Government of Nepal
Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division

Unique ID (in IMU app): _____

A Form: Investigation Form for Probable or Confirmed Case of COVID-19

☐ Probable case* ☐ Confirmed case* (*Please see Page 4 for Case Definitions)

Date of case received by health authority [dd/mm/yyyy]:_____
Date of CICT initiated [dd/mm/yyyy]: _____
Name and Address of the reporting Institution: _____

Section 1: Personal Information

Unique Identifier (Case Epi Id): _____ Name: _____

Father/mother's name: _____ Sex: ☐ Male ☐ Female ☐ Other

Age: _____ years _____ months Nationality: _____

Contact number: _____ Alternate contact number: _____

Current Address

Province: _____	District: _____	
Municipality: _____ If information is given by any other than case, Name of the informant_____	Ward No: _____ Relationship _____	Tole/Landmark: _____ Contact no _____
Case managed at: **Isolated at:** ☐ Home ☐ Institution _____ Admitted at: ☐ Hospital _____	Details: ☐ In Ward ☐ In ICU ☐ On Ventilator **Date of Admission:** ___dd/____mm /__yyyy	

Section 2: Clinical and Epidemiological Information

I. Symptoms

2.1. Currently symptomatic: ☐ Yes ☐ No

2.2 If no, whether symptomatic anytime during the past 2 weeks ☐ Yes ☐ No

If answer to 2.1 or 2.2 is Yes, Date of Onset of First set of Symptoms [dd/mm/yyyy] _____
and check any and all applicable symptoms listed below:

☐ Fever ☐ Cough ☐ General weakness/Tiredness ☐ Headache
☐ Pain in the muscles ☐ Sore throat ☐ Runny nose ☐ Shortness of breath
☐ Nausea / Vomiting / Loss of appetite ☐ Diarrhoea ☐ Irritability/Confusion ☐ Recent loss of smell
☐ Recent loss of taste ☐ Others, specify _____

II. Underlying medical conditions or disease / comorbidity (check all that apply):

☐ Pregnancy (trimester: _____) ☐ Malignancy
☐ Post-delivery (<6 weeks) ☐ COPD
☐ Cardiovascular disease, including hypertension ☐ Chronic Kidney Diseases
☐ Diabetes ☐ Others, specify_____

III. High exposure category of Case under Investigation belongs to (tick any that apply):

☐ Health Care Work (any type, level & facility, including cleaning staff)
☐ Community Health / Immunization Clinic Volunteer
☐ Sanitary/Waste Collection/Management Worker/Transport Driver/Helper
☐ Patient & Dead body Transport Driver/Helper
☐ Dead body management work
☐ Old Age Home/Care work ☐ Any Security Staff ☐ Farm work
☐ Border Crossing / Point of Entry Staff ☐ Hotel/Restaurant/Bar work ☐ Shop/Store worker

☐ Journalist ☐ Migrant ☐ Refugee
☐ Prisoner ☐ Teacher ☐ Student
☐ Local body Elected Representative ☐ Bank/Govt Office / Public Corporation staff
☐ UN / Development Partner / INGO / NGO Frontline worker
☐ Others (specify): _____

IV. Travel during 14 days before OR after symptom onset or date of sample collection for testing: ☐ Yes ☐ No

If yes fill in the table below both for foreign and domestic travel in the relevant columns of the table

Place of Departure from	Place of arrival to	Date of Departure from or to the place [dd/mm/yyyy]	Date of Arrival in Nepal or Current place of Residence [dd/mm/yyyy]	Mode of travel [☐Air, ☐Public Transport, ☐Private Vehicle]	☐Flight/Vehicle No./ Bus Route / Driver Contact No.

V. Information on Source of Exposure of Case under Investigation

Identify the following categories of persons who the case might have contracted the infection from, upto 14 days before the development of the symptoms OR 24 days prior to the date of sample collection in case of asymptomatic
Reference period: From _____ (dd/mm/yyyy) **To** _____ (dd/mm/yyyy)

Did any known case(s) of COVID-19 live in the same household as the case under investigation during the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below. Total household members: _____

S.No.	Name	Age (Yrs)	Sex	Phone no.	S.No.	Name	Age (Yrs)	Sex	Phone no.

Did the case had close contact with probable and confirmed case/ person with travel history from COVID-19 affected place during the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

S.No.	Name	Age (Yrs)	Sex	Phone no.	S.No.	Name	Age (Yrs)	Sex	Phone no.

Did the case under investigation provide direct care to known case(s) of COVID-19 during the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

S.No.	Name	Age (Yrs)	Sex	Phone no.	S.No.	Name	Age (Yrs)	Sex	Phone no.

Did the case under investigation attend School/Workplace/hospitals/healthcare institution/ Social gathering(s) during the reference period? ☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

S.No.	Name of School/ Workplace/Social gathering Venue & Address	Number of Close Contacts & Details	Remarks

VI. Vaccination Status

Has the Case under Investigation received SARS-CoV-2 vaccine (COVID-19 vaccine)?		Yes	No		Unknown	
If **Yes**, name of the Vaccine (Product/Brand name)		Date of Vaccination (dd/mm/yyyy)	Source of Information (check multiple options if needed)			
			Vaccination Card	Vaccination Register	Recall	Others
Dose 1			☐ Yes ☐ No	☐ Y es ☐ No	☐ Yes ☐ No	
Dose 2			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

VII. Information on Close Contact(s) of Case under Investigation

Identify and list the following categories of persons who were exposed upto 2 days before and 10 days of the development of the symptoms OR 10 days before and 10 days after the date of sample collection in case of asymptomatic

Reference period: From _____ (dd/mm/yyyy) **To** _____ (dd/mm/yyyy)

Household Contacts during the reference period: Total number household members: _____

SNo.	Name	Age (Yrs)	Sex	Relationship	Health / COVID Test Status	Contact Number

Did the case under investigation travelled in public/ private vehicle in the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

SNo.	Name	Age (Yrs)	Sex	Relationship	Health / COVID Test Status	Contact Number

Did the case under investigation provide direct care to anyone other than household contacts above in the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

SNo.	Name	Age (Yrs)	Sex	Relationship	Health / COVID Test Status	Contact Number

Did the case travel or attend school/workplace/hospitals/health care institutions/social gathering(s) during the reference period?

☐ Yes ☐ No ☐ Unknown If **Yes**, fill the details in the table below.

SNo.	Name of School/ Workplace/Social gathering Venue & Address OR Co-travellers	Number of Close Contacts & Details

Section 3: Laboratory information

Samples collected		Date of Sample Collection (DD/MM/YYYY)	RDT Ag Test (DD/MM/YYYY)	Date Sample Sent to lab for RT-PCR test (DD/MM/YYYY)	If RT-PCR result is already known	
					Result Date (DD/MM/YYYY)	Result: Pos/Neg
Nasopharyngeal swab or Oropharyngeal swab or Broncheo-Alveolar Lavage	☐ Yes ☐ No		**Date:** **Result: Pos/Neg**			
Laboratory to which Sample was sent to for RT-PCR:						

Section 4: Data collector information

Name:	Telephone number:
Institution:	Email:
Form completion date (dd/mm/yyyy): _____	

WHO COVID-19: Case Definition

Updated in Public health surveillance for COVID-19, published 16 December 2020

Suspected case of SARS-CoV-2 infection	Probable case of SARS-CoV-2 infection	Confirmed case of SARS-CoV-2 infection
[A] A person who meets the clinical **AND** epidemiological criteria: **Clinical Criteria:** • Acute onset of fever AND cough; OR • Acute onset **of ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue[1], headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting1, diarrhoea, altered mental status. **AND** **Epidemiological Criteria:** • Residing or working in an **area with high risk of transmission of virus:** closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or • Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset; or • Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of symptom onset. **[B]** A patient with **severe acute respiratory illness:** (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and requires hospitalization). **[C]** Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT**[2] [1]Signs separated with slash (/) are to be counted as one sign. [2]NAAT is required for confirmation, see Diagnostic testing for SARS-CoV-2 See Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays	**[A]** A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster**[3] **[B]** A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease[4] **[C]** A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause. **[D]** Death, not otherwise explained, in an adult with **respiratory distress** preceding death AND **was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**[3] [3]A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag- RDTs** (based on ≥97% specificity of test and desired >99.9% probability of at least one positive result being a true positive) [4]Typical chest imaging findings suggestive of COVID-19 include the following: • **Chest radiography**: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution • **Chest CT**: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution • **Lung ultrasound**: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.	**[A]** A person with a positive **Nucleic Acid Amplification Test (NAAT)** **[B]** A person with a **positive SARS-CoV-2 Antigen-RDT AND** meeting either the **probable case definition or suspect criteria A OR B** **[C]** An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed** case
Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.		

Form B1 - Contact Interview Form

1. Case Information	
Name of the case _____	**EPID ID_____**

2.Personal details of the contact	
EPID ID no	Name:
Date of birth (dd/mm/yyyy)/Age: _____	Sex: □ Male □ Female □ Other
Nationality:_____	Relation to the case:
Current Address: Province:_____ District:_____ Municipality:_____ Ward:_____ Tole/Landmark:_____	
Current Location Name *(fill only if the contact is temporarily staying in a quarantine facility, hotel or similar place)* _____	
Telephone (mobile) number	
Alternative Contact number	
Email	
Interview respondent information (if the persons providing the information is not the contact)	
Name:	Relationship to the contact:
Address:	Mobile no:

3. Contacts clinical Information	
3.1. Currently symptomatic: ☐ Yes ☐ No	3.2. If No, had the contact had any symptoms related to COVID-19 any time after exposure with the case ☐ Yes ☐ No

If answer to 3.1 or 3.2 is Yes,

Date of Onset of First set of Symptoms [dd/mm/yyyy] _____

Check any and all applicable symptoms listed below:

☐ Fever	☐ Cough	☐ Sore throat	☐ Headache
☐ Pain in the muscles	☐ Runny nose	☐ Irritability/confusion	☐ Shortness of breath
☐ Nausea / Vomiting / Loss of appetite	☐ Diarrhoea	☐ General weakness/Tiredness	☐ Recent loss of smell
☐ Recent loss of taste		☐ Others, specify_____	

4. Contact pre-existing condition(s)	
☐ Pregnancy (trimester: _____)	☐ Chronic lung Disease COPD
☐ Post-partum (<6 weeks)	☐ Chronic Kidney Disease
☐ Cardiovascular disease, including hypertension	☐ Malignancy
☐ Diabetes	☐ Other, specify _____

5. Occupation
□ Health worker □ Working with animals □ Health laboratory worker □ Student/Teacher □ Security Personnel □ Waste Management Worker □ Hotel/Restaurant/Bars □ Other, specify: For each occupation, please specify location or facility: _____

6. General exposure information	
Has the contact travelled in last 14 days	□ Yes □ No □ Unknown If Yes, dates of travel (dd/mm/yyyy): ___/___/___ to ___/___/___ Mode of travel: Flight/ Public vehicle/Private vehicle Place visited: _____
In the past 14 days, has the contact had contact with anyone with suspected or confirmed COVID-19 infection?	□ Yes □ No □ Unknown If Yes, Dates of last contact (dd/mm/yyyy): ___/___/___
Has the contact visited social gatherings/meetings/events/temples/markets/halls etc.	□ Yes □ No □ Unknown If Yes, Dates of last visit (dd/mm/yyyy):___/___/___

7. Exposure information (only fill the section if the contact is a health care worker)	
Job title (specify):_____	Name of the work place:_____ Station: Fever Clinic/ Isolation ward/ ICU/ Lab/ Other (specify)_____
Was appropriate PPE used? □Yes □ No □ Unknown □ If No, Specify_____	
Date of first contact (dd/mm/yy):	Date of last contact (dd/mm/yy):
Any relevant narrative:	
Based on the exposure history, classification of the contact: □ Close □ Casual	

6. Vaccination status			
Has the Contact under Investigation received SARS-CoV-2 vaccine?	**Yes**	**No**	**Unknown**
If **Yes**, name of the Vaccine	Date of Vaccination	Source of Information (check multiple options if needed)	

(Product/Brand name) _____		(dd/mm/yyyy) ___/___/_____	Vaccination Card	Vaccination Register	Recall	Others
Dose 1			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Dose 2			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

7. Contact Management

Measures taken:

☐ Contact admitted to hospital
☐ Referred to Quarantine Center
☐ Home Quarantine
☐ Contacts lost
☐ Others (specify)_____

If referred to hospital/quarantine facility:
Referral date:
Name of the hospital/Quarantine Centre:_____
Location:_____
Province: _____ District:_____
Municipality:_____ Ward no: _____

8. Test Status of the Contact

Was the contact tested?
□ Yes □ No

If yes, test conducted
□ RT-PCR □ RDT- Antigen test □ Unknown

If yes, date of swab collection(dd/mm/yy):_____
Test Results: □ Positive □ Negative □ Unknown
If positive, test result date (dd/mm/yy)_____

9. Follow up Status (to be completed at the end of the prescribed follow up period	
Form completed	□ Contact remains asymptomatic □ Developed symptoms and investigated □ Turned into Confirmed Case □ Death □ Lost/unknown

11. Data collector information	
Name:	Institution:
Telephone number:	Email:
Form completion date (dd/mm/yyyy):	

Annex 3: Form B2 – Contact Follow-up Form/Symptoms Diary

1. Case Information	
Name of the case _____	EPID ID_____
2. Contact Information	
Name	EPID ID:

Days since last contact with the case	**Days to follow up***	**Date of follow up (dd/mm/yy)**	**Symptoms****						
			No symptoms (check if none experienced)	**Fever ≥38 °C**	**Runny nose**	**Cough**	**Sore throat**	**Shortness of breath**	**Other symptoms: specify**
0 →	**10**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
1 →	**9**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
2 →	**8**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
3 →	**7**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
4 →	**6**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
5 →	**5**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
6 →	**4**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
7 →	**3**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	

Days since last contact with the case	Days to follow up*	Date of follow up (dd/mm/yy)	Symptoms**						
			No symptoms (check if none experienced)	**Fever ≥38 °C**	**Runny nose**	**Cough**	**Sore throat**	**Shortness of breath**	**Other symptoms: specify**
8 →	**2**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
9 →	**1**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
10 →	**0**		□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	

* Follow-up should start from the day it has been since last contact with the case. For e.g., if the contact has not been in contact with the case since 12 days, the follow-up should start from the 12th day in the column "Days to follow up"

** Please select None for No symptoms. If no symptoms are experienced, then consider the entry comple

Final contact classification at final follow-up – Only for use by contact follow-up team	
Please mark	□ Never ill/not a case □ Confirmed secondary case □ Lost to follow-up □ Suspected case □ Probable case

11. Data collector information	
Name:	Institution:
Telephone number:	Email:
Form completion date (dd/mm/yyyy):	