COUNTY OF LOS ANGELES
Public Health

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
213-974-1234 (phone – afterhours)
publichealth.lacounty.gov/acd/

NIPAH VIRUS DISEASE CASE REPORT FORM

RESET FORM

Fax the completed form to:
Acute Communicable Disease Control (ACDC) Fax 213-202-5999

Interviewer Last Name	Interviewer First Name	Interviewer Phone Number	Interview Date/Time

I. DEMOGRAPHIC INFORMATION

Individual's Name-Last	First	Date of birth	Age	Sex:
				☐ Male ☐ Female ☐ Other

Address- Number, Street, Apt #	City	State	ZIP Code	Census tract

County of Residence:	Country of Residence:	Pregnant?	Due date:
		☐ Yes ☐ No ☐ Unknown	

Primary Language	Translator needed?	Passport Number
☐ English ☐ Spanish ☐ Other:	☐ Yes ☐ No	

Telephone number(s):			Email Address:
Cell			

Type of Residence: ☐ Apartment ☐ Condo ☐ House ☐ Mobile Home ☐ Town House ☐ House ☐ Congregate Setting (specify):

Are there pets in the household? ☐ Yes ☐ No ☐ Unknown
If Yes, Specify species and number.

Previous address (if less than 1 month at current address)	City	State/Area/Region	ZIP Code

Occupation:

Is the individual working for nonprofit organization (NGO)? ☐ Yes ☐ No If Yes, name of the NGO:

Was deployed to work in the NiV affected/endemic areas? ☐ Yes ☐ No

NGO Contact Name	NGO Contact Telephone Number	NGO Contact Email Address

Work/school location and address	Work/school telephone

Occupation setting: ☐ Health Care ☐ Emergency Medical Services ☐ Laboratory ☐ Residential Facility ☐ Childcare/School ☐ Food Service ☐ Institution (Correctional Facility, Drug Treatment Center, Homeless Shelter, Military Facility) ☐ Other.

Emergency Contact Name	Relationship	Email

Telephone number		Have access to residence?
Home	Cell	☐ Yes ☐ No

Who is providing information for this form? ☐ Patient ☐ Contact: Specify person (Last, First)

☐ Other: Specify person (Last, First):	Relationship to contact	Phone

II. MEDICAL PROVIDER INFORMATION

Primary Care Provider Name	Primary Care Provider Telephone Number

Hospital/Clinic the individual visits for urgent medical care	Hospital/Clinic urgent medical care Telephone Number

III. SYMPTOMS

Do you currently have the following Symptoms and Signs (check all that apply)? If any checked, specify earliest onset date.
____/____/____

☐ Fever (≥ 100.4° F/38.0° C): Highest ____	☐ Sore throat	☐ Vomiting	☐ Disorientation
☐ Severe headache	☐ Shortness of breath	☐ Seizure	☐ Mental confusion
☐ Cough	☐ Nausea	☐ Drowsiness	

☐ Other:

Case name (last, first) _____ Date of Birth _____

IV. CLINICAL INFORMATION

PRESENT ILLNESS

Onset date	Hospitalized? ☐ Yes ☐ No	Hospital name	Medical record number

Admit Date	Discharge Date (If applicable)	Discharge Diagnosis	In ER? ☐ Yes ☐ No	In ICU? ☐ Yes ☐ No	Patient room number(s)

Current Disposition? ☐ In ED ☐ Admitted ☐ Died ☐ Recovered ☐ Unknown If Died, Date Expired: _____

Clinical Tests

Test type	Test performed?	Date	Result	
Lumbar Puncture (CSF)	☐ Yes ☐ No ☐ Unk		WBC Count (highest)	RBC Count
			Protein (highest)	Glucose
CT or MRI	☐ Yes ☐ No ☐ Unk		Results	
EEG	☐ Yes ☐ No ☐ Unk		Results	
Blood/CSF Culture	☐ Yes ☐ No ☐ Unk		Results	
Blood Test	☐ Yes ☐ No ☐ Unk		WBC Count (lowest)	Platelet Count (lowest)
			ALT (highest)	AST (highest)

