

AOD SUSPECT NIPAH VIRUS (NiV) INTAKE AND CHECKLIST



| | | | |
|--------------------------------|--|-------------------|--------|
| AOD Name: | | Today's Date: | Time: |
| Reporting Facility: | | Type of Facility: | Phone: |
| Facility Address: | | | |
| Physician/Reporter Name: | | Phone: | Email: |
| Infection Preventionist: | | Phone: | Email: |
| Physician Contact for updates: | | Phone: | Email: |

| PATIENT INFORMATION: | | | | | |
|---|--|---------------------|-----------|---|---------|
| Last Name: | First Name: | Date of Birth: | Age: | <input type="checkbox"/> Year <input type="checkbox"/> Month | Gender: |
| Pregnant? <input type="checkbox"/> Yes, EDD: No Unknown | Breast Feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No | Weight (lbs.): | Height: | | |
| Occupation | Country of Origin: | Preferred Language: | | | |
| Home Phone: | Cell Phone: | Email: | | | |
| Address: | | City: | Zip Code: | | |
| Emergency/ Guardian Contact: | | | Phone: | | |

- Pasadena Resident - Refer to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours
- Long Beach Resident - Refer to Long Beach HD at (562) 570-4000 General, (562) 570-4302 Epidemiology
- Other Out of Jurisdiction County/State/Country:

| TRAVEL HISTORY: In the past 14 days, did the patient participate in the following: | | | |
|--|----------------|---------------------------------|-----------------|
| <input type="checkbox"/> Live in or Traveled to a Country with NiV transmission – check CDC for the Nipah OB map: https://www.cdc.gov/nipah-virus/about/index.html?CDC_AAref_Val=https://www.cdc.gov/vhf/nipah/outbreaks/distribution-map.html | | | |
| Country of where the patient lives or traveled from: | | | |
| Dates of Arrival to Country: | | Date of Departure from Country: | |
| Reason for Travel: | | Travel Method: | |
| Airlines: | Flight Number: | Seat Number: | Date of Flight: |

| EXPOSURE HISTORY: In the past 14 days, did the patient participate in the following: | | Date of Exposure |
|--|--|------------------|
| Possible Exposure Type | | |
| <input type="checkbox"/> Have percutaneous, mucous membrane or skin contact with blood or other body fluids (nasal or respiratory droplets, vomit, diarrhea, urine, breast milk, sweat, semen) of a person with acute respiratory illness or suspected or confirmed NiV | | |
| <input type="checkbox"/> Have handled or had a direct contact with sick or infected animals (such as bats or pigs) or their body fluids (blood, saliva, urine) | | |
| <input type="checkbox"/> Was near an area where bats roost or live | | |
| <input type="checkbox"/> Consuming food or drinks, like fruit or raw date palm sap, that are soiled by infected animals | | |
| <input type="checkbox"/> Close contact with body fluids of an infected person | | |
| <input type="checkbox"/> Have close contact (within 3 feet or 1 meter) with a sick traveler/foreign arrival (e.g., visitor, immigrant, adoptee, etc.) from an affected country for NiV | | |
| <input type="checkbox"/> Live in the same household as a person with symptomatic known or suspected NiV | | |
| <input type="checkbox"/> Consume of unprocessed meat from infected animals, or unheated/raw food products that have been contaminated by body fluids of infected animals (such as palm sap or fruit contaminated by an infected fruit bat) | | |
| <input type="checkbox"/> Contact with a suspect or known NiV case | | |
| <input type="checkbox"/> Contact with a deceased person with suspect or confirmed NiV | | |
| <input type="checkbox"/> Attend mass gathering including funeral or burial rituals of persons with suspected or confirmed NiV) | | |
| <input type="checkbox"/> Visited a health care facility during their travels | | |
| <input type="checkbox"/> Visited a traditional healer during their travels | | |
| <input type="checkbox"/> Health care worker who provided direct care at a facility that may have had patient with known or suspected NiV | | |
| <input type="checkbox"/> Breach in infection control precautions or personal protective equipment? | | |
| <input type="checkbox"/> Laboratory worker in a facility where human specimens are handled | | |
| <input type="checkbox"/> Breach in infection control precautions or personal protective equipment? | | |
| <input type="checkbox"/> Other: | | |

| MEDICAL INFORMATION | | |
|--|--|------|
| Hospitalized? | Hospital Name: | MRN: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is the patient alert and able to answer questions? | | |
| Current Disposition: | <input type="checkbox"/> ED <input type="checkbox"/> Admitted <input type="checkbox"/> Alive <input type="checkbox"/> Died, Date of Death: | |
| If Died, Place of Death: | Current Location of the Body: | |

