National Rabies Control Program
National Centre for Disease Control
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

INVESTIGATION FORM FOR SUSPECTED HUMAN RABIES CASE

1. Information about interviewer

Name of interviewer		Date of Interview	
Designation		Contact number	

2. Information about Deceased/ Suspected patient

Name		Sex		Age	(years)
Occupation		Address			

Level of education			
☐ Illiterate	☐ Primary School	☐ Graduate	☐ Professional Degree
☐ Below Primary	☐ Secondary School	☐ Postgraduate	☐ Unknown
☐ Other (Specify)			

Is/was patient immunocompromised? (if yes, provide details) _____

3. Information about respondent

Name of respondent		Age of respondent	
Contact number		Address (if different from patient)	

Relationship to deceased / suspected patient

☐ Parent	☐ Sibling	☐ Parent-in-law	☐ Community leader
☐ Husband/wife	☐ Child	☐ Friend or neighbour	☐ Son-in-law/daughter-in-law
☐ Health care worker (facility name):		☐ Other(specify):	

4. Exposure History (during previous 12 months)

Did deceased / suspected patient have any contacts with animals (bites, scratches, and licks) within 12 months before the illness?

☐ Yes, Category I exposure	Touching or feeding of animals, licks on intact skin. Contact of intact skin with secretions /excretions of rabid animal/human case.
☐ Yes, Category II exposure	Nibbling of uncovered skin. Minor scratches or abrasions without bleeding.
☐ Yes, Category III exposure	Single or multiple transdermal bites or scratches, licks on broken skin. Contamination of mucous membrane with saliva (i.e. licks).

☐ No ☐ Unknown

If yes, please describe the animal contact events

4.1 What was the species of animal

☐ Dog	☐ Cat	☐ Cattle	☐ Buffalo	☐ Other (Specify)	_____

4.2 Type of animal

☐ Owned by deceased	☐ Owned by Neighbours	☐ Street Animal	☐ Wild animal	☐ Unknown

4.3 On what date did deceased / suspected patient have contact with this animal?	(Date)
4.4 Place of exposure?	(Address)

4.5 Location of bite/ scratch on body? [select all that apply]

☐ Head/Neck	☐ Trunk	☐ Upper Limb	☐ Hands	☐ Lower Limb	☐ Genitalia

4.5.2 Describe of wound: Number of Wounds and their Anatomical Location, Shape and dimensions of Ech wound:

Wound no	Anatomical Location	Shape	Dimensions in cm
1			
2			
3			

4.6 Did the animal show any signs of disease (describe)?

☐ Aggression/Biting	☐ Paralysis	☐ Abnormal Vocalization	☐ Hypersalivation
☐ Lethargy	☐ Other		

4.7 Did the animal die in the 10 days following the exposure?

☐ Yes, died	☐ Yes, was killed	☐ No, still alive	☐ No, but died later	(Date of death)	☐ Unknown

4.8 Was the animal tested for Rabies?

☐ Yes, Rabies Positive	☐ Yes, Rabies Negative	☐ No	☐ Unknown

4.9 Was the animal vaccinated?

☐ Yes	☐ No	☐ Unknown

NOTE:

5. Details on Animal Bite Management

5.1 Was any of this treatment applied at home?

☐ Wound washing with water	☐ Wound washing with soap and water	☐ Wound cleaning with antiseptic lotion
☐ Bandaging	☐ Not known	☐ Any other treatment_____
5.2.1 Were sutures applied to the animal bite wound?	☐ Yes ☐ No	Reason for Suturing

5.2.2 If yes when sutures were applied? With 72 Hrs of RIG Infiltraion

5.3 Did the deceased / suspected patient received Rabies Vaccine ☐ Yes ☐ No ☐ Unknown

If Yes, Number of doses received
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ ☐ Unknown

Details of Rabies vaccine received

Dose No	Date of vaccine administration	Route of vaccine administration	Site of vaccine administration	Brand Name of Vaccine
1				
2				
3				
4				
5				

5.4 **If Incomplete PEP,** reason:

☐ Animal well after observation period	☐ Animal results negative	☐ Specify if other:
☐ Victim previously immunized	☐ Victim refused further doses	
☐ Lost to follow-up	☐ Referred out of jurisdiction	

5.5 Rabies Immunoglobulin (RIG) (or RmAb) received? ☐ Yes ☐ No

If yes,	Brand Name:	Date of RIG administration:	Site: ☐ Into wound ☐ IM (not recommended) ☐ both

5.6 Had the patient ever been vaccinated against rabies prior to this exposure?	☐ Yes Year & number of doses:		☐ No ☐ Unknown
5.7 Had the patient received TT vaccine post exposure		☐ Yes	☐ No

6. Signs and Symptoms related to Rabies

6.1 Symptoms exhibited by deceased/ suspected patient

Symptom	Yes	No	Unknown	Symptom	Yes	No	Unknown
Fever	☐	☐	☐	Malaise	☐	☐	☐
Headache	☐	☐	☐	Nausea	☐	☐	☐
Vomiting	☐	☐	☐	Anxiety	☐	☐	☐
Muscle spasm	☐	☐	☐	Dysphasia	☐	☐	☐
Anorexia	☐	☐	☐	Ataxia	☐	☐	☐
Priapism	☐	☐	☐	Seizures	☐	☐	☐
Aerophobia	☐	☐	☐	Hydrophobia	☐	☐	☐
Localized weakness	☐	☐	☐	Localized pain	☐	☐	☐
Confusion	☐	☐	☐	Delirium	☐	☐	☐
Agitation	☐	☐	☐	Aggressiveness	☐	☐	☐
Autonomic instability	☐	☐	☐	Hyperactivity	☐	☐	☐
Insomnia	☐	☐	☐	Hypersalivation	☐	☐	☐
				Any other:			

6.2 Date of onset of symptoms or approximate length of illness:	DD/MM/YYYY	
6.3 Date of death	DD/MM/YYYY	☐ Alive
6.4 **If deceased,** where did deceased die	☐Home ☐Health facility _____ ☐Other _____	
6.5 During the illness did the deceased/ suspected patient seek medical help?	☐ Yes ☐ No ☐ Unknown	

6.6 **If Yes,** please share details of health facilities

Name of Hospital/ Health facility (City/Village)	HF 1	HF2	HF3
Date of consultation	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

6.7 Was any Laboratory specific test (ELISA/PCR/FAT) performed for lab confirmation of human Rabies?

Test performed	Hospital/Lab.	Date	Result	Comment

6.8 MRI brain done? **Yes** ☐ **No** ☐ if yes write significant finding

7. Post-mortem information

7.1 Postmortem done:	☐ Yes	☐ No	☐ Unknown
If Yes, Copy of report available	☐ Yes	☐ No	
7.1.1 Did deceased have any evidence of recent wounds?	☐ Yes	☐ No	
7.1.2 Did deceased have any evidence of healed wounds?	☐ Yes	☐ No	
7.2 Death certificate available:	☐ Yes	☐ No	☐ Unknown
If yes, cause of death mentioned:			

8. Contact tracking

8.1 Did anyone else in the community develop an illness similar to the deceased/ suspected patient within the past 12 months? ☐Yes ☐No

If yes, Details of person to initiate verbal autopsy of additional cases:	

8.2 Collect the names and contact information for any person below who had **close contact with the suspected rabies case in the last 14 days of onset of symptoms**. (*Close contacts were likely to have had their hands or open cuts, wounds, or mucous membranes in contact with a patient's saliva, respiratory secretions, autopsy material, or other potentially infectious material*)

Contact	☐ Family ☐ Community ☐ Hospital workers ☐ Any Other	☐ Family ☐ Community ☐ Hospital workers ☐ Any Other	☐ Family ☐ Community ☐ Hospital workers ☐ Any Other	☐ Family ☐ Community ☐ Hospital workers ☐ Any Other
Name				
Address				
Contact Number				

8.3 Collect the names and contact information for any people who **had contact with the animal suspected of transmitting rabies to the case**. Including details of animal owners.
Risk assessments should be conducted with these people to rule out potential exposure.

	Name and Address	**Relation**
1		
2		
3		

9. Final Impression/ report:

Is it a Probable Rabies Case? Yes ☐ **No** ☐