Annexure II

Reporting Performa of Suspected Swine Influenza-A (H1N1) Cases
As of ---------- 2010

Sr #	Demography							Hospital Data							Sample Status			Outcome
	Name/ Father's/ Husband's name	Age/ Sex	Occupation	Address/ Contact No.		History of travel within last 7 days (if any)	Place of Exposure	Ref by	Date of onset of symptoms	Sign & Symptoms	Date of Admission	Treatment Given	Anti-viral	Date of discharge	Date of sample collection	Type of sample collected	Lab Results	Recovered / Died
				Present	Permanent													

Reported by	
Countersigned by	
Dated	
Contact No.	

Note: This Report should be generated by the designated Focal Person of the hospital/ dispensary everyday countersigned by the competent authority and faxed to the Epidemic investigation Cell, Public Health Laboratories Division, National Institute of Health, Islamabad on fax Nos. 051-9255575, 9255099