Laboratory Information

NiV Specimen Type	Test Type	Collection Date	Laboratory Name	Result
☐ Blood ☐ CSF ☐ Throat Swab ☐ Nasal Swab ☐ Urine	☐ RT-PCR ☐ ELISA			☐ Positive ☐ Negative ☐ Indeterminate
☐ Blood ☐ CSF ☐ Throat Swab ☐ Nasal Swab ☐ Urine	☐ RT-PCR ☐ ELISA			☐ Positive ☐ Negative ☐ Indeterminate
☐ Blood ☐ CSF ☐ Throat Swab ☐ Nasal Swab ☐ Urine	☐ RT-PCR ☐ ELISA			☐ Positive ☐ Negative ☐ Indeterminate

Specify other abnormal findings

If Case was Reported by a Medical Facility, Complete the Following or skip to Section

Reporter Name:	Reporter Phone:	Facility Name:

Physician Name:	Physician Phone:	Physician Pager:

Infection Preventionist Name:	Infection Preventionist Phone:

Case name (last, first) _____ Date of Birth _____

V. ASSESSMENT CATEGORY AND FORM INSTRUCTIONS

Did you have **potential exposure** to the following?

- Exposure to confirmed or suspect case of NiV in the United States (US) in the last 14 days.
- Traveled in the NiV Affected/Endemic Areas in the last 14 days. *(Start at Travel section V. and complete rest of form.)*

Check CDC 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

VI. EXPOSURE TO KNOWN CASE (CONFIRMED OR SUSPECT) IN US

Known NiV patient name (Last, First): _____ CMR ID # (if applicable) : _____

Current Case Status: Confirmed Suspect Unknown

Symptom onset date: ____/____/____ Isolation date: ____/____/____ Date of death (if applicable): ____/____/____

1. What is the person's relationship to the NiV patient? Household member Healthcare worker EMS Friend Work/School Shared transportation Other: Specify. _____

2. Did the person have exposure with the known NiV patient while they had symptoms? Yes No Unknown *(see Important Terms section XIII.)*

If Yes, what was the **FIRST** and **LAST** date of exposure with the known NiV patient? First: ____/____/____ Last: ____/____/____

(Only skip Travel section V.& complete rest of form)

VII. TRAVEL

3. **Did the person travel to the Nipah Virus Disease (NiV) Affected/Endemic Areas?** Yes No, skip to section VIII Unknown

If Yes, Last date in the NiV Affected/Endemic Area(s)? ____/____/____

Affected/Endemic Area(s) visited: Bangladesh India Malaysia Philippines Singapore Other: _____

Reason for travel: Business Vacation Visiting family Permanent residence Nipah-response activities: Agency _____

Other: _____

Type of lodging used during stay: Hotel Relative/friend's home Work lodging Other: _____

Usual activities while in NiV Affected/Endemic Area(s). _____

Specify the person's travel itinerary to and/or from the Affected/Endemic Area(s) below.

Departure From (Country, City/Region)	Departure Date	Destination (Country, City/Region)	Arrival Date	Airline	Flight No.

4. Did the person directly handle bats, pigs or animals from the Affected/Endemic Areas? Yes No Unknown

If Yes, Place of contact. _____ Last date of exposure: _____

Type of animal. Bats Pigs Other:

5. Was the person near anyone who was sick with NiV symptoms (signs of fever, vomiting, cough, sore throat, OR altered mental status)?
Yes No Unknown

If Yes, Explain.

If the individual was not in the area with NiV outbreak AND did not have any exposure to person with NiV, no further investigation is needed. Provide the education on section XVI of this form.

