

राजस्थान-सरकार

निदेशालय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर

क्रमांक: आई.डी.एस.पी./2020/375

दिनांक: 6/4/2020

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
राजस्थान।

विषय:-कोविड-19 के केस इन्वेस्टीगेशन फार्म (सी.आई.एफ.) भिजवाने बाबत।

उपरोक्त विषयान्तर्गत लेख है कि कोविड-19 के संदिग्ध व कन्फर्म केसेज के केस इन्वेस्टीगेशन फार्म (सी.आई.एफ.) संलग्न प्रपत्र में भरकर निम्न ई-मेल आईडी पर भिजवाना सुनिश्चित करें।

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संलग्न:-प्रपत्र।

निदेशक (जनस्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवायें
राजस्थान, जयपुर

क्रमांक: आई.डी.एस.पी./2020/375

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प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान।
2. निजी सचिव, मिशन निदेशक (एनएचएम), मुख्यालय।
3. निदेशक, एनसीडीसी, नई-दिल्ली।
4. अतिरिक्त निदेशक (ग्रा0स्वा0), मुख्यालय।
5. राज्य नोडल अधिकारी (आईडीएसपी), मुख्यालय।
6. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान।
7. प्रतिनिधि, विश्व स्वास्थ्य संगठन, मुख्यालय।
8. प्रभारी, सर्वर रूम को संबंधित को ई-मेल करने तथा वेबसाइट पर अपलोड करने बाबत।
9. कार्यालय पत्रावली।

निदेशक (जनस्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवायें
राजस्थान, जयपुर



Dr. Sujeet K Singh
MD, DCH
Director



सत्यमेव जयते

भारत सरकार

राष्ट्रीय रोग नियंत्रण केन्द्र
(स्वास्थ्य सेवा महाविद्यालय)

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
22, शम नाथ मार्ग, दिल्ली - 110054

Government of India

NATIONAL CENTRE FOR DISEASE CONTROL

[Formally Known as National Institute of Communicable Disease (NICD)]

Directorate General of Health Services
Ministry of Health & Family Welfare, Government of India
22, Sham Nath Marg, Delhi-110054

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www.idsp.nic.in



File No: T-18015/307/2020 -IDSP

Dated the: 31st March 2020

Sir/Madam,

First of all, I would like to congratulate you for putting up an tremendous work in containment of COVID-19 in your States. In view of the upsurge in number of COVID-19 cases in India with rise in involvement of multiple States and Union Territories, there is huge requirement of Human Resources for management of correct data for analysis and decision making at the competent authority level.

It becomes difficult to get clarity on picture for the country when the data is either incomplete or not clear. In this regard, an expert committee has decided to revise the case investigation form (CIF) which is enclosed with this letter and you can take support of WHO-NPSP to get the CIF filled for all the confirmed and suspected cases in your State. Standard Operating Procedure (SOP) for filling up of the CIF has been attached for your reference.

The filled CIFs need to be shared with the Central Surveillance Unit (CSU), IDSP NCDC for better utilization of data for further policy decisions.

With regards,

Enclosures:

1. Case Investigation Form for COVID-19 (CIF)
2. SOP for filling the Case Investigation Form

Yours sincerely,

(Sujeet Kumar Singh)

To,

Mission Director of all States/UTs

Copy for information to:

1. Principal Secretary Health and Family Welfare of all States/UTs
2. State Surveillance Officers of all States/UTs
3. WHO Representative to India, India Country Office
4. Team Leaders WHO-NPSP of all States/UTs



Antibiotic Resistance Containment Stewardship: Our Role, Our Responsibility
Judicious Use of Antibiotic: Key to Contain Antibiotic Resistance



EPID Number filled at district
COV-IND- _____

Form A

CENTRAL CASE NUMBER

NATIONAL CENTRE FOR DISEASE CONTROL
(To be filled COVID-19 Acute Respiratory Disease)

