# ICMR- National Institute of Virology (NIV), Pune

## Case Record Form (Nipah Viral Disease)

**Case Id: _____** **Case Notified by: _____**
**Date of collection CIF: ___/___/_____** **Collected by**: _____
**Aadhar Card No- _____**

**Patient Information:**
Name of patient: First name Middle name Surname
_____
Age- _____months/years

Gender- Male/ Female If Female- Pregnant/Non- Pregnant
If pregnant- _____ Trimester

Detailed Address:
Locality: _____ Village: _____ City: _____
Taluka:_____ District:_____ State:_____
Contact Number: _____

Details of informant: Relative/Acquaintance/Others Contact No-

Clinic/Hospital: _____ OPD / IPD-
Post illness day: _____
Date of Hospitalization: ____/____/_____ Time of Admission:

**Clinical information: (symptoms within last 10 days)**
Date of onset of symptom: ___/____/_____

Fever: Y/N with duration
With Chills & rigors
High/mod/low grade
Bodyache
Malaise
Arthralgia
Myalgia
Headache:
Site
Neck stiffness
Rash:
Macular/Papular/Ischar/ Vesicular/ pustular/bullos/pin point/others
Respiratory:
Cough- Dry/ mucopurulent
Sore throat
Rhinorrhoea
Breathlessness
Others
CNS:
Irritabilty
Disorientation
Drowsiness
Convulsions
Altered Sensorium

GI symptoms:

- Diarrhoea
- Frequency/day
- Colour of stool
- Blood in stool
- Pain in abdomen
- Nausea
- Vomiting
- Others

**Clinical Examination (Signs):**

| | Symptoms | Recorded | Not Recorded | Comment |
|---|---|---|---|---|
| 1 | Temperature | | | |
| 2 | Weight (in Kg) & Height (in m) | | | |
| 3 | Respiratory Rate | | | |
| 4 | Heart Rate | | | |
| 5 | BP | | | |
| 6 | Stridor | | | |
| 7 | Lower chest in-drawing | | | |
| 8 | Air entry- Equal/Not Equal B/L | | | |
| 9 | Crepitation | | | |
| 10 | Wheezing | | | |

**Treatment- Yes / No / unknown**

| Antibiotic category | Oral | Parenteral | Duration | Comment |
|---|---|---|---|---|
| AmoxiClav | | | | |
| Amoxicillin/ Septran | | | | |
| Aminoglycosides | | | | |
| Erythromycin/Azithromycin | | | | |
| Cephalosporin | | | | |
| Antiviral- Ribavarin | | | | |
| Human Monoclonal Ab- Nipah G Glycoprotein | | | | |
| Others | | | | |

**Complications:**

| | Complications | Yes | No | Duration | Comment |
|---|---|---|---|---|---|
| 1 | Pneumonia | | | | |
| 2 | ARDS | | | | |
| 3 | Mechanical Ventilation | | | | |
| 4 | Acute Renal Failure | | | | |
| 5 | Cardiac Failure | | | | |
| 6 | Any Coagulopathy | | | | |
| 7 | Multiple organ Failure | | | | |
| 8 | Neurological deficit | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 9 | Myocarditis | | | | |
| 10 | Any other | | | | |

**Past Medical History:**

| | Conditions | Yes | No | Duration | Comment |
|---|---|---|---|---|---|
| 1 | DM | | | | |
| 2 | Hypertension | | | | |
| 3 | COPD | | | | |
| 4 | Asthma | | | | |
| 5 | Heart Disease | | | | |
| 6 | Pulmonary Tuberculosis | | | | |
| 7 | Liver Disease | | | | |
| 8 | Other Immunocompromised diseases | | | | |
| 9 | Smoking/ Chewing tobacco | | | | |
| 10 | Alcohol intake | | | | |
| 11 | Others | | | | |

**Epidemiological History:**

| | | Yes | No | Duration | If Yes, then give details |
|---|---|---|---|---|---|
| 1 | Contact with case of acute respiratory illness or contact with any person who dies of acute respiratory illness/ acute encephalitis syndrome in last 14 days | | | | |
| 2 | Contact with Known Nipah positive case in last 14 days | | | | |
| 3 | Similar Illness in family or neighbors | | | | |
| 4 | Contact with pigs/bats in last 14 day | | | | |
| 5 | Contact with any other animals/pets in last 14 day (mention the animal) | | | | |
| 6 | Travel to high risk endemic areas in past 14 days | | | | |
| 7 | Attending any mass gathering in last 14 days (including funeral) | | | | |
| 8 | Consumption of uncooked/raw/ partially cooked- pork in last 14 days | | | | |
| 9 | Consumption of raw dates palm sap in last 14 days | | | | |
| 10 | Similar illness in health care provider in last 14 days | | | | |
| 11. | Others | | | | |

**Type of Specimen Collected for testing of NiV:**

**Date of Collection:**

| | Type | Yes | No | Results |
|---|---|---|---|---|
| 1 | Oropharyngeal Swab/ Nasopharyngeal Swab | | | |
| 2 | Urine | | | |
| 3 | Serum | | | |
| 4 | EDTA blood | | | |
| 5 | Cerebrospinal fluid | | | |
| 6 | Nasopharyngeal aspirate | | | |
| 7 | Endotracheal aspirate | | | |
| 8 | Broncho alveolar lavage | | | |
| 9 | Others | | | |

**Other Investigations: if done**

| | Investigations | Yes | No | Give result about investigations |
|---|---|---|---|---|
| 1 | CBC- Hb/TLC/N/Ly/Plt | | | |
| 2 | X-ray Chest/CT Scan | | | |
| 3 | Blood urea/ Serum Creatinine | | | |
| 4 | Serum Albumin/Globulin | | | |
| 5 | Serum Bilirubin - D/ID | | | |
| 6 | ALT/AST | | | |
| 7 | PT/INR | | | |
| 8 | Tropnonin-I and T | | | |
| 9 | CSF | | | |
| 10 | CRP | | | |
| 11 | Any other | | | |

**Outcome History:**

| | Outcome | Yes | No | Give details |
|---|---|---|---|---|
| 1 | Admitted | | | |
| 2 | Cured & Discharged | | | Date of Discharge-___/___/____ |
| 3 | Cured with Sequel | | | |
| 4 | LAMA | | | Date of LAMA- ___/___/_____ |
| 5 | Died | | | Date of Death-____/____/_____<br>Time of death- |
| 6 | If died, Probable Cause of death | | | |

Name of treating physician**:** _____ Contact No: _____

Email id -_____

Laboratory Diagnosis- _____

Provisional Diagnosis- _____

Final Diagnosis- _____

**Ecological History/ Risk analysis:**

| Sr. No. | Ecological Factors | Yes | No | Comments |
|---|---|---|---|---|
| 1 | Presence of pigs/pigsty in nearby vicinity | | | |
| 2 | Presence & behavior of fruit bats in vicinity | | | |
| 3 | Unusual deaths of any animals reported | | | |
| 4 | Contact with bat excretions- urine/droppings | | | |
| 5 | Presence & availability of locally grown of fruits, vegetables, flowering plants | | | |
| 6 | Process of date palm sap collection, preparation of sap for consumption, distribution of sap | | | |
| 7 | Involved in Climbing trees and fruit collection | | | |
| 8 | Human population density | | | |
| 9 | Relative humidity | | | |
| 10 | Temperature | | | |
| 11 | Others | | | |