SURVEILLANCE OF HUMAN RABIES – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT/Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial No: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH Office

A. PARTICULARS OF PATIENT *(Please tick (✓) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS Division (district)	9. MOH area
☐☐/☐☐ (y y / m m)	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify)

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12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no
- ☐ 3. not known

} skip to Q. 21

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital:

.....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital

.....

19. Was patient transferred from some other hospital?

☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from?

.....

21. Outcome of the case
- ☐ 1. cured
- ☐ 3. transferred
- ☐ 2. died
- ☐ 4. not known

C. CLINICAL & EXPOSURE DATA

Case definition: an acute neurological syndrome characterized by forms of hyperactivity or paralytic syndromes which progresses towards coma and death, usually by respiratory failure, within 10 to 14 days after developing the first symptom if no intensive care is instituted.

22. Symptoms:

☐ hyperactivity	☐ fever	☐ difficulties in swallowing
☐ aerophobia (fan test)	☐ paralysis	☐ encephalitis
☐ behaviour changes	☐ difficulties in breathing	☐ other (specify).....

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Compatible with the case definition:
- ☐ Yes
- ☐ No

23. Date of exposure: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy) ☐ not known

24. Nature of exposure
- ☐ 1. bite
- ☐ 2. scratch
- ☐ 3. lick
- ☐ 4. other (specify)

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25. Extent of injury
- ☐ 1. single
- ☐ 2. multiple
- ☐ 3. no injury
- ☐ 4. not known
- ☐ 5. other (specify)

.....

26. Nature of injury
- ☐ 1. superficial injury/s without bleeding
- ☐ 2. superficial injury/s with bleeding
- ☐ 3. deep injury/s
- ☐ 4. contamination of mucous membranes with saliva
- ☐ 5. contamination of open wounds with saliva
- ☐ 6. nil
- ☐ 7. not known
- ☐ 8. other (specify)

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27 Site of injury
- ☐ 1. head/ face / neck
- ☐ 2. upper arms/ tips of fingers/ palms
- ☐ 3. chest (front/back)
- ☐ 4. genitalia
- ☐ 5. toes
- ☐ 6. not known
- ☐ 7. other (specify)

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D. SOURCE OF INFECTION

28. Biting animal
- ☐ 1. dog
- ☐ 2. cat
- ☐ 3. wild animal
- ☐ 4. other (specify).....
- ☐ 5. not known

→ 29. dog immunized?
- ☐ 1. fully
- ☐ 2. partially
- ☐ 3. no
- ☐ 4. not known

30. Type of biting animal
- ☐ 1. household pet
- ☐ 2. neighbour's pet
- ☐ 3. stray
- ☐ 4. not known

31. Was the biting animal suspected of rabies?
☐ 1. yes ☐ 2. no ☐ 3. not known

32. Was the animal observed for 14 days?
☐ 1. yes ☐ 2. no ☐ 3. not known

33. Is the animal dead?
- ☐ 1. yes → to Q. 34
- ☐ 2. no
- ☐ 3. not known

} to Q. 37

34. Number of days animal was alive after the bite
1. ☐☐ days ☐ 2. not known

35. Was the brain sent for virological examination?
- ☐ 1. yes → 36. findings: ☐ 1. positive
- ☐ 2. no ☐ 2. negative
- ☐ 3. not known ☐ 3. not known

E. TREATMENT & POSTEXPOSURE PROPHYLAXIS

37. Was local wound treatment (washed with soap & water for 10 minutes/70% Alcohol or providone iodine) done?
☐ 1. yes ☐ 2. no ☐ 3. not known

38. If 'yes', when was it done? ☐ 1. immediately ☐ 2. not immediately ☐ 3. not known

For patients who received post exposure treatment (PET):

39.

Treatment:	1. completed	2. not completed	3. not given	4. not known
TT				
ARV (anti-rabies vaccine)				
ARS (anti-rabies serum (horse))				
RIG (rabies immunoglobulin (human))				

40. Date of commencement of anti-rabies treatment:
☐☐ ☐☐ ☐☐
d d m m y y

41. Place of anti-rabies treatment:
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42. Schedule* of anti-rabies treatment
- ☐ 1. RIG followed by IM ARV 5 dose regimen [D0-1, D3-1, D7-1, D14-1, D30-1]
- ☐ 2. IM-ARV 4 dose regimen [D0-2, D7-1, D21-1]
- ☐ 3. 2 site ID schedule [D0-2, D3-2, D7-2, D30-1, D90-1]
- ☐ 4. 8 site ID schedule [D0-8, D7-4, D30-1, D90-1]

*** For example:** [D0-2, D7-1, D21-1] denotes: 2 doses on day 0, 1 dose on day 7, 1 dose on day 21

43. If PET was not completed or not given, reasons: .....
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44. Was post-mortem performed? ☐ 1. yes ☐ 2. no

45. If yes, human brain sent for histopathology? ☐ 1. yes ☐ 2. no

46. If yes, results: .....
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47. Remarks: .....

Signature: ..... Name:.....

Date: ..... Designation: .....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583