A PATIENT INFORMATION				
1.	Name of patient:	Age: ___yr ___mo (___/___/___) Gender: M/F, Religion: H / M / O		Date of interview:
2.	Name of Health Facility where isolated:	District (Isolation facility):		State (Isolation facility):
3.	Name of interviewer	Designation of interviewer:		Contact Number of interviewer:
4.	Case Classification: Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/>			
5.	Current status of case: Stable <input type="checkbox"/> Admitted in ICU <input type="checkbox"/> Deceased <input type="checkbox"/>			
B SOCIODEMOGRAPHIC PROFILE				
Nationality: Indian		Non-Indian (Name of country)		
Father's name:		House No.		Setting: Rural / Urban
Village/Mohalla: Block:	Block:	District: State:	Phone number: email id:	
C CLINICAL INFORMATION				
1 Patient clinical course				
1.1	Date of Onset of symptoms: ___/___/___; Initial Symptoms:			
1.2	Details of contact with health facility after the date of onset			
	Name of facility:	1	2	3
	Address:			4
	Phone number:			
	Dates case visited:			
	Did health facility report the case	Yes/No	Yes/No	Yes/No
1.3	Date of admission in isolation facility:			
1.4	Outcome (encircle): Under treatment/ Discharged/ LAMA/ Died		1.5 Date of outcome (if applicable) ___/___/___	
1.6	Cause of death (As mentioned in death certificate):			
2 Patient Symptoms at admission (encircle all reported)				
a)	Fever/chills	b)	Sore throat	c)
d)	General weakness	e)	Breathlessness	f)
g)	Cough	h)	Diarrhea	i)
j)	Runny nose	k)	Pain(encircle): muscular, chest, abdominal, joint	l)
3 Patient signs at admission: Details of following Signs to be taken from the case sheet if the patient is admitted				
a)	Temperature (in Fahrenheit):	b)	Abnormal Lung X-Ray /CT scan findings: Yes / No	c)
d)	Stridor: Yes / No	e)	Tachypnoea: Yes / No	f)
g)	Redness of eyes: Yes / No	h)	Abnormal lung auscultation: Yes/ No	i)
4 Underlying medical conditions (encircle all that apply)				
a)	COPD	b)	Hypertension	c)
d)	Chronic Renal Disease	e)	Asthma	f)
g)	Bronchitis	h)	Pregnancy (trimester)	i)
j)	Malignancy	k)	Post-partum (< 6 weeks)	l)
m)	Diabetes	n)	Liver Disease	o)
D EXPOSURE HISTORY				
5	Occupation (circle): Student/ Businessman/ Health care worker/Health care lab worker/ animal handler/ any other (specify).....			
6	H/O contact with COVID-19 case (encircle): Lab confirmed case of COVID-19 / Suspect case under investigation / No contact / Not known; (If contact with Lab confirmed case, mention its EPID number: COV-IND-_____)			
6.1	If contact is with lab confirmed COVID-19 case, then mention contact setting (encircle all that apply)			
a)	While taking samples/ other investigations	b)	Visit to a place where COVID-19 cases are treated/ sampled (specify)	

c)	Clinical care of case (among HCW)	d) Immigration Staff at Point of Entry <small>(date of arrival)</small>	e) Housekeeping (Hospital)																								
f)	Caregiver of the case (provide details of case)	g) Living in the same household	h) Providing services to the household																								
i)	Living in the neighborhood	j) Others, Specify																									
7	Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) or COVID 19? Yes/No																										
8	Patient attended festival or mass gathering in last 1 month? (Yes/No/Unknown) if yes, specify:																										
E	TRAVEL HISTORY																										
9	Have you travelled outside India in the past one month? Yes/ No. If yes, then fill details in Q. 9.1 onwards else skip to Q.10																										
9.1	<table border="1"> <thead> <tr> <th>Name of the country (City)</th> <th>Date of arrival</th> <th>Date of departure</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of the country (City)	Date of arrival	Date of departure																					
Name of the country (City)	Date of arrival	Date of departure																									
9.2	Did you visit Wuhan (yes/no)	During your stay, did you visit any animal market? Yes/No																									
9.3	Date of arrival in India (Including transit flights in India): ___/___/___ Flight No: _____ Seat No: _____																										
10	Have you travelled within India in the past one month? Yes/ No. If no, skip to Section F																										
	If yes, details of places visited in chronological order; flight / train / vehicle number; seat/berth, coach number etc																										
a)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																								
b)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																								
c)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																								
F	LABORATORY INFORMATION (to be obtained from treating physician/DSO)																										
11	Sample collected for confirmation of COVID-19 case: Yes / No, if Yes, fill the details and update the results																										
a)	<table border="1"> <thead> <tr> <th>Type of sample collected</th> <th>Name of sample collection center</th> <th>Date of sample collection</th> <th>Sent to which Lab</th> <th>Result (Positive/Negative)</th> <th>Date of lab result</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Type of sample collected	Name of sample collection center	Date of sample collection	Sent to which Lab	Result (Positive/Negative)	Date of lab result																		
Type of sample collected	Name of sample collection center	Date of sample collection	Sent to which Lab	Result (Positive/Negative)	Date of lab result																						
	Reason if sample not collected:																										
b)	Name of lab that confirmed result:																										
G	CLINICAL COURSE (Complication) Encircle where applicable																										
12a)	Hospitalization: Yes / No	Date of hospitalization: _____																									
b)	ICU Admission: Yes / No	Date of ICU admission: _____	Date of discharge from ICU: _____																								
	Mechanical Ventilation: Yes / No	Date of mechanical ventilation Start: _____ Date of mechanical ventilation Stop: _____																									
	ARDS: Yes / No	Cardiac failure: Yes / No																									
	Pneumonia by Chest X ray: Yes / No	Acute Renal Failure: Yes / No																									
	Consumptive coagulopathy: Yes / No	Other complication: Yes / No, if yes please specify: _____																									
H	PUBLIC HEALTH RESPONSE																										
a)	Total no. of high risk contacts: _____; No. of samples collected in high risk contacts: _____; No. of high risk contacts tested positive: _____		No. of high risk contacts traced: _____; No. of high risk contacts developed symptoms: _____;																								
b)	Total no. of low risk contacts: _____ No. of low risk contacts tested: _____		No. of low risk contacts become symptomatic: _____ No. of low risk contacts tested positive: _____																								

