

National Influenza Center
National Public Health Laboratory
Ministry of Health, Nepal

Name of Sentinel Site: _____

S.N. _____

Influenza-like Illness (ILI) Case Summary Form
National Influenza Surveillance Network, Nepal

Section I (To be filled by clinician before specimen collection)

Hospital No.: _____ Date of visit (YYYY/MM/DD): ____/____/____

Name of Department: Pediatric _____ Adult _____ General _____ Other _____

Patient's Name: _____

Date of Birth (YYYY/MM/DD): ____/____/____ Age: Year ____ Months ____

Sex: Male Female (If Female - Pregnancy: Yes No)

Address: District: _____ Municipality/ VDC: _____ Phone number: _____

Is this address Permanent (more than 6 months) Temporary (less than 6 months)

ILI Definition: An acute respiratory infection with history of fever or measured fever $\geq 38^{\circ}\text{C}$, AND cough AND/OR sore throat with onset within the last 10 days.

Clinical Symptoms:

Fever Yes No If Yes, History of Fever Measured Temp : ____°F
Cough Yes No
Sore throat Yes No

Date of onset of symptoms (YYYY/MM/DD): ____/____/____

Travel outside Nepal in last 2 weeks: Yes No If yes, Where _____

Prepared by (Name): _____

Section 2: Laboratory Specimen

Specimen Type: Throat swab Nasal swab Nasopharyngeal Swab Other _____

Date of Specimen collection (YYYY/MM/DD): ____/____/____ Specimen Collected By (name): _____

Section 3: For Surveillance Staff Only

NIC No. _____

Test Result : Negative Positive Influenza A / Sub type _____ Influenza B
 Other _____