

**Annex B**  
**Demographics/Clinical Form**  
**Sentinel Human Surveillance for Influenza in Bhutan (WRAIR#1599)**

**Specimen No:**

**Collection site:** \_\_\_\_\_

Please complete the information as below  
 ( \* must be completed )

<b>SECTION 1: ELIGIBLE CRITERIA</b>			
<b>Inclusion Criteria</b>	<b>Y</b>	<b>N</b>	
Male or female patients ≥ 6months of age			
Fever or history of fever : oral temperature ≥ 38°C or axillary temperature ≥ 37.4°C or rectal temperature ≥ 38.6°C			
Fever onset within 5 days			
Cough or sore throat			
Subject/Parent/Guardian had signed in informed consent/assent form			
<b>Exclusion Criteria</b>	<b>Y</b>	<b>N</b>	
Immunocompromised host such as Acquired Immune Deficiency Syndrome(AIDS), Lymphoma or Leukemia			
Suspected case of TB			
<b>Eligibility</b>	<b>Y</b>	<b>N</b>	
Subject meet the eligible criteria			

<b>SECTION 2: SUBJECT INFORMATION</b>				
<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Occupation:</b> _____			
<b>*Date of Birth(dd/mmm/yyyy):</b> □□/□□□/□□□□				
<b>Exposure History</b>	<b>Y</b>	<b>N</b>	<b>UNK</b>	<b>ND</b>
*Close contact with person with similar symptoms				
*Direct exposure of to sick/dying poultry or swine				
*Travel in the past 7days if yes, specify: _____				
<b>Medical and Vaccine History</b>	<b>Y</b>	<b>N</b>	<b>UNK</b>	<b>ND</b>
Is subject currently taking antiviral medication if yes, specify name: _____				
Is subject currently taking antibiotic medication if yes, specify name: _____				
Is subject currently taking antipyretic medication if yes, specify name: _____				
Is subject underlying medical condition if yes, specify : _____				
Influenza vaccine within the last 12months if yes, date of vaccination(dd/mmm/yyyy): □□/□□□/□□□□				

**SECTION 3: CLINICAL INFORMATION**

\*Date fever onset (dd/mmm/yyyy): / /

Symptoms/Signs	Y	N	UNK	ND
*Fever (Temp <input type="text"/> . <input type="text"/> °c by <input type="checkbox"/> Oral <input type="checkbox"/> Axillary <input type="checkbox"/> Rectal )				
Cough				
Sore throat				
Breathing Difficulty				
Headache				
Malaise/fatigue				
Runny nose / Nasal congestion				
Generalized body pain/muscle ache				
Chills				
Diarrhea				
Injected pharynx or tonsillitis				
Injected tympanic membrane (for child only)				
Lung signs (if yes, please specify _____ )				
Chest X-Ray performed (if yes, date(dd/mmm/yyyy <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> )				
CXR with evidence of pneumonia				
CXR Findings:				
<b>Initial diagnosis:</b>				
<i>For Admitted Subject Only</i>				
Date of admission(dd/mmm/yyyy): <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>				
Date of discharge(dd/mmm/yyyy): <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>				
Patient on oxygen therapy during any of hospital stays (If yes please specify lowest oxygen sat _____)				
Patient ventilated during any of the hospital stays				
CBC testing performed				
If yes, please define platelet count: _____ WBC: _____				
Neutrophil % Lymphocyte % Monocyte % Eosinophil % Basophil %				
<b>Final diagnosis :</b>				
*Staff initial:	*Date (dd/mmm/yyyy): <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>			

**\*SECTION 4: SPECIMENS COLLECTED**

*Specimen No: <input type="text"/>	*Date of Collection: <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (dd / mmm / yyyy)
*Type of specimen for VTM:	*Rapid diagnostic test by:
<input type="checkbox"/> Nasal swab	<input type="checkbox"/> QuickVue Influenza A+B
<input type="checkbox"/> Throat swab	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Nasal swab and Throat swab	<input type="checkbox"/> Not done because:
<input type="checkbox"/> Other, please specify:	
*Type of specimen for Rapid Diagnostic Testing:	*If Rapid diagnostic test done, result:
<input type="checkbox"/> Nasal swab	<input type="checkbox"/> Positive FLU A
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Positive FLU B
	<input type="checkbox"/> Positive FLU A+ FLU B
	<input type="checkbox"/> Negative
	<input type="checkbox"/> Invalid result
*Assay performed by:	*Date assay performed: