (Type A / Type B / A or B Unknown) / Negative / Not conducted

Chest x-ray (/); [Findings]

Virus isolation / identification (/); Sample materials ( ); Positive (Subtype) / Negative / Testing

RT - PCR test (/); Positive (Subtype) / Negative / Testing

Serum antibody value (/); Testing method ( ) (Subtype); Antibody value ( ) times / Testing / Not conducted

* All items inside the thick frame must be filled. Describe findings if identified. The date of finding shall be the same as the date of sampling.

Monitoring Form for Individuals Contacting with (Suspected) Patients of Pandemic or Avian Influenza

Code of contacting individual: Name :

Date & time of final contact with a patient or bird: (Date) , (Time) around :

Day(s) after final contact	Date	Reporting method	Temperature	Preventive administration	Respiratory symptoms	Other symptoms	Checking person
Day 0	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 1	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 2	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 3	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 4	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 5	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 6	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 7	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 8	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 9	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
Day 10	/		Morning:	□ Yes	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	
			Evening:	□ No	None / Coughs / Phlegm / Breathing difficulty Other ( )	None / Diarrhea / Vomit / Fatigue Other ( )	

Contact informati Home: - - Person in charge:

Mobile: - -

(Attachment 4)

Temperatures Recording Sheet

* The incubation period of pandemic or avian influenza is considered to be ten days at the longest.
* If you do not experience a sudden high fever of 38 degrees Celsius or higher, respiratory or diarrhea symptoms within ten days after the final contact, it is highly unlikely that you are infected, and you may infect others.
* If no symptoms manifest, you may
lead a life as usual over the ten days after the final contact. However, please refrain from going out as far as possible, and observe your health carefully. If a suspicious symptom manifest, please contact a local health center without fail.

Code of contacting individual: Address:

Name : Home phone: - - Mobile phone: - -

Date & time of final contact with a patient or bird: (Date) , (Time) around :

Day(s) after final contact	Date	Time of taking the temperature	Temperature (℃)	Preventive administration	Symptoms (Sore throat / Coughs / Phlegm / Breathing difficulty / Diarrhea / Vomit / Stomachache etc.)	Remarks (Outings etc.)
Day 0	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 1	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 2	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 3	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 4	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 5	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 6	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 7	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 8	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 9	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	
Day 10	/	Morning: :		□ Yes	□ None □ Yes (Please describe) ( )	
		Evening: :		□ No	□ None □ Yes (Please describe) ( )	

Inquiries & Contact information

Health center: Person in charge:

Location :

TEL: - - FAX: - -