ANNEXURE-1: Case Reporting Format

National Insitute of Virology, Pune

Case Information form

Field ID | Date of Collection of Specimen | Collected by

Aadhar Card Number

Patient Information :

Name of the patient | Occupation

Age in completed years | Gender | Pregnant | If Pregnant (Mention weeks of pregnancy)

Detailed Address:

Locality | Village | Taluka | City

District | State | Pincode | Contact Number

Clinical History :

Name of Hospital/ Clinic | OPD/IPD Number

Post Illness day | Date of Hospitalization

Date of onset of symptoms

☐ Fever ☐ Chills/Rigors Grade of fever Type of fever
☐ Myalgia ☐ Fatigue ☐ Headache ☐ Malaise ☐ Bodyache ☐ Lymphadenopathy Specify

☐ Rash ☐ Macular ☐ Papular ☐ Maculo-papular ☐ Vesicular ☐ Pustular ☐ Pinpoint ☐ Ischar ☐ Bullae
☐ Scabs/Crusts ☐ Others Specify

☐ Respiratory symptoms ☐ Cold ☐ Cough (dry) ☐ Cough (Expectorant) ☐ Nasal Discharge ☐ Breathlessness
☐ Hemoptysis ☐ Chest pain ☐ Ear Discharge ☐ Sore throat Others (Specify)

☐ Eye problems ☐ Redness ☐ Pain ☐ Watering ☐ Stickiness Others (Specify)

☐ Oro-GI symtoms ☐ Nausea ☐ Vomiting ☐ Diarrhoea ☐ Abdominal pain ☐ Loss of appetite
☐ Oral ulcers ☐ Koplik spot ☐ Swollen/tender salivary glands ☐ Others Specify

☐ CNS symptoms ☐ Altered Sensorium ☐ Convulsions ☐ Irritability ☐ Disorientation ☐ Neck pain/Stifness
Others (Specify)

Complications: ☐ Pneumonia ☐ ARDS On Mechanical Ventilation ☐ Coagulopathy ☐ Acute Renal Failure
☐ Encephalitis/Meningitis ☐ Sepsis ☐ Severe Dehydration ☐ Uveitis/Iritis ☐ Orchitis ☐ Arthritis
☐ Reye's Syndrome ☐ Myocarditis ☐ Hepatitis ☐ Hearing loss ☐ Otitis Media ☐ Acute Malnutrition
☐ Others Specify

Past History: ☐ Diabetes ☐ Hypertension ☐ COPD ☐ Asthama ☐ Pulmonary TB ☐ Heart Disease ☐ Liver disease

☐ Other Immunocompromised conditions if yes, specify ______ ☐ Smoking

☐ Tobacco cheweing ☐ Alchoholism ☐ Others Specify ______

Treatment History : ☐ Amoxicillin ☐ Septran ☐ Amoxiclav ☐ Azithromycin ☐ Erythromycin ☐ Levofloxacin

☐ Acyclovir ☐ Vit- A syrup Units ______ ☐ Others Specify ______

Epidemiological History:

☐ Contact with case of fever with rash in last 10 days Specify ______

☐ Contact with known case of chicken pox or zooster in last 10 days Specify ______

☐ Similar history in family members/neighbours/friends Specify ______

☐ Attending any mass gathering in last 10 days Specify ______

☐ Past Vaccination History (VSV/Measles/Mumps/Rubella) Specify ______

☐ Others Specify ______

Time of Specimens Collected:

☐ Throat Swab ☐ Nasophyrangeal Aspirate ☐ Bronchoalveolar Lavage ☐ Swabs of Macuopapular lesions

☐ Swabs of Vesicular lesions ☐ Swabs from pustule ☐ Crusts/Scabs ☐ Serum ☐ CSF ☐ Urine ☐ Others Specify ______

Hematological Investigations:

Hb (gm%) ______ TLC/WBC ______ Neutrophils ______ Lymphocytes ______ Eosinophils ______ Platelets ______

Blood Urea ______ Serum Creatinine ______ Serum Albumin ______ ALT ______ AST ______

Serum Bilirubin (Total) ______ Bilirubin (Direct) ______ Bilirubin (Indirect) ______ PT ______ INR ______

Urine Bile Salt/ Bile Pigment ______ Proteinuria ______ Others (Specify) ______

X-Ray chest ______

Laboratory Investigations:

Real Time PCR ______ Conventional PCR ______ IgM Elisa ______ IgG Elisa ______

Virus Isolation ______

Outcome History:

☐ Cured and Discharged Date of Discharge ______ ☐ Died Date of Death ______

Name of treating physician ______ Contact Number ______

Laboratory Diagnosis ______

Provisional Diagnosis ______

Final Diagnosis ______