SOP (Standard Operating Procedures) for investigation of a suspected COVID- 19 case using Case Investigation Form (CIF)

Case investigation is crucial for the disease confirmation and to identify the magnitude of public health response. All suspected COVID-19 cases notified as per the case definition should be investigated by a clinician/medical officer within 24 hours of case-notification using the standardized Case Investigation Form, if it comes under the following case definitions.

COVID-19 Case Definitions

Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR A patient / health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation;

OR A case for whom testing for COVID-19 is inconclusive

Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

The detailed information of the suspected case along with core variables should be captured in both pages of the CIF by the investigating officer.

Key components for filling up the Case Investigation Form:

- Fill-up the "Case Investigation Form" (CIF) on both pages during examination
- Allot EPID no, a unique identifier for every suspected case that is investigated
 - Eg. COV-IND-ST-DIS-YR-Case number
 - First 3 character signifies disease, next 3 characters for country code, next 2 for state code, next 3 for district code, next 2 for year of disease onset and next 4 is the serial no. of the case in that year in the same district
Ex: First case of Patna Bihar: COV-IND-BI-PAT-20-0001
 - DSO should assign this EPID no for every investigated case on CIF.

- Any error in the Epid No. may misclassify the cases

A. Complete case identification details including name, age, sex, details of isolation facility, case classification and status

B. Collect socio demographic details of case like father's name, address and contact details

C. Take clinical history and examine the suspected COVID-19 case for signs and symptoms

- **Date of onset of symptom** is the most important date which should be strictly assessed along with nature of initial symptom (for eg. bodyache/fever/cough/breathlessness/sore throat etc.)
- Fill-up the health facility contacts after date of onset of symptom. These are the hospitals/ clinic, case has taken consultation/treatment before getting reported, which will further help to identify the need to build the capacity
- Capture the signs, symptoms at time of admission
- Capture the underlying medical conditions

D. Exposure history:

- Take significant exposure history of suspected case, to identify the person/area/country from where case picked up infection
- Explore further contact setting if there is exposure to lab confirmed COVID-19 case including exposure while taking samples, during travel/clinical care of case/living in same household/providing services to the same household
- Seek history about occurrence of cluster of patients with severe acute respiratory illness or COVID-19 at his place of residence/work/neighbourhood
- Explore exposure to mass gathering in past one month before the onset of symptom

E. Travel history:

- Take epidemiologically significant travel history of suspected case for travel outside and within India for past one month before the onset of symptom
- Patient travel history can be taken in chronologic order starting from one month back from onset of symptoms

F. Laboratory Information:

- The clinician should decide necessity for collection of clinical specimens for laboratory testing of cases only after following the case definition as given by the health authorities, Government of India.
- Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection by following all biosafety precautions and using personal protective equipment (PPEs)
- Clinical samples need to be sent to the designated laboratory by following standard triple packaging