

**Severe Acute Respiratory Infection (SARI)**

(ICD 10 Code: J22)

Name of DRU:		Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic							
Address:		<input type="checkbox"/> Gov't Lab. <input type="checkbox"/> Private Lab. <input type="checkbox"/> Airport/Seaport <input type="checkbox"/> Others_____							
		Source: <input type="checkbox"/> Surveillance <input type="checkbox"/> Outbreak							
I. PATIENT INFORMATION:	Patient Number:	Patient's First Name		Middle Name		Last Name			
Complete Address:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<u>MM</u>	<u>DD</u>	<u>YY</u>		
		Age:			<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years				
Occupation:		Name of Workplace:							
		Address of Workplace:							
II. HISTORY OF ILLNESS, PHYSICAL EXAMINATION AND PRE-EXISTING CONDITIONS									
Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date Admitted/ Seen/Consult	<u>MM</u>	<u>DD</u>	<u>YY</u>	Date Onset of Illness	<u>MM</u>	<u>DD</u>	<u>YY</u>
Did you take any of the following medication(s) prior to consultation? <input type="checkbox"/> Ranitidine (e.g. Flumadine) <input type="checkbox"/> Amantidine <input type="checkbox"/> Zanamivir <input type="checkbox"/> Oseltamivir (e.g. Tamiflu) <input type="checkbox"/> Others: (Please specify) _____		Are there any influenza-like-illness during the week in your: Household <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown School/Daycare <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Did you received Anti-influenza Vaccination in the past year <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
History of exposure to any of the ff: <input type="checkbox"/> Bats <input type="checkbox"/> Poultry/Migratory Birds <input type="checkbox"/> Camels <input type="checkbox"/> Pigs <input type="checkbox"/> Horses <input type="checkbox"/> Others: _____		History of travel: <input type="checkbox"/> Yes (specify country) _____ <input type="checkbox"/> No			Chest X-ray <input type="checkbox"/> Done <input type="checkbox"/> Not Done Result: _____				
Signs and Symptoms:	Temperature at consultation: ___ °C	SARI Suspect Case for Patients < 5 years old and EITHER ONE of the two IMCI criteria for pneumonia			2. IMCI criteria for severe pneumonia				
	<input type="checkbox"/> Fever/ Feverish Duration: _____ days/weeks <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty of breathing <input type="checkbox"/> Others: (Please specify) _____	1. IMCI Criteria for pneumonia: <input type="checkbox"/> Any 2 months to 5 years of age with cough or difficult breathing <input type="checkbox"/> Breathing faster than 60 breaths/min (infants < 2 months) <input type="checkbox"/> Breathing faster than 50 breaths/min (2-12 months) <input type="checkbox"/> Breathing faster than 40 breaths/min (1-5 years old) <input type="checkbox"/> Requires hospital admission.			With any of the following danger signs: <input type="checkbox"/> Unable to drink or breastfeed <input type="checkbox"/> Vomits everything <input type="checkbox"/> Convulsions <input type="checkbox"/> Lethargic or unconscious <input type="checkbox"/> Chest indrawing or stridor in a calm child <input type="checkbox"/> Requires hospital admission.				
Pre-existing Conditions	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic cardiac disease <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Chronic neurological or neuromuscular disease	<input type="checkbox"/> Chronic renal disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Haematologic disorders <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Pregnancy			Clinical Impression: <input type="checkbox"/> Influenza-like-illness (ILI) <input type="checkbox"/> SARI <input type="checkbox"/> Others, specify:				
III. LABORATORY TESTS:									
Specify Specimen	If YES, date taken	Type of laboratory test done	Results N=Negative; I=Indeterminate; U=Unknown				Date result		
	<u>MM</u> <u>DD</u> <u>YY</u>		Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U				<u>MM</u>	<u>DD</u>	<u>YY</u>
	<u>MM</u> <u>DD</u> <u>YY</u>		Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U				<u>MM</u>	<u>DD</u>	<u>YY</u>

Case Investigation Form

Severe Acute Respiratory Infection (SARI)

IV. CLINICAL MANAGEMENT AND OUTCOME			
Antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____	Bacterial Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____
Antivirals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____	Other Therapeutic Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____
Fluid Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____	Final Diagnosis	
Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____	Outcome at Discharge	<input type="checkbox"/> Alive <input type="checkbox"/> HAMA <input type="checkbox"/> Died <input type="checkbox"/> Others (specify) _____
Intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____	Date of discharge	
Others			

CASE DEFINITION/CLASSIFICATION:**INFLUENZA- LIKE-ILLNESS (ILI)**

Suspected case: A person with acute respiratory infection, with measured fever of $\geq 38^{\circ}\text{C}$ and cough with onset within the last 10 days.

Probable case: Not applicable

Confirmed case: A suspected case that is laboratory-confirmed (used mainly in epidemiological investigation rather than surveillance).

SEVERE ACUTE RESPIRATORY INFECTION (SARI)**SARI Suspect Case for Persons > 5 years old:**

An acute respiratory infection with:

-history of fever or measured fever of $\geq 38^{\circ}\text{C}$;

-and cough;

-with onset within the last 10 days;

-and requires hospitalization

-WITH difficulty of breathing; OR

-A suspect case of severe undiagnosed pneumonia, Acute Respiratory Distress Syndrome, Severe Respiratory Disease due to Novel Respiratory Pathogens

Case Investigation Form

Severe Acute Respiratory Infection (SARI)**CASE DEFINITION/CLASSIFICATION: (Continued)****SARI Suspect Case for Patients < 5 years old:**

EITHER:

IMCI criteria for pneumonia

Any child 2 months to 5 years of age with cough or difficult breathing, AND:

Breathing faster than 60 breaths/min (infants < 2 months)

Breathing faster than 50 breaths/min (2-12 months)

Breathing faster than 40 breaths/min (1-5 years old)

OR:

IMCI criteria for severe pneumonia

Any child 2 months to 5 years of age with cough or difficult breathing and any of the following danger signs:

Unable to drink or breastfeed

Vomits everything

Convulsions

Lethargic or unconscious

Chest indrawing or stridor in a calm child

AND

Requires hospital admission.

Notes:

- The requirement of "hospital admission" is meant to imply that in the judgment of a treating clinician the patient has an illness that is severe enough to require inpatient medical care.
- "Shortness of breath or difficulty breathing" is intended to capture dyspnea or air hunger. This does not refer to nasal congestion or other upper airway obstruction.
- "History of fever" does not require a history of documented fever and may include a patient's subjective report of having a fever or feeling "feverish".
- SARI may reflect a new illness superimposed on an underlying condition or older illness
- **SARI is not equivalent to classic pneumonia** and would not always present as pneumonia. It is expected that much of the severe respiratory disease associated with influenza would be due to exacerbations of chronic lung disease or heart disease, for example, and would not include an admitting diagnosis of pneumonia.

PROBABLE CASE

A person fitting the definition above of a "Suspect Case" with clinical, radiological, or histopathological evidence of pulmonary parenchyma disease (e.g. pneumonia or ARDS) but no possibility of laboratory confirmation either because the patient or samples are not available or there is no testing available for other respiratory infections, AND

Close contact with a laboratory confirmed case, AND

Condition not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines.

CONFIRMED CASE: A suspected case that is laboratory-confirmed.