

Influenza A H1N1 Case Summary Form

(Proforma to be filled up for confirmed Influenza A H1N1 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. Residential status: Urban / Rural

- Street Address:
- Block:
- District:
- State:

5. Presenting condition of the patient: ILI / Pneumonia / ARDS

6. Does the patient have any high risk illness / predisposing condition: Yes / No

- If yes, select: (Encircle all that apply):

(Immuno suppressive therapy / HIV- AIDS / Diabetes mellitus / Chronic Lung disease / Chronic Heart disease / Chronic Kidney disease / Chronic Liver disease / Cancer / Blood disorders / Neurological disorders / Any other)

7. Influenza testing:

- Date of collection of sample: ___//___//___
- Date of declaration of result: :___//___//___
- Name of the lab. which conducted test:
- Result:

8. Did the patient receive Anti-viral treatment? Yes / No

a. If yes, complete table below:

Drug	Date initiated	Date discontinued	Dosage(if known)
Oseltamivir			
Zanamivir			
Other (Specify)			

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

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

Seal & Signature of treating Doctor