

**INFLUENZA – (H3N2 / H1N1 - SWINE FLU) CLINICAL INFORMATION FORM
MANDATORY - TO BE FILLED FOR LAB TESTING**

Name of the Patient_

Age_

Sex_

Address_

Telephone number_

Mail ID_

Symptoms like fever, cough, running nose, vomiting, pain abdomen, loose motions, any other_

History of travel to affected country / state within last 10 days Yes/No

History of contact with H1N1 confirmed case within last 10 days Yes/No

History of any other disease like Lung/Diabetes/Heart /Kidney/Liver/HIV/Neurological / Pregnancy if any.

Doctor's Name _

Mobile No: _

Hospital Name _

Category of the Patient_ (A/B/C)

See Below for description. As per the directive of Directorate of Health Services, F-17 Karkardooma, New Delhi and categorization of patients as per Ministry of Health & Family Welfare dated 25.02.2019, **only patients with Category C require testing.**

Stamp &Signature of the Doctor

Category A	Category B	Category C
<p>Patients with mild fever plus cough/sore throat with or without body ache, headache, diarrhea and vomiting. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed after 24-48 hours by the doctor. No testing is required. Patients should confine themselves at home and avoid mixing up with the public and high risk members in the family.</p>	<p>In addition to all the signs and symptoms mentioned under category A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir</p> <ul style="list-style-type: none"> • Children with mild illness but predisposing risk factors • Pregnant women • Patients with lung disease, heart diseases, diabetes, neurological disorders, cancer and HIV/AIDS <p>No testing is required. Patients should confine themselves at home and avoid mixing up with the public and high risk members in the family. Broad spectrum antibiotics as per Guideline for Community acquired Pneumonia may be prescribed.</p>	<p>In addition to all the signs and symptoms mentioned under category A, individuals having one or more of the following</p> <ul style="list-style-type: none"> • Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discoloration of nails • Children with influenza like illness who had a severe disease as manifested by red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing etc. • Worsening of underlying chronic conditions <p>ALL THESE PATIENTS REQUIRE TESTING, IMMEDIATE HOSPITALIZATION AND TREATMENT</p>

Clinical Information of suspected cases Influenza A H1N1

Name of Lab: Max Lab

Fax/Tel no.: 7982100200/011-26515050

Email: helpdesk@maxlab.co.in

Date of Reporting

S. No.	Name/Age/Sex/Address with Telephone /Number	Symptoms like fever, cough, running nose, vomiting, pain of abdomen, loose motions, any other	History of travel to affected country/ie within last 10 days.		History of contact with H1N1 or H3N2 confirmed case within last 10 days		History of any other disease like lung/diabetes/heart/kidney/liver/HIV/neurological etc Pregnancy if any.	Referral for the test			Sample Collected		Date of collection	TaqMan Real-Time PCR (CDC Protocol) for			Remarks for Swine Inf A		
			Y	N	Y	N		(Specify)	Self	Doctor (Give name and mobile no.)	Hospital (Give the Details) including address and tel. no.	Nasal Swab		Throat swab	Inf -A	S w-A			S w-H1

Please send a daily report (even nil) to idspdelhi@gmail.com, Fax: 23646173, Tel.no:23634073