



ICMR- National Institute of Virology (NIV), Pune

Case Record Form (Nipah Viral Disease)

Case Id: _____
Date of collection CIF: ___/___/___
Aadhar Card No- _____

Case Notified by: _____
Collected by: _____

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:
Irritability
Disorientation
Drowsiness
Convulsions
Altered Sensorium



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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				



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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				



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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	Troponin-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- ___ / ___ / ___ Time of death-
6	If died, Probable Cause of death			

Name of treating physician: _____
Email id - _____

Contact No: _____



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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			