CASE INVESTIGATION FORM **Seasonal Influenza** **EPID Number: INF-IND-UP- - -**

1. Notification / Investigation Information:

Date Case Notified: _____ /_____ / _____ Notified by: ____________________________ Title: _________________

Date Case Investigated: _____ / _____ / _____ Investigated by:_________________________ Title: _________________

2. Case Identification:

Patient's Name: ____ Sex: _____________ Age (at onset): _______ years_____ months

Father's Name:____ Mother's Name:___________________________ Date of birth: DD /MM / YYYY

Patient belongs to high risk group: Yes / No Religion: Hindu / Muslim / Other Caste: __________________

HR category: Pregnancy/ Child between 6 months to 8 year age/ Elderly individual >65 years age/ Underlying chronic illness/ Other Setting: Urban / Rural

Address with landmark: ____

Village / Mohalla: ________________________ Telephone no: ___________________________

Block /Urban area: ________________________ District: _______________________________ State: **UTTAR PRADESH**

Coordinates: Latitude ________________ Longitude ______________

3. Immunization History:

Patient received Influenza vaccine during past one year (from the date of onset of symptoms): Yes / No

If yes, mention date of influenza vaccination: DD /MM / YYYY Place of vaccination (Name of health facility) :___________________________________

4. Clinical Symptoms & Signs:

Date of Onset:_____/_____/_____ Duration of illness in days: ___________ (Tick relevant boxes below)

Fever	☐	Running Nose	☐	Cough	☐	Sore throat	☐
Breathlessness	☐	Diarrhoea	☐	Vomiting	☐	Chest pain	☐
Convulsions	☐	Cyanosis	☐	Falling BP	☐	Sputum with Blood	☐

Underlying chronic illness ☐ Mention name of chronic illness (if any)____

Categorization of Patient: **Category A** ☐ **Category B** ☐ **Category C** ☐

5. Travel History (Mention all the places visited by the patient during one week before onset of symptoms to the day of investigation including hospitalization)

Before onset of symptoms (During incubation period)							Onset	After onset of symptoms (Till day of case investigation)						
-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7

6. Detailed history of previous Hospitalization & previous Treatment: In case of hospitalization mention dates of admission and discharge

7. Lab confirmation:

Date specimen sent to lab: _____________ Lab name: ________________________ Specimen ID: ______________

Date of lab result: ____________________ Result: ____________________________

8. Recommendation : Depending on the category of patient tick relevant boxes below

Patient's Category ☐

Home isolation ☐ Testing for Influenza ☐ Oseltamivir ☐

Hospitalization ☐ Name of Hospital: _______________________________ Date of hospitalization: _____________

Outcome: Cured / Death Date of discharge / Death : ___________________

CIF contains two pages, both pages must be filled for all suspected Influenza cases