Signs and Symptoms (Choose All that Apply):

Symptom Onset Date:

| | | | | | |
|---|--|---------------------|--|------------------|--|
| Fever (subjective or ≥ 100.4°F or 38.0°C) | <input type="checkbox"/> YES <input type="checkbox"/> NO | Sore throat | <input type="checkbox"/> YES <input type="checkbox"/> NO | Seizure | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Highest Fever Recorded: (°F / °C) | | Shortness of Breath | <input type="checkbox"/> YES <input type="checkbox"/> NO | Drowsiness | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Severe headache | <input type="checkbox"/> YES <input type="checkbox"/> NO | Nausea | <input type="checkbox"/> YES <input type="checkbox"/> NO | Disorientation | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cough | <input type="checkbox"/> YES <input type="checkbox"/> NO | Vomiting | <input type="checkbox"/> YES <input type="checkbox"/> NO | Mental confusion | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Encephalitis | <input type="checkbox"/> YES <input type="checkbox"/> NO | Coma | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Notes:

Laboratory Information

| | | | |
|---|--|-----------------------------------|--|
| Were Patient Blood Specimens Collected and Still Available? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, Collected in a Tube With: | <input type="checkbox"/> Lavender Top <input type="checkbox"/> Red Top/SST |
| How many tubes were collected/available? | | | |
| Where is the EDTA Lavender Top or a Red Top/SST Currently: | | | |

Past Medical History

| | | |
|------------------------------------|---|---------------------------|
| Received Malaria Prophylaxis? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |
| Received Yellow Fever Prophylaxis? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |
| Received Typhoid Vaccination? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |
| Received Dengue Fever Vaccination? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |
| Received COVID-19 Vaccination | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |
| Received Influenza Vaccination? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | If YES, provide the date: |

Describe Any Underlining Conditions:

Provider Education/Recommendations

- No identified Risk Factors (no exposure history)** – continue usual triage and assessment. No ACDC follow-up necessary.
- Identified Risk Factors (1 or more exposure history)**
 - Symptomatic Suspect Case** – isolate the patient and determine PPE equipment needed (below).
 - Asymptomatic Suspect Case** – continue usual triage and assessment. Monitoring new symptoms for 14 days after last exposure will be determined by ACDC.

INFECTION CONTROL RECOMMENDATIONS FOR SYMPTOMATIC PATIENT

| Component | Recommendation |
|--------------------------------------|---|
| Patient Placement | <ul style="list-style-type: none"> o Single patient room (private bathroom) with door closed. o Airborne isolation room, if available. o Only essential personnel to interact with patient. o Maintain log of all people entering patient’s room (Healthcare workers, visitors) |
| Patient Care Equipment | <ul style="list-style-type: none"> o Preferably disposable equipment, when possible |
| Patient Considerations | <ul style="list-style-type: none"> o Non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer’s instructions and hospital policies. o Limit use of needles and other sharps as much as possible o Avoid Aerosol generating procedures |
| Personal Protective Equipment | <p>For suspect case clinically stable; no vomiting:</p> <p>Single-use (disposable) gown Single-use (disposable) full face shield or eye protection Respirator Single-use (disposable) gloves</p> <p>For suspect case with vomiting or clinically unstable and/or will require invasive or aerosol-generating procedures:</p> <p>Impermeable Garment-gown or coverall Respiratory Protection – PAPR or certified N95 respirator in combination with surgical hood and full-face shield. Single use examination gloves with extended cuffs – two pairs should be worn. Single use boot covers – extend to at least mid-calf. Single use apron</p> <p>CDC guidance: https://www.cdc.gov/nipah-virus/about/index.html?CDC_AAref_Val=https://www.cdc.gov/vhf/nipah/outbreaks/distribution-map.html</p> |

DPH INTERNAL INSTRUCTION

- Instruct HCP to immediately notify their infection control program (if available at the facility)
- Instruct HCP that ACDC will interview patient to obtain more detailed risk factor and clinical information either via phone or in person.
- Instruct HCP that ACDC will consult with CDPH and treating physician may have to join conference call to discuss medical evaluation.

Internal/External Communication

- Notify appropriate ACDC staff (incl. HOBR Unit: Moon Kim mokim@ph.lacounty.gov, Dawn Terashita dterashita@ph.lacounty.gov, Susan Hathaway shathaway@ph.lacounty.gov, Steve Moon SMoon@ph.lacounty.gov, Amy Marutani AMarutani3@ph.lacounty.gov)