

Seasonal Influenza A Case Summary Form

(Performa to be filled up for confirmed Influenza A patients)

I. Reported by:

1. Name of the hospital with address: _____

II. Patient Identification data:

1. A. Name : _____ b. Father's Name: _____

C. Patient ID No. /CR No. _____

2. Age (in completed years): _____

3. Gender Male Female

If Female, is the patient pregnant? Yes (weeks pregnant) ____ No Unknown

4. Occupation _____

5. Mobile No. _____

6. Residential Status: Urban/Rural

• Street Address : _____

• Block: _____

• District: _____

• State: _____

7. Date of Onset of Illness: _____

8. **History of Vaccination:** Yes/No, If Yes then, date of vaccination:

9. Date of Admission: _____

10. No. of referrals: _____

11. Clinical Signs & symptoms (encircle all that are present in the patient):

Fever axilla > (38⁰C/ 100.4F)/ Oral > (38.5⁰C/101.3F)/ Cough/ Sore throat/ Nasal catarrh/ Shortness of breath/ Difficulty in breathing/ Hemoptysis/ Cyanosis/ Hypotension/ Somnolence/ Convulsions (in children)/ Refusal to accept feeds (in children)/ Irritability (in children)

12. **Pre-existing medical conditions (encircle all that are present in the patient):**

Chronic pulmonary conditions/ chronic cardiovascular conditions/ chronic neurological conditions that impair breathing or clearance of respiratory secretions/ chronic metabolic diseases, specify..... / renal dysfunction/ haemoglobinopathies/ immunosuppressed/ immunocompromised/children 6 months – 18 years on chronic aspirin therapy/ hypertension/ obesity/others.....

13. Influenza testing:

- Date of Collection of Sample : _____
- Type of sample: _____
- Date of Declaration of Result: _____
- Name of the Lab which conducted test: _____
- Result: _____

14. Did the patient receive Anti-Viral treatment? Yes/No

a. If Yes, complete table below:

Drug	Date Initiated	Date Discontinued	Dosage(If Known)
Oseltamivir			
Other (Specify)			

15. Did the patient require mechanical ventilation? Yes No Unknown

16. Outcome: Still admitted / Discharged after recovery / LAMA / Died

Signature

Name:

Designation: