

Hospital name	ICU	Year	Week
			From Monday:

New admissions for the week, total number ||

New admissions for the week, for Severe Acute Respiratory Infection, number of cases ||

If new admissions of Severe Acute Respiratory Infection, cases details:

Name	Gen der	Age (years)	Date of admission	Residence		Occupation			Travel history 10 days prior to onset	Signs & evolution			Etiologies	Specimen collection for virus investigation	For MOPH: Num
				Caza	Locality	Health worker	Laborat ory worker	Animal-related		Fever ($\geq 38^{\circ}\text{C}$)	Mechanical ventilation	Death (date of death)			
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes			<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes			<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes			<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes			<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes			<input type="checkbox"/> no <input type="checkbox"/> yes, specify:	

Name of physician:

Signature:

Date:

Phone:

Severe Acute Respiratory Infection is defined as any person with: fever, dyspnea, and requiring hospitalization.

Specimen collection includes: sputum, bronchoalveolar lavage, tracheal aspirate, nasopharyngeal aspirate, nose/throat swab, lung biopsy, lung autopsy.