

Daily Information Report on Influenza A (H1N1) Pandemic by District Disaster Management Authority to State Disaster Management Authority

1. Name of District _____ State _____

2. Date of reporting (DD/MM/YYYY) [] [] []

3. Number of suspected persons screened since last report [] Cumulative []

4. Number of cases detected positive since last report [] Cumulative []

5. Number of patients treated and discharged since last report [] Cumulative []

6. Mortality due to Influenza A (H1N1), if any since last report [] Cumulative []

7. Is medical screening activated at immigration point(s)?
(Airports, Ports, International surface border) Yes No Specify No. []

8. Are medical officer trained for collecting nasopharyngeal swabs of suspected Influenza A (H1N1) cases ? Yes No Specify No. []

9. Are Personal Protective Equipments (PPE) available ?
(for first responders) Yes No Specify No. []

10. Are Quarantine site/ isolated wards available in district ? Yes No Specify No. []

11. Tamiflu available in stock at district? Yes No Specify No. []

12. Are awareness programme conducted for Influenza A (H1N1)?
(for community) Yes No Specify No. []

13. Are Rapid Response Teams (RRT) trained? Yes No Specify No. []

13. Is pandemic preparedness plan for business (work) continuity
in non health sectors ready? Yes No (If yes, attach copy)

14. Name & Address of nearest lab for dispatching samples _____

15. Name and address of Earmarked Hospital(s)
for treatment of Influenza A (H1N1) _____

Signature

Date:
Place:
Contact No:

Name & Designation of Nodal Officer
monitoring Influenza A(H1N1)