

**GOVERNMENT OF NAGALAND  
DIRECTORATE OF HEALTH AND FAMILY WELFARE  
NAGALAND: KOHIMA**

NO. DHFW/COVID-19/2019-20/ 5003-07

Dated Kohima, the 15<sup>th</sup> July, 2020

**SOP FOR CONTACT TRACING OF COVID-19, NAGALAND (15<sup>th</sup> JULY, 2020)**

This SOP aims to provide guidance for health authorities on contact tracing for persons, including healthcare workers, who had come in contact with a lab-confirmed case of COVID-19.

**A. Purpose of Contact Tracing:**

To identify contacts as early as possible for preventing spread of further transmission.

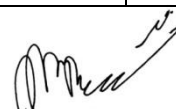
**B. Classification and Definition of Contacts:**

<b>High risk contact</b>	<b>Low risk contact</b>
<ol style="list-style-type: none"> <li>1. Touched body fluids of the patient (respiratory tract secretions, blood, vomit, saliva, urine, faeces)</li> <li>2. Had direct physical contact with the body of the patient including physical examination without PPE or universal safety precaution</li> <li>3. Touched or cleaned the linens, clothes, or dishes of the patient</li> <li>4. Lives in the same household with the patient</li> <li>5. Anyone in close proximity (within 1 meter) of the confirmed case without precautions</li> <li>6. Passenger in close proximity (within 1 meter) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours</li> </ol>	<ol style="list-style-type: none"> <li>1. Shared the same space (same class for school / worked in same room / similar and not having a high-risk exposure to confirmed case of COVID-19).</li> <li>2. Travelled in same environment (bus / train / flight / any mode of transit) but not having a high-risk exposure.</li> </ol>

*(Please note: Low Risk Contact does not mean NO RISK contact; equal emphasis must be given for low risk contacts as they are potential source for transmitting the disease)*

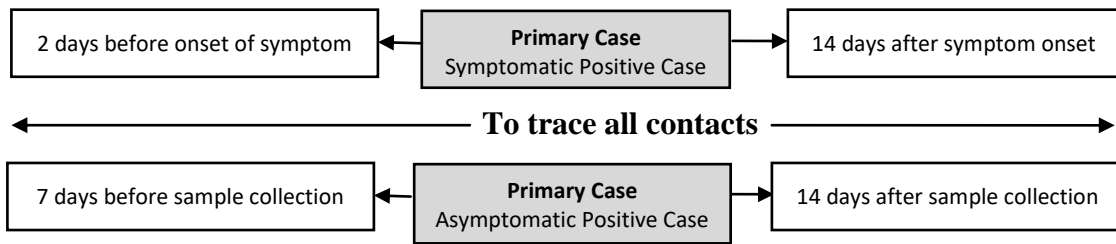
**C. Steps of Contact Tracing:**

<b>STEPS</b>	<b>ACTIVITY</b>	<b>TIMELINE</b>
1.	<ul style="list-style-type: none"> <li>▪ <b>Case investigation</b> <ol style="list-style-type: none"> <li>a. Filling up of CONTACT Line Listing FORM 1 by DSO or Epidemiologist</li> <li>b. Filling up of Case Investigation Form/Specimen Referral Form by medical officer on duty/ DIO/ DSO/ Epidemiologist</li> </ol> </li> <li>▪ <b>Tracing</b></li> </ul>	Immediately on confirmation of case



	<p>Contacts include people who have met the positive case as defined and classified above (High Risk / Low Risk):</p> <ol style="list-style-type: none"> <li><b>For contacts of symptomatic positive case:</b> To trace all contacts anytime between 2 days before symptoms onset and up to 14 days after symptom onset.</li> <li><b>For contacts of asymptomatic positive cases:</b> To trace all contacts anytime between 7 days before sample collection and up to 14 days after the date of sample collection.</li> <li>All contacts (both High Risk and Low Risk contacts) to register in <b>nNagaland COVID App</b> and select '<i>Mark Yourself in Quarantine</i>'. Then enter symptoms twice daily until day 28. <ul style="list-style-type: none"> <li>▪ <b>Contact Support</b> Provide contacts with education, information, help them understand the risk and what they should do to separate themselves from others who are not exposed.</li> <li>▪ <b>Quarantine</b> <ol style="list-style-type: none"> <li>Contacts to be put in quarantine centre.</li> <li>Exemption: Asymptomatic low risk contacts can be put on home isolation after inspection by FLW and verification by RRT/Supervisor/health team that there is single room provision for isolating the contact.</li> </ol> </li> </ul> </li> </ol>	
2	<ul style="list-style-type: none"> <li>▪ <b>Meeting under the District Task Force</b> <ol style="list-style-type: none"> <li>Distribution of work between departments for contact tracing.</li> <li>FORM 1 and Case Investigation Form will be shared and discussed in the meeting.</li> <li>Formation of teams and work distribution. Frontline workers will consist of ASHA, AWW, ANM, Link Workers, community members/volunteers recommended by village/ward authorities</li> </ol> </li> </ul>	Immediately on completion of FORM 1 and Case Investigation Form
3	<ol style="list-style-type: none"> <li>CONTACT LISTING and follow up by Frontline workers with the help of Police department Using FORMAT 2 for Front Line Workers (FLW).</li> <li>Daily sharing of line list to District Surveillance Unit (DSU) and State Surveillance Unit (SSU).</li> <li>Analysis of LINE LIST by DSU IDSP and classification into high risk contacts and low risk contacts with appropriate actions</li> <li>Daily monitoring of FLW by supervisors and reporting to SSU and DSU IDSP using Daily Reporting Format 3.</li> <li>Daily monitoring of symptoms and movement by digital surveillance team.</li> <li>Police department will also share daily line list of contacts through mobile tower dumps, contacts from public places like markets, offices, other social gatherings.</li> </ol>	Immediately on assignment of duties
4.	<ul style="list-style-type: none"> <li>▪ <b>Sample collection and testing</b> <ol style="list-style-type: none"> <li>Symptomatic contacts will be tested immediately</li> <li>Asymptomatic contacts will be tested between day 5 to day 10 of the contact.</li> </ol> </li> <li>▪ <b>Discharge policy</b> <ol style="list-style-type: none"> <li>If tested negative and asymptomatic, will be sent to home quarantine to complete the remaining quarantine days (till 28 days from the day of contact).</li> <li>If tested negative and symptomatic and requiring hospitalization, will be sent to isolation ward for the suspected cases for further management</li> <li>If tested positive, will be sent to COVID Care Centre or COVID Hospital</li> </ol> </li> </ul>	

**Figure 1: Contact tracing timeline:**



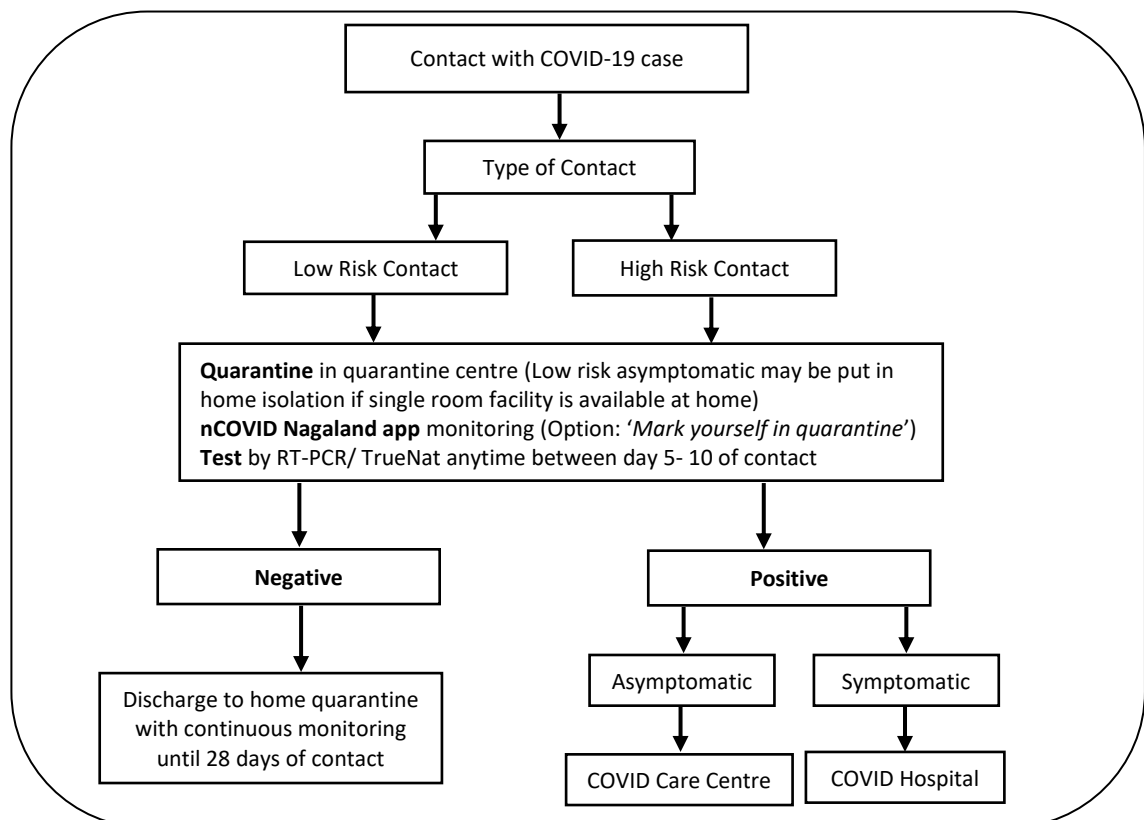
**Example:**

*If a 'SYMPTOMATIC' person is tested positive, say, on the 6<sup>th</sup> day of onset of symptom; her contacts will be traced back till 2 days before symptom onset, i.e. go 8 days (6+2) backwards. And her contacts will be traced from there till 14 days after symptom onset or till isolation of the case.*

*If an 'ASYMPTOMATIC' person is tested positive, say, today and her sample was collected 2 days back; her contacts will be traced from 7 days before the day of sample collection, i.e. go 9 days (2+7) backwards. And her contacts will be traced from there till 14 days after sample collection or till isolation of the case.*

**D. Management of Contacts from Line Listing:**

**Figure 2: Algorithm for management of contacts of confirmed COVID-19 cases**



**E. Preparation of Contact line-list by Front Line Workers (Step 3 of Contact Tracing):**

1. The FLW should be trained on filling of Form 2 (by filling exercise), health and safety precautions and reporting of symptomatic case.
2. The supervisor will provide each FLW with a contact tracing form (form 2), with

the COVID-19 surveillance ID number, date of contact with case, name, age, sex, address and phone number, pre-filled for each contact assigned to the contact tracer (if details are available). A rational workload should be given to each FLW.

3. The FLW will fill each row (one row for each contact) until completion of 28 days following the last exposure for each contact.
4. The supervisor/DSU with Data Entry Operator (DEO) will update the master contact line list (Form 4) daily.
5. The contact tracing form will be carried by the FLW until completion of contact tracing (28 days from the last exposure for each contact). At the end of this time, the contact tracer will submit the filled form-2 to the supervisor.
6. The master contact line-list (Form 4) should be shared on daily basis to district, state and national-level for regular data analysis.

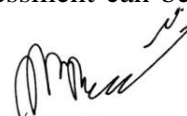
#### **F. Role of Front Line Worker during Contact Tracing:**

1. Using the form-2, the FLW will visit the household of the contact, will introduce themselves and explain the purpose of the visit to the head of the household and contact(s).
2. During the visit, the FLW will communicate with high-risk and low-risk contacts, explaining the need for quarantine (facility/home) after last exposure to a COVID-19 case. If the contact develops fever and any respiratory symptoms, it should be immediately reported to the Supervisor / DSU / state helpline number (1800 345 0019). The supervisor and FLW will ensure that contacts understand the value of quarantine after the last contact with the case, and self-health monitoring will be done by the contact till day 28 after the last exposure to the case.

#### ***Example:***

- a. *If the person met a lab confirmed case on 30<sup>th</sup> June and the frontline worker reaches the house on 4<sup>th</sup> July, day 1 of quarantine will be 1<sup>st</sup> July.*
- b. *The frontline worker will take the symptom history from 1<sup>st</sup> July and will advice quarantine till 28<sup>th</sup> July.*
- c. *The person will be kept in quarantine centre and be tested between 5<sup>th</sup> to 10<sup>th</sup> July (asymptomatic low risk contact may be kept in home isolation if there is single room facility, but tested on similar day as those in quarantine centre).*
- d. *If tested negative, the remaining quarantine days till 28<sup>th</sup> July will be completed in home by maintaining all safety precautions and self monitoring of symptoms.*

3. The supervisor and FLW will use the visit to interview the contact and assess for additional contacts that may have been missed previously. The added contacts will be updated in the master database.
4. If contacts refuse quarantine or monitoring, the FLW should notify the supervisor. The contact should be revisited to reassess their willingness to be quarantined and monitored.
5. If the contact has a **fever, cough, difficulty in breathing, or loss of taste and smell during first or subsequent visit/call:**
  - a. The FLW will immediately notify the supervisor / DSU / state helpline number with the contact's name and location.
  - b. The FLW will provide reassurance to the contact and urge him to quarantine himself/herself from other persons until further assessment can be performed by the case investigation team.



