

**ICMR-NATIONAL INSTITUTE OF VIROLOGY, PUNE  
VIRAL HAEMORRHAGIC FEVER (VHF): CASE PROFORMA**

Details of Hospital/DSU: \_\_\_\_\_ Unique ID: \_\_\_\_\_

Sample collection Date: \_\_\_\_\_ Type of Sample: Serum | EDTA blood | Urine | CSF | Others |

**Section A: Patient Information**

Name: (First, Middle, Last): \_\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ months

Sex: Male/Female   Occupation: Farmer/ Animal handler/ Health care worker/ Other  

Village/City/ Town: \_\_\_\_\_ District: \_\_\_\_\_ Contact number: \_\_\_\_\_

Onset date: \_\_\_\_\_ Admission date: \_\_\_\_\_

Previous hospital visit 1 \_\_\_\_\_ date: \_\_\_\_\_ Previous hospital visit 2 \_\_\_\_\_ date: \_\_\_\_\_ Previous hospital visit 3 \_\_\_\_\_ date: \_\_\_\_\_

**Section B: Any of the following signs / symptoms within last 10 days**

Fever	Yes	No	Not Known
Fatigue	Yes	No	Not Known
Muscle pain	Yes	No	Not Known
Joint pain	Yes	No	Not Known
Headache	Yes	No	Not Known
Nausea	Yes	No	Not Known
Vomiting	Yes	No	Not Known
Diarrhea	Yes	No	Not Known
Abdominal pain	Yes	No	Not Known
Anorexia	Yes	No	Not Known
Skin Rash	Yes	No	Not Known
Microcephaly	Yes	No	Not Known

Jaundice	Yes	No	Not Known
Pain behind eyes	Yes	No	Not Known
Cough	Yes	No	Not Known
Sore throat	Yes	No	Not Known
Breathing Difficulty	Yes	No	Not Known
Chest pain	Yes	No	Not Known
Conjunctivitis	Yes	No	Not Known
Seizures	Yes	No	Not Known
Altered sensorium	Yes	No	Not Known
Altered behavior	Yes	No	Not Known
Type of Rash	Petechiae	Purpura	Ecchymoses
GBS	Yes	No	Not Known

Any bleeding:  Site: \_\_\_\_\_ Other Symptoms/sign: \_\_\_\_\_

**Section C: Epidemiological Risk Factors and Exposures (<1 month)**

Travel outside hometown/village: Yes  No  if Yes details: \_\_\_\_\_

Mosquito / Tick/ Other insect exposure: Yes  No  Not known

Contact with patient having similar illness: Yes  No  Not known

Contact with livestock: Yes  No  Contact with VHF case: Yes  No  if yes details: \_\_\_\_\_

Handling of clinical specimen: Yes  No  Any other exposure: \_\_\_\_\_

**Section D: Laboratory Findings**

Hb: \_\_\_\_\_ TLC: \_\_\_\_\_ Neutrophils(%): \_\_\_\_\_ Lymphocytes(%): \_\_\_\_\_ Platelet count: \_\_\_\_\_

ESR: \_\_\_\_\_ PT: \_\_\_\_\_ aPTT: \_\_\_\_\_ Serum Bilirubin: \_\_\_\_\_ AST/SGOT: \_\_\_\_\_

ALT/SGPT: \_\_\_\_\_ ALK Phos: \_\_\_\_\_ Serum protein: \_\_\_\_\_ Albumin: \_\_\_\_\_ Globulin: \_\_\_\_\_

Serum Creatinine: \_\_\_\_\_ Blood Urea: \_\_\_\_\_ LDH: \_\_\_\_\_ CPK: \_\_\_\_\_ FDP: \_\_\_\_\_

Proteinuria: \_\_\_\_\_ Other Lab result: \_\_\_\_\_

Leptospirosis: Pos  Neg  ND

Typhoid: Pos  Neg  ND

Malaria: Pos  Neg  ND

Scrub typhus: Pos  Neg  ND

**Section E: Diagnosis**

Clinical Case Classification: Dengue  Chik  Zika  Is Case line listed by health authorities: Yes  No

Outcome: Discharged  Death  LAMA  Date of Outcome: \_\_\_\_\_

**Section F: Referral Details**

Name of Doctor: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Specimen referred to NIV Pune: Yes  No

**Section G: Antenatal Clinic Details**

Name of Doctor: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Pregnant with Dengue-like illness: Yes  No  Gestational week: \_\_\_\_\_

**Center results details**

Laboratory Result: Positive / Negative

Dengue: Positive  Negative  NS1  IgM  RT-PCR  qRT-PCR

CHIK: Positive  Negative  IgM  qRT-PCR

Zika: Positive  Negative  qRT-PCR  RT-PCR

**For NIV Use Only**

NIV Lab ID: \_\_\_\_\_ Sample type: \_\_\_\_\_ Sample Volume: \_\_\_\_\_

NIV Remarks: \_\_\_\_\_