NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Special Viral Pathogens Laboratory: +27 11 386 6336 (or 0820903 9131)
NICD Hotline for Clinical Advice: +27 800 212 552

SUSPECTED NIPAH VIRUS (NiV) CASE HISTORY FORM

Filled in by: _____ Contact number: _____
Date: __/__/____ Information collected from: _____

PATIENT INFORMATION

Name: _____ Sex: M ☐ F ☐ Birth date: __/__/____ Or Age: _____ Years
Occupation of patient, describe?
Address: _____

PATIENT COURSE

Consultation date: __/__/____ Physician _____ Tel Nos: _____
Is patient symptomatic? ☐YES ☐NO Is patient pregnant? ☐NO ☐YES _____ weeks
Date first symptoms: __/__/____ Duration illness _____ days
Is patient hospitalized? ☐YES ☐NO Hospital _____ (name)
Admission date: __/__/____ ☐In isolation ☐ICU ☐Ward: _____ (name)

CLINICAL FEATURES *(Tick appropriate box (yes, no)*

Symptoms/signs	YES	NO		YES	NO		YES	NO		YES	NO
Fever ____ °C	☐	☐	Sore throat	☐	☐	Dizziness	☐	☐	Diarrhoea/abd. pain	☐	☐
Chills	☐	☐	Cough	☐	☐	Drowsiness	☐	☐	Jaundice	☐	☐
Headache	☐	☐	Shortness breath	☐	☐	Confusion	☐	☐	Hepatitis	☐	☐
Nausea	☐	☐	Dysphagia	☐	☐	Altered consciousness	☐	☐	Renal failure	☐	☐
Vomiting	☐	☐	Conjunctivitis	☐	☐	Seizures	☐	☐	Maculopapular rash	☐	☐
Myalgia	☐	☐	Congestion	☐	☐	Coma	☐	☐	Petechial rash	☐	☐
Joint pain	☐	☐	Runny nose	☐	☐	Encephalitis	☐	☐	In/external bleeding	☐	☐

Other, specify: _____

PATHOLOGICAL FINDINGS (Please attach test results)

Tests	Results	Results	Results	Units
Date	__/__/____	__/__/____	__/__/____	
WBC count				10^9/L
Diff N/L				%
Platelets count				10^9/L
Haemoglobin				g/dL
AST				IU/L
ALT				IU/L
Malaria				
Typhoid fever				

PATIENT TREATMENT AND OUTCOME

Treatment	Discharge	Death
__/__/____	__/__/____	__/__/____

☐Acyclovir
☐Remdesivir
☐Supportive care: _____

Clinical Outcome:
☐ Uneventful recovery
☐ Recovery with sequelae
☐ Death
☐ Prolonged with complications

PATIENT EXPOSURE HISTORY *(Tick appropriate boxes)*

	YES	NO	
Has the patient recently travelled?	☐	☐	If yes, specify period when? _____
			If yes, specify where? _____

Has the patient engaged in the following activities/had close contact with the below animals/people during travel/in hospital in the six weeks preceding illness onset?

☐ pigs ☐ horses ☐ livestock ☐ pteropid fruit bats (flying foxes) ☐ other bat species ☐ shrews ☐ rodents

☐ sick person ☐ confirmed NiV patient ☐ consuming unwashed fruit ☐ consuming raw palm date juice ☐Other

Specify the animal or activity and contact scenario: _____

SEND COMPLETED FORM WITH SPECIMEN TO:
Special Viral Pathogens Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa

EMAIL COMPLETED FORM TO:
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