

**Multisite Human Respiratory Infections Surveillance Network in India**  
**National Institute of Virology, Pune**

**ARI (OPD) CASE PROFORMA**

Tick (✓) in the appropriate box

<input type="checkbox"/> Dispensary	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> General Medicine
<input type="checkbox"/> Geriatric medicine	<input type="checkbox"/> Respiratory Medicine	<input type="checkbox"/> Other

Date of Onset of Symptoms	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Date of Sample Collection	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Study ID:	Name of Health Facility:		
Patient Reg Number:	Patient Name:		
Contact number:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age: <input type="text"/> Year <input type="text"/> Month	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Specimen: <input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Throat swab	<input type="checkbox"/> Nasopharyngeal swab	
Informant <input type="checkbox"/> Self	<input type="checkbox"/> Caregiver		
Complete address:	Village/Town/City:	District:	
	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	
Height (cm):	Weight (kg):		
Pregnancy : <input type="checkbox"/> Yes <input type="checkbox"/> No	if Yes, Gestational age in months:		
For children under 5 year: Mid arm circumference (cm):			

Exposure History	Yes	No	Exposure History	Yes	No
Similar illness in family/neighbor	<input type="checkbox"/>	<input type="checkbox"/>	Smoking (self)/ Smoker in family	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to poultry/dead bird	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to farm animals	<input type="checkbox"/>	<input type="checkbox"/>
No. of family members sleeping in same room	<input type="checkbox"/>	<input type="checkbox"/>	H/o travel abroad in past 14 days prior to onset	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms	Yes	No	Symptoms	Yes	No
Fever/History of fever (< 7 days)	<input type="checkbox"/>	<input type="checkbox"/>	Chills	<input type="checkbox"/>	<input type="checkbox"/>
Rigors	<input type="checkbox"/>	<input type="checkbox"/>	Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>
Ear ache/ discharge	<input type="checkbox"/>	<input type="checkbox"/>	Nasal Discharge/stuffiness	<input type="checkbox"/>	<input type="checkbox"/>
Body-ache	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Malaise/Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting/nausea	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness/ difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Other Symptoms:					
<b>For Children Under 5 Years</b>					
Decreased feeding	<input type="checkbox"/>	<input type="checkbox"/>	Lethargy/unconscious	<input type="checkbox"/>	<input type="checkbox"/>

**Multisite Human Respiratory Infections Surveillance Network in India**  
**National Institute of Virology, Pune**

<b>Medical History</b>	<b>Yes</b>	<b>No</b>	<b>Not known</b>	<b>Medical History</b>	<b>Yes</b>	<b>No</b>	<b>Not known</b>
Chronic lung disease (COPD/Bronchitis)				Asthma			
Tuberculosis				Heart Diseases			
Diabetes				Chronic liver disease			
Chronic renal disease				Chronic neurological disease			
Hematologic disorders e.g. Thalassemia				Malignancy /Cancer			
Chronic diarrhea in children under 5 year				Other (specify):			
Hypertension							

<b>Vaccination History</b>	<b>Yes</b>	<b>No</b>	<b>Treatment History</b>	<b>Yes</b>	<b>No</b>
H/o influenza vaccination within last 1yr			Antivirals (Tamiflu) in past 2 weeks		
<b><u>COVID-19 Vaccination Details</u></b>					
Did you got infected with COVID-19? Yes / No					
Are you vaccinated against COVID-19? Yes / No					
If Yes, did you got both the doses? Yes / No,					
Date of 1 <sup>st</sup> dose_____ and date of 2 <sup>nd</sup> Dose _____					
Type of vaccine: - COVISHIELD/ COVAXIN/ SPUTNIK, any other, Specify_____					
<b>Signature</b>					
<b>Name of interviewer</b>					

**Multisite Human Respiratory Infections Surveillance Network in India**  
**National Institute of Virology, Pune**

**Appendix:** Definitions of pre-existing conditions associated with increased risk of severe influenza disease or death. (Source: Global Epidemiological Surveillance Standards for Influenza. WHO, 2013)

Risk condition	Examples, definitions:
Chronic respiratory disease	Chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, and bronchopulmonary dysplasia (BPD). Asthma is not included in this group and should be reported separately.
Asthma	Asthma which requires continuous or repeated dose of bronchodilators, inhaled or systemic corticosteroids, or that with previous exacerbation required hospital admission.
Diabetes	Type 1 diabetes Type 2 diabetes requiring insulin or oral hypoglycemic drugs
Chronic cardiac disease	Conditions that require regular medications or follow-up, including Congenital heart disease Cardio myopathy as the result of prolonged hypertension (hypertension alone in the absence of associated heart disease is not considered a risk factor for severe outcome) Chronic heart failure Ischaemic heart disease
Chronic renal disease	Chronic renal failure Nephrotic syndrome Renal transplantation
Chronic liver disease	Cirrhosis Biliary atresia Chronic hepatitis
Chronic neurological disease	Stroke with persistent neurological deficit Neuromuscular diseases associated with impaired respiratory function or risk of aspiration, such as cerebral palsy or myasthenia gravis Severe developmental disorder in children
Chronic haematological disorder/immunocompromise (as a result of disease or treatment)	Sickle cell disease, Thalassemia major Aplastic anemia Immuno deficiencies related to use of immunosuppressive drugs (e.g. chemotherapy or drugs used to suppress transplant rejection) or systemic steroids Asplenia or splenic dysfunction (e.g. with sickle cell anemia) Human Immunodeficiency Virus infection or Acquired Immune Deficiency Syndrome (HIV/AIDS)
Obesity parameter, Body Mass Index (BMI)	BMI is calculated as body weight in kilograms divided by the square of the height in meters ( $\text{kg}/\text{m}^2$ ). WHO defines obesity as a BMI of $>30\text{kg}/\text{m}^2$ . A commonly used definition for extreme or morbid obesity is a $\text{BMI}>40\text{kg}/\text{m}^2$ .
Tuberculosis	History of current symptomatic tuberculosis requiring treatment.