- c. The FLW should maintain a safe distance (6 feet) from the contact but remain in the area until the case investigation team arrives.
  - d. The FLW will record on the daily reporting form that the contact was symptomatic.
  - e. The symptomatic contact now becomes a suspect case and will be sent for isolation at health facility. Sample will be tested for COVID-19.
  - f. Any individual who have been exposed to the suspect case must be added to the list of contacts if the suspect case becomes a confirmed case. Any shared contacts between the original case and the new case must be line-listed as contacts of the confirmed case, and these contacts must re-start their quarantine period.
  - g. The FLW will provide a triple layer mask to the symptomatic contact to wear until they are seen by medical personnel.
  - h. The case investigation team will notify the healthcare facility of the contact's arrival.
6. If a contact is not seen physically (high-risk contact) or reachable by phone (low-risk contact) on any one day during the initial 14 days of contact tracing, he or she should be labelled as a missing contact and this information should be shared with the supervisor during feedback and recorded in the Form-2.
  7. If any contact is missing for three consecutive days within the first 14 days, he or she should be labelled as lost to follow up. The details should be shared with the supervisor and medical officer for necessary administrative action.

#### **G. Release from Contact Tracing:**


1. Contacts may be released from daily follow-up when:
  - a. Contacts have completed 28-day follow-up after the date of last exposure with lab confirmed case
    - i. without developing COVID-19 compatible symptoms or
    - ii. remain negative for COVID-19 laboratory test.
  - b. If listed individuals did not have a history of exposure to COVID-19 and were erroneously identified as contacts.
2. The FLW should record the completion of the 28-day follow-up period on the reporting format and should communicate this information to the supervisor/ MO I/C by submitting the contact tracing format (Form 2) for record purpose.

#### **H. If contact leaves the District/State/Country:**

When FLW realizes that contacts they are tracing have left the community, it is important that they immediately alert the MO I/C / DSO. Once this occurs, the FLW and the MOI/C / DSO need to work to determine where the contact likely travelled. The family members may not be forthcoming with this information, so it may be necessary to engage community leaders and other community liaisons to assist with this investigation. Once the destination of travel (as well as any other transit locations) has been determined, the supervisors must begin the notification process.

#### **I. Contact Tracing in Cluster:**

If the criteria for declaring an area as Containment zone are met as per the Containment Plan (refer to relevant SOP); whole area will be put under containment zone / buffer



zone and containment measures will be activated.

- A house to house search for all the symptomatic cases will be conducted by the FLW. The information will be collected on FORM 2-A.
- Any person with symptoms suggestive of COVID-19 infection (like fever, cough, difficulty in breathing, loss of taste or smell) will be sent for isolation and sample will be collected for testing for COVID-19.
- In the allotted area, the FLW will do the case search till 14 days after the last confirmed case. All the residents of the containment area will be motivated for immediate self-reporting if any of the family member develop COVID-19 symptom.

**J. Capacity Building:**

- The District will sensitize all FLWs, Medical Officers and other healthcare workers immediately on the formats and one personal safety measures.
- The CMO office should also sensitize teams from the Police department as and when needed for contact tracing.
- Mock drill on a hypothetical case can be done in coordination with all line departments before an actual case is reported in the district.

**K. Health and Safety precautions for Frontline Health Worker (FLW-ASHA, AWW, ANM, Link Worker, others) doing Contact Tracing:**

1. The FLW should maintain a distance of at least six feet from the contact at all times and if available interview should be done outdoors or a well-ventilated space.
2. Triple layer masks should be worn by the contact tracing team members. Additional personal protective equipment (e.g. goggles, gloves, gown) is not required.
3. If interviewing any person having respiratory symptoms, the FLW should provide him mask before interviewing.
4. The contact tracing team members to maintain standard infection prevention and control measures and perform hand hygiene before and after each visit and ensure respiratory etiquettes throughout.
5. The FLW should not work if they have fever, cough, or difficulty in breathing and immediately inform their supervisor of their symptoms.

**Table 1: Activities, human resources and data collection for contact tracing for COVID-19 cases**

Activity	Human Resources	Data collection
Interview case	DSO / Epidemiologist	Case Investigation Form
Create contact list	Epidemiologist/Medical Officer	Form 1 (Contact list format)
Classify contacts as high or low risk	Epidemiologist/Medical Officer	Form 1
Sharing of details of contacts with state/district/block	District Surveillance Officer / State Surveillance Officer	Form 1
Sharing of details of contact tracing with FLW following their training	MO I/C	Form 1 and Form 2 (Enlisting and follow-up of contacts)

Initial visit to high risk contacts for enlisting and quarantine (home/facility), then follow- up till 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) /supervisor	Form 2
Sample collection from asymptomatic high- risk contact between 5 and 10 days of last exposure with lab confirmed case	Lab technician	Lab Request Form /Specimen Referral Form
Initial visit to low risk contacts to inform and provide information on self-health monitoring for 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) /supervisor	Form 2
House to house search for cases in a cluster	Frontline Health worker (FLW) / supervisor	Form 2 A
Reporting by supervisor / block on day 1 of contact tracing and then on weekly basis(applicable for paper-based system)	Supervisor / Block MO I/C	Form 3
If any contact develops symptoms, he/should be immediately reported to supervisor / DSU / state helpline number	Contact tracer / Supervisor	Telephonic information
Updation of master line list for contact tracing (applicable for paper-based system)	Supervisor and DEO	Form 4 (Master Line list for contacts)
Summarized daily reporting format of contact tracing	District Surveillance Unit to District Task Force and SSU IDSP	Form 5

As per High Powered Committee decision on 10<sup>th</sup> July, 2020; there will be one uniform SOP across the districts and should not be modified in any form.

Annexure:

1. Contact list format (Form1)
2. Contact tracing and follow-up format (Form 2)
3. Search for symptomatic cases in Cluster (Form 2A)
4. Daily reporting format (Form 3)
5. Line list of Contacts (Form 4)
6. Daily report from DSU to DTF and SSU (Form 5)
7. Case Investigation Form (CIF)
8. Sample Referral Form (SRF)



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Principal Director  
Directorate of Health and Family Welfare  
Nagaland : Kohima

Copy to:

1. The Deputy Secretary to the Chief Secretary for information
2. The Principal Secretary, Home Department for information
3. The Commissioner and Secretary, Health and Family Welfare Department for information
4. The Deputy Commissioner / Commissioner of Police / Superintendent of Police of all districts for information and necessary action
5. The Chief Medical Officer / Medical Superintendent of all districts for information and necessary action
6. Guard File / Office copy



**(DR. VIZOLIE Z. SUOKHRIE)**  
Principal Director



# COVID-19 CONTACT LINE LISTING FORM

**FORM 1:** (TO BE FILLED BY EPIDEMIOLOGIST / MEDICAL OFFICER)

Name of Epidemiologist / Medical Officer \_\_\_\_\_

Date of listing contact:                    /                    /

**Details of Confirmed COVID-19 Case**

**Central Surveillance ID:**

ID No	Full Name	Contact No.	Age (yrs.)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset	Date of lab confirmation	Details of any Travel history	Duration of travel

**Details of contacts and places visited (2 days before sample collection for asymptomatic OR up to 7 days before symptom onset)**

Sl. No	Name of contact	Date of last exposure to confirmed case	Age (yrs.)	Sex (M/F)	Detail Address	Occupation	Mobile number	High risk / Low risk contact	Place of exposure (community / health care)	Place of quarantine (home / facility /no quarantine)
1										
2										
3										
4										
5										
6										

Sl. No.	Name of place visited	Date of visit	Number of persons met	Detail Address	Duration of stay	Mobile number (facility / person)	Mode of travel	Vehicle detail	State / dist informed
1									
2									
3									
4									
5									

Use extra sheet of paper to write additional information, if any.



## CONTACT LISTING AND FOLLOW-UP FORM

**FORM - 2** (FOR FRONTLINE HEALTH WORKER)

Name of Epidemiologist / Medical Officer \_\_\_\_\_

Phone No: \_\_\_\_\_

Date: / /

### Details of Confirmed COVID-19 Case

Central Surveillance ID	Full Name	Age (yrs)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset	Date of Lab confirmation

Details of any travel history:

Duration of travel:

Name of Frontline Health Worker \_\_\_\_\_ Mob No. \_\_\_\_\_; Name of Supervisor \_\_\_\_\_ Mob No: \_\_\_\_\_  
District \_\_\_\_\_ Block \_\_\_\_\_ Vill/Mohalla \_\_\_\_\_ Date of start of contact tracing \_\_/\_\_/\_\_

Sr No	Date of last exposure	Name of contact (HRC/LRC)	Age (yrs.)	Sex (M/F)	Address	Phone number	Day of follow - up (Put a 'X' if the contact has no symptom and put a 'V' if the contact has one of the following symptoms - <b>fever, cough or difficulty breathing</b> )																											
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		

HRC/LRC: High Risk Contact / Low Risk Contact (Write HR or LR after the name of the contact)

\*Missing contact: A contact is not seen/reached by contact tracer on that particular day is considered as missing contact.

