

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

Name of Sentinel Site: _____

S.N. _____

Severe Acute Respiratory Illness (SARI) Case Summary Form
National Influenza Surveillance Network, Nepal

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

Hospital No: _____ **Date of Admission (YYYY/MM/DD):** ___/___/___

Ward: Medical Ward ICU Step Down Pediatric Ward PICU

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)

SARI 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 AND admitted to hospital.*

Clinical Symptoms:

Fever Yes No If Yes, History of Fever Measured Temp : ___°F
Cough Yes No
Sore throat Yes No
Breathing difficulty/ Yes No
or shortness of breath Other: _____

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

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

Co-morbidity or underlying conditions:

Chronic Respiratory Disease Yes No Asthma Yes No
Diabetes Yes No Haematological Disease Yes No
Chronic Cardiac Diseases Yes No Immunodeficiency, including HIV Yes No
Chronic Neurological/neuromuscular Disease Yes No
Other (specify) _____

Hospital stay information:

Need for oxygen therapy Admission to ICU Intubation Other (specify) _____

Prepared by (Name): _____

Section 2: Laboratory Specimen

Specimen Type: Throat swab Nasal swab Nasopharyngeal Swab Other _____

Date Specimen Collection (YYYY/MM/DD): ___/___/___ **Specimen Collected By (name):** _____

Section 2: For Surveillance Staff Only

Outcome: Discharged **Date of Discharge (YYYY/MM/DD):** ___/___/___
 Died **Date of Death (YYYY/MM/DD):** ___/___/___