☐ **If the individual was in the area with NiV outbreak and/or had exposure to person with NiV, proceed to the next section and complete the form.**

VIII. HOUSEHOLD EXPOSURE

6.**Did the person live in same household with a symptomatic suspect or known NiV patient?** Yes No Unknown

(*If No, skip to next Healthcare Exposure section VII.)*

If Yes, where was household exposure? in US in Affected/Endemic Areas

Last date of household exposure? ____/____/____

7.Did the person do any of the following: (Check all that apply)

Yes	No	Exposure
☐	☐	**Attend to the patient's direct care in a household setting (bathe, feed, help to bathroom, etc.)**
☐	☐	**Attend to the patient's indirect care in a household setting (laundry, wash dishes, clean patient's room)**
☐	☐	**Visit NiV patient's household (no direct or indirect care) only.**

If Yes, Describe visit.:

Case name (last, first) _____ Date of Birth _____

IX. HEALTHCARE EXPOSURE

8. **Did the person visit or work in a healthcare facility or other healthcare setting?** ☐ Yes ☐ No ☐ Unk *(If No, skip to next Funeral section VIII.)*

If Yes, Specify facility/setting. _____

Where was the healthcare exposure? ☐ in US ☐ in Affected/Endemic Areas

Were there any patients with NiV at that facility/setting? ☐ Yes ☐ No ☐ Unk

Date(s) of last exposure _____

First and Last date of healthcare exposure? First:____/____/____ Last:____/____/____

Ongoing exposure (ex. US HCW to an NiV patient)? ☐ Yes ☐ No

Work title (if applicable): ☐ Physician ☐ Nurse ☐ Lab personnel ☐ Emergency Medical Service ☐ Observer

☐ Other: Specify. _____

Nature of job duties: _____

9. Did the person have any of the following types of exposures to a suspect or known NiV patient while they were symptomatic? (*Check all that apply.)*

Yes	No	Exposure
☐	☐	Provide direct care to a suspect or known NiV patient in a hospital/outpatient setting (physician, nurse, EMS, etc)
☐	☐	Perform laboratory services (phlebotomy, other sample collection, laboratory testing, etc.)
☐	☐	Perform custodial services (launder linens, disinfect equipment, clean an NiV patient's room)
☐	☐	Attend to an NiV patient's food service needs (deliver food tray to room, pick up food tray, etc.)
☐	☐	Perform an autopsy, surgery, or other medical examination

10. Did the person have exposure to blood or other body fluid(s) from a symptomatic suspect or known NiV patient? (include exposures while wearing person protective equipment (PPE) ☐ Yes ☐ No ☐ Unknown

If Yes, Explain how. _____

What body fluid(s) was the person exposed to? (Check all that apply)

☐ Blood ☐ Saliva ☐ Tears ☐ Vaginal fluid Other: Specify. _____

☐ Vomitus ☐ Sweat ☐ Breast milk ☐ Respiratory/Nasal secretion

☐ Stool ☐ Urine ☐ Semen ☐ Cerebral spinal

11. Did the person use personal protective equipment (PPE)? ☐ Yes ☐ No ☐ Unknown

If Yes, specify type of PPE used? (Check all that apply)

☐ Single glove ☐ Gown (fluid resistant & impermeable) ☐ Apron

☐ Double gloves ☐ Face shield ☐ Goggles

☐ Coveralls (body suit): ☐ with integrated hood ☐ Facemask ☐ Shoe covers

☐ without integrated hood ☐ Surgical mask ☐ Boot covers (extends at least to mid-calf)

☐ Surgical scrub suit ☐ Head hood (extending to shoulders)

Was the following witnessed? Donning of PPE ☐ Yes ☐ No ☐ Unknown If Yes, by whom? Name: _____

Patient care ☐ Yes ☐ No ☐ Unknown If Yes, by whom? Name: _____

Doffing of PPE? ☐ Yes ☐ No ☐ Unknown If Yes, by whom? Name: _____

Did the person wear the same PPE items for every single encounter with the NiV patient? ☐ Yes ☐ No

If No, Which items were not worn consistently? _____

Describe any contact the person had without PPE or any breaks in PPE. _____

12. What was the person's type of exposure with the body fluids? *(Check all that apply)*

☐ Contact with appropriate PPE only

☐ Contact with intact skin

☐ Contact with broken skin *(fresh cut, burn, abrasion that had not dried)*

☐ Contact with mucous membranes *(splashes to eyes, nose, mouth, etc.)*

☐ Contact via a needle stick *(percutaneous)*

☐ Other: Specify. _____

Case name (last, first) _____ Date of Birth _____

X. FUNERAL EXPOSURE

13. **Did the person attend or participate in a funeral or funeral preparation for a suspect or known NiV patient?** ☐ **Yes** ☐ **No** ☐ **Unknown**

(*If No, skip to next Other Exposure section IX.)*

If Yes, where was funeral exposure? ☐ in US ☐ in Affected/Endemic Areas

Last date of funeral exposure? ____/____/____

14. Did the person do any of the following: (Check all that apply.)

Yes	No	Exposure
☐	☐	Prepare, or help prepare, the body for funeral/burial services (e.g., wash, embalm, or dress the body)
☐	☐	Have other ****direct contact** with the body during funeral/burial services
☐	☐	Only attend funeral/burial services (no direct contact with the body)

15. Was there direct exposure to the human remains without appropriate Personal Protective Equipment (PPE)? ☐ Yes ☐ No ☐ Unknown

☐ Washing body ☐ Preparing body ☐ Other direct contact with body/fluids. Specify. _____

XI. OTHER EXPOSURES

16. **Person reports other exposures to a symptomatic suspect or known NiV patient?** *(Check all that apply.)*

Yes	No	Exposure
☐	☐	Share transportation: ☐ Plane ☐ Taxi ☐ Bus ☐ Other: Specify mode. _____ Length of time (hours):_____ Specify dates. _____
☐	☐	Attend the same school/daycare class/office If Yes, Last date exposed: ____/____/____
☐	☐	**^^Close contact** in households/healthcare facilities/community settings *(see Important Terms section XIII.)* Last date exposed: ___/___/___
☐	☐	Brief direct contact *(e.g., shaking hands)* with an NiV patient in the early stage of disease **without** appropriate PPE Last date exposed: ____/____/____
☐	☐	Brief proximity *(e.g. being in the same room for a brief period of time)* with a symptomatic NiV patient Last date exposed: ___/___/___
☐	☐	Other: Specify what and dates: _____

XII. ADDITONAL PATIENT DEMOGRAPHICS

Ethnicity (check one)

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race(s):

☐ American Indian/Alaska Native

☐ Asian

☐ Asian Indian ☐ Bangladeshi ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indonesian ☐ Japanese ☐ Korean ☐ Laotian ☐ Malaysian ☐ Pakistani ☐ Sri Lankan ☐ Taiwanese ☐ Thai ☐ Vietnamese ☐ Other:

☐ Black or African American

☐ Native Hawaiian/Other Pacific Islander

☐ Native Hawaiian ☐ Fijian ☐ Guamanian ☐ Samoan ☐ Tongan ☐ Other:

☐ White ☐ Other: ☐ Unknown

Gender:

☐ Female ☐ Male ☐ Genderqueer or non-binary ☐ Trans female/ transwoman ☐ Trans male/ transman ☐ Identity not listed ☐ Unknown ☐ Declined to answer

Sex Assigned at Birth

☐ Female ☐ Male ☐ Unknown ☐ Declined to answer

Sexual Orientation

☐ Heterosexual or straight ☐ Gay, lesbian, or same-gender loving ☐ Questioning, unsure, or patient doesn't know ☐ Bisexual ☐ Orientation not listed ☐ Unknown ☐ Declined to answer

XIII. INVESTIGATOR

Investigator's name (print)	**Investigator's signature**	**Telephone number**
Health District		**Interview Date**

XIV. IMPORTANT TERMS

NiV Affected/Endemic Areas include several countries. Please check https://www.cdc.gov/vhf/nipah/outbreaks/distribution-map.html for details.

** Direct contact: means physical contact with a person/animal with NiV (alive or dead) or with objects contaminated with the body fluids of a person/animal with NiV (alive or dead) while not wearing recommended PPE. Or while experiencing a breach in infection control precautions that could result in unprotected contact with patient or their blood or body fluids.

^^ Close contact: Defined as being within approximately 3 feet of a person/animal with NiVf while the person/animal was symptomatic for a prolonged period of time while not using appropriate PPE.

Personal Protective Equipment (PPE): PPE used for standard, contact, and droplet precautions (e.g., gloves, impermeable gown/coverall, eye protection, facemasks, etc.)