\*\*Lost to follow up contact: If a contact is not seen/reached for three consecutive days is considered as lost to follow up.



# HOUSE TO HOUSE SEARCH SUSPECTED COVID-19 CASES IN A CLUSTER

(TO BE FILLED BY FRONTLINE HEALTH WORKER)

FORM-2 A

State \_\_\_\_\_  
 Village/Area \_\_\_\_\_

District \_\_\_\_\_  
 Team Members \_\_\_\_\_

PHC/Planning Unit \_\_\_\_\_  
 Date of visit \_\_\_\_/\_\_\_\_/\_\_\_\_

1	Serial number of household					
2	Name of head of the family					
3	Mobile Number					
4	Total members in family					
5	Number of symptomatic cases found (provide details below)					

Details of symptomatic cases:

Sl. No.	House No.	Patient's name & Address	Phone Number	History of contact with a lab confirmed case	Sex	Age (Yr / Mo)	Fever	Cough / difficulty in breathing	Date of onset of first symptom	Hospitalized
1				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
2				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
3				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
4				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
5				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
6				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
7				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
8				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N

Report Summary:

Total number of households allotted: \_\_\_\_\_ Number of households visited \_\_\_\_\_ Total number of persons screened \_\_\_\_\_

Number of persons with symptoms: \_\_\_\_\_ Number of persons with history of contact with positive case \_\_\_\_\_ Number of persons hospitalized \_\_\_\_\_



**Daily Reporting Format (Supervisory / Block)**  
(FOR SUPERVISOR/BLOCK)

**-FORM-3**

Central Surveillance ID: \_\_\_\_\_

Date of Start of Contact Tracing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Reporting: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Village/ Mohalla \_\_\_\_\_ Block \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ PH No: \_\_\_\_\_

Reporting parameters	Day 1	Last week (every Tuesday)
Total number of frontline health workers deployed		
Total number of contacts for tracing under the supervisor / block		
Number of new contacts added		
Number of contacts followed up		
Number of contacts not found		
Number of contacts lost to follow up		
Number of contacts who had / developed symptoms		
Number of symptomatic contacts referred to case investigation team		
Number of contacts from whom sample was collected		
Number of contacts completing 14 days quarantine period from the date of last exposure		

Name of contacts developing symptoms

Name of contacts referred to case investigation team

Remarks, if any:



Master Contact Line list of case with central surveillance ID \_\_\_\_\_ Date of onset of symptoms of case: \_\_/\_\_/\_\_\_\_ FORM 4 (For DEO)

Sl. No.	Name	Age (DOB)	Sex (M/F)	Village	Block	District	State	Contact No.	Relationship with contact (Household contact / Community / Health care worker/ co traveler / others)	Type of contact (High Risk / Low Risk)	Tracked (Yes/No)	Country of visit, if any

Cont.....

Date of arrival from affected country, if applicable	Date if last exposure	Observation started from	Symptomatic (Yes/No)	Date of onset of symptoms	Isolated (Home/Hospital) Pls specify name of hospital	Sample taken (yes/no)	Date of sample taken	Result – Positive / Negative / Pending	Date of completion of 28 days quarantine period from the last exposure	Today's status (admitted / quarantined / migrated out / left the country)	Date of result	Remarks

**DISTRICT DAILY REPORTING FORMAT FOR CONTACT TRACING (From DSU to DTF and SSU-IDSP)**

Form 5

Name of District:

Town/ Area/ locality:

Date of reporting:

Date of Sample result:

Name of the Case:

Epid. No:

*\*Contact tracing should ideally be completed within 72 hours of sample result*

Day (Day 1, 2, 3,...)	Date	No of HRC traced	No of LRC traced	No of contacts quarantined in facility	No of samples collected from HRC	No of samples collected from LRC	No of positive results received from HRC	No of positive results received from LRC
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Day 6								
Daily cumulative								

N.B.

1. HRC and LRC: *High risk contact* and *low risk contacts* should be as per definition in SOP.
2. Ideally all contacts should be isolated and quarantined as per SOP. Low risk asymptomatic contacts may be kept in home quarantine if there is single room provision as verified by health team
3. Asymptomatic direct high-risk contacts should be tested between 5 to 10 days of contact (ICMR Strategy)

EPID Number filled at district

COV-IND- \_\_\_\_\_

**Form A**

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

**CENTRAL CASE NUMBER**

To be filled at NCDC

<b>A PATIENT INFORMATION</b>				
1.	Name of patient:	Age: ___yr ___mo (___/___/___) Gender: M/F	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>B SOCIODEMOGRAPHIC PROFILE</b>				
Nationality: Indian		Non-Indian (Name of country) .....		
Father's name:		House No.	Setting: Rural / Urban	
Village/Mohalla: Block:		District: State:	Phone number: email id:	
<b>C CLINICAL INFORMATION</b>				
<b>1 Patient clinical course</b>				
1.1	Date of Onset of symptoms: ___/___/___; Initial Symptoms:			
1.2	Details of contact with health facility after the date of onset			
	<b>Name of facility:</b>	1	2	3
	<b>Address:</b>			
	<b>Phone number:</b>			
	<b>Dates case visited:</b>			
	<b>Did health facility report the case</b>	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):			
<b>2 Patient Symptoms at admission (encircle all reported)</b>				
a)	Fever/chills	b) Sore throat	c) Nausea/Vomiting	
d)	General weakness	e) Breathlessness	f) Headache	
g)	Cough	h) Diarrhea	i) Irritability/confusion	
j)	Runny nose	k) Pain(encircle): muscular, chest, abdominal, joint	l) Any other(specify)	
<b>3 Patient signs at admission: Details of following Signs to be taken from the case sheet if the patient is admitted</b>				
a)	Temperature (in Fahrenheit):	b) Abnormal Lung X-Ray /CT scan findings: Yes / No	c) Coma: Yes / No	
d)	Stridor: Yes / No	e) Tachypnoea: Yes / No	f) Seizure: Yes / No	
g)	Redness of eyes: Yes / No	h) Abnormal lung auscultation: Yes/ No	i) Any other(specify):	
<b>4 Underlying medical conditions (encircle all that apply)</b>				
a)	COPD	b) Hypertension	c) Chronic neurological or neuromuscular disease	
d)	Chronic Renal Disease	e) Asthma	f) Heart disease	
g)	Bronchitis	h) Pregnancy (trimester)	i) Immunocompromised condition including HIV, TB	
j)	Malignancy	k) Post-partum (< 6 weeks)	l) Any other(mention)	
m)	Diabetes	n) Liver Disease	o) None	
<b>D EXPOSURE HISTORY</b>				
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 (details of place)	e)	Housekeeping (Hospital)												
f)	Caregiver of the case (specify 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:																
<b>E</b>	<b>TRAVEL HISTORY</b>																
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:	Mode of travel:														
		Date of departure:	Details:														
b)	Place & Duration of stay:	Date of arrival:	Mode of travel:														
		Date of departure:	Details:														
c)	Place & Duration of stay:	Date of arrival:	Mode of travel:														
		Date of departure:	Details:														
<b>F</b>	<b>LABORATORY INFORMATION (to be obtained from treating physician/DSO)</b>																
11	Sample collected for confirmation of COVID-19 case: Yes / No, if Yes, fill the details and update the results																
a)	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:																
<b>G</b>	<b>CLINICAL COURSE (Complication)</b> 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:															
<b>H</b>	<b>PUBLIC HEALTH RESPONSE</b>																
a)	Total no. of high risk contacts: _____;	No. of high risk contacts traced: _____;															
	No. of samples collected in high risk contacts: _____;	No. of high risk contacts developed symptoms _____;															
	No. of high risk contacts tested positive: _____																
b)	Total no. of low risk contacts: _____	No. of low risk contacts become symptomatic: _____															
	No. of low risk contacts tested: _____	No. of low risk contacts tested positive: _____															



# ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

**INSTRUCTIONS:**

- ⊙ Inform the local / district / state health authorities, especially surveillance officer for further guidance
- ⊙ Seek guidance on requirements for the clinical specimen collection and transport from nodal officer
- ⊙ This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned

**SECTION A – MANDATORY FIELDS (FORM WILL NOT BE ACCEPTED IN CASE OF ANY BLANK)**

**\*A.1 PERSON DETAILS**

<p>*Patient Name: .....</p> <p>*Present Patient Village or Town: .....</p> <p>*District of present residence:.....</p> <p>*State of present residence:.....</p> <p><i>(These fields to be filled for all patients including foreigners)</i></p>	<p>*Age: ....Years.....Month , Gender: * Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/></p> <p>*Mobile Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*Mobile Number belongs to: Self <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/></p> <p>*Nationality: .....</p>
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**\*A.2 SPECIMEN INFORMATION FROM REFERRING AGENCY**

*Specimen type	BAL/ETA <input type="checkbox"/>	TS/NPS/NS <input type="checkbox"/>	Blood in EDTA <input type="checkbox"/>	Acute sera <input type="checkbox"/>	Covaescent sera <input type="checkbox"/>	Other <input type="checkbox"/>
*Collection date						
*Label						

\*Is it a repeated sample? Yes  No

\*Sample collection facility name: ..... \*Collection facility pin-code

**\*A.3 PATIENT CATEGORY (PLEASE SELECT ONLY ONE)**

Cat 1: Symptomatic international traveller in last 14 days.....

Cat 2: Symptomatic contact of lab confirmed case.....

Cat 3: Symptomatic healthcare worker.....

Cat 4: Hospitalized SARI (Severe Acute Respiratory Illness) patient.....

Cat 5a: Asymptomatic direct and high risk contact of confirmed case – family member.....

Cat 5b: Asymptomatic healthcare worker in contact with confirmed case without adequate protection...

**Section B- OTHER FIELDS TO BE UPDATED**

**B.1 PERSON DETAILS**

Present patient address: ..... Pin code:

..... Date of Birth:   /   /   (dd/mm/yy)

..... Patient Passport No. (for Foreign national only).....

Email id:.....

Patient Aadhar No. (For Indians)

**B.2 EXPOSURE HISTORY(2 WEEKS BEFORE THE ONSET OF SYMPTOMS)**

1. Did you travel to foreign country in last 14 days:  Yes  No

If yes, place(s) of travel: ....., Stay/travel duration:   /   /   to   /   /   (dd/mm/yy)

2. Have you been in contact with lab confirmed COVID-19 patient: Yes  No

If yes, name of confirmed patient: .....

3. Were you Quarantined?: Yes  No  If yes, where were you quarantined: Home  Facility

4. Are you a health care worker working in hospital involved in managing patients: Yes  No

**B.3 CLINICAL SYMPTOMS AND SIGNS**Date of onset of symptoms: / /  (dd/mm/yy)

First Symptom: .....

Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	From (dd/mm)	To (dd/mm)
Cough	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Fever at evaluation	<input type="checkbox"/> if yes,	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Breathlessness	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	Body ache	<input type="checkbox"/> if yes,	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sore throat	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Nasal discharge	<input type="checkbox"/>				
Sputum	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>						

(HISTORY)

Respiratory infection at sample collection: Severe Acute Respiratory Illness (SARI): Yes  No  ARI: Yes  No **B.4 UNDERLYING MEDICAL CONDITIONS**

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
COPD	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>

IMMUNOCOMPROMISED CONDITION: YES/ NO.....

Other underlying conditions: .....

**B.5 HOSPITALIZATION, TREATMENT AND INVESTIGATION**Hospitalization date: / /  (dd/mm/yy)

DIAGNOSIS: .....

DIFFERENTIAL DIAGNOSIS: .....

ETIOLOGY IDENTIFIED: .....

ATYPICAL PRESENTATION: YES/NO .....

UNUSUAL/UNEXPECTED COURSE: YES/NO

OUTCOME: Discharge/Death/ .....

OUTCOME date: / /  (dd/mm/yy)

Phone mobile number: ..... Hospital Name/address: .....

Name of Doctor: ..... Signature and date: / /  (dd/mm/yy)**DETAILS OF HEALTH AUTHORITY (FOR SENDING THE REPORT)**

Name of Doctor ..... Hospital Name /address .....

EMAIL ID .....

Phone /mobile number ..... Signature and Date .....

**For Official Use – To be filled by COVID-19 testing lab facility**

Date of sample receipt(dd/mm/yy)	Sample accepted/ Rejected	Date of testing	Test result	Repeat Sample required	Sign of Authority (Lab in charge)

