पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव
PUNYA SALILA SRIVASTAVA, IAS
Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. Z-21020/107/2026-PH(8406773)

21st May 2026

Dear Colleague,

I would like to draw your attention to the recent declaration by the World Health Organization (WHO) of the ongoing outbreak of Ebola Disease (ED) in Democratic Republic of Congo (DRC) and Uganda as a Public Health Emergency of International Concern (PHEIC) on 17 May 2026. Countries bordering DRC and Uganda, including South Sudan are assessed to be at high risk of disease transmission.

2. While the current assessment indicates that the risk to countries outside the affected African region remains low, the substantial quantum of international trade and travel underscore the importance of maintaining adequate preparedness and response capacities at all levels of the health system.

3. In this context, **in accordance with the guidance provided by the WHO, the following preparedness measures may be undertaken**:

a) Enhanced disease surveillance
   a. Strengthen surveillance under IDSP for unusual clusters of cases with signs and symptoms suggestive of Ebola disease (like fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea, stomach pain, rash and red eyes) especially among individuals with recent travel history to affected areas.
   b. An SOP for disease surveillance including guidance on sampling, storage and referral of samples from any suspect case in context of Ebola disease is attached herewith as **Annexure**.

b) Hospital Preparedness and referral arrangements
   a. Identification of designated isolation facilities and dedicated ambulance, with requisite infection, prevention and control measures in place.
   b. Ensure availability of trained healthcare personnel, personal protective equipment (PPE), logistics, laboratory support and critical care capacities.

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c) Testing of samples from Points of Entry and community
   a. ICMR's National Institute of Virology, Pune is fully equipped to undertