

9. Contact Tracing:

Name and age of the household contacts with similar symptoms:

Contact numbers

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Name and age of the contacts at school / workplace / other places with similar symptoms:

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

10. Surveillance response:

(A) Active Case Search in community:

Date of search: _____ Area searched _____ No of households searched: _____
 No of suspected cases found during active search

(B) Active case search in the notifying and neighbouring health facilities

	Name of health facilities searched	Date of search	No of suspected cases found
1			
2			
3			
4			
5			

Deatails of suspected cases found during active case search in the community / health facilities

11. Follow up of case and contacts:

Date of follow up visit: _____ Condition of the patient: Improved / Cured / deterioration / Death
 Details of other contacts developing symptoms: _____

12. Epidemiological linkages with other cases:

Is this case epidemiologically linked with other case: Yes / No

If yes, mention epid no of that case:

In case of death of the patient before case investigation, fill CIF on the basis of information provided by family members / treating physician during verbal autopsy. Use extra sheet of paper to write additional information, if any. All dates to be entered in DD/MM/YYYY format