

Format for reporting clustering of Influenza like illness & Pneumonia

State: _____

Date: _____

Any clustering (in terms of time, place and person) of ILI/Pneumonia. Observed in the State: Yes/No

If Yes:

Type & No. of Event (s)	No. of Cases	No. of Deaths	Place of Occurrence	Date(s) of Occurrence	Age, Sex distribution	Any other remarks
ILI						
1.						
2.						
3.						
4.						
5.						
6.						
Pneumonia						
1.						
2.						
3.						
4.						
5.						
6.						

Details of any Lab investigation(s):

Details of Action (s) taken:

Name & Signature:

Designation: