DEATH REPORTING FORM - SUSPECTED INFLUENZA INFECTION

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The ICNO / Designated person in the institution should investigate and complete this form. Medical Officer (Public Health) should coordinate the activity. Necessary data should be obtained from the hospital by referring to the BHT / Physician or from the diagnosis card. Additional information should be obtained from the relatives. Early reporting is essential.

A. PARTICULARS OF PATIENT (Please tick (✓) the appropriate box where applicable)

1. Name of the deceased (BLOCK LETTERS).....

2. Residential address: .....

3. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. RDHS division (district)	9. MOH area	10. GN area
☐☐/☐☐ y y / m m	☐ 1. Male ☐ 2. Female	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others	.....	.....	.....	.....
			FOR OFFICE USE ONLY			
			☐☐	☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

11. Date of onset of symptoms:
☐☐ ☐☐ ☐☐
(dd / mm / yy)

12. Where did the patient first seek medical advice?

☐ a. government hospital
☐ b. private hospital
☐ c. private practitioner
☐ d. Ayurveda institution (public/private)
☐ e. other (specify)
.....

13. Date of first contact of doctor
☐☐ ☐☐ ☐☐
(dd / mm / yy)

14. Was the patient admitted to hospital?

☐ 1.Yes
☐ 2. No

15. Date of admission:
☐☐ ☐☐ ☐☐
(dd / mm / yy)

16. Name of the Hospital
.....

17. Ward: .....

18. BHT no: .....

19. Was patient transferred from some other hospital?

☐ 1. Yes ☐ 2.No

20. If 'Yes" from where the patient was transferred from?
.....
.....

21. Presenting complaint
.....
.....

22.ClinicalHistory
.....
.....

23. Co-morbidity

☐ 1. DM

☐ 2. Heart disease

☐ 3. CKD

☐ 4. Chronic lung disease

☐ 5. Immune compromised status.....

☐ 6. Other (specify)

.....

24. Pregnant

☐ 1.Yes

☐ 2.No

25. Pregnancy related information

POA ☐ Weeks Parity ☐ Weeks

26. Outcome of the pregnancy

☐ Live breath

☐ IUD/ Miscarriage

27. Pregnancy related complication / risk factors

☐ 1. PIH

☐ 2. GDM

☐ 3. Heart disease complicating pregnancy

☐ 4. Other (specify)

.....

D. MEDICATIONS GIVEN

28. Oseltamivir given

☐ 1. Yes

☐ 2. No

29. If yes, duration of use

☐ ☐ (Days)

E. LABORATORY INVESTIGATIONS

30. Virology Studies

☐ 1. Yes

☐ 2. No

32. If yes, Virology results

Type: ☐ Sub Type: ☐

Result pending: ☐

31. Sample type

☐ 1. Nasopharyngeal

☐ 2. Oropharyngeal

☐ 3.Bronchoalveolar lavage

☐ 4. Postmortem samples (specify)

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33. ICU Care

☐ 1. Yes

☐ 2. No

34. If yes duration of ICU care ☐ Days

35. Date of Death: ☐☐ ☐☐ ☐☐ (dd/mm/yy) Time of death ☐ ☐ (hr /m)

36. Autopsy performed

☐ 1. Yes

☐ 2. No

37. Key Autopsy finding: .....

.....

38. Cause of death: .....

39. Remarks: .....

.....

.....

Signature: ..... Name:.....

Date : ..... Designation: .....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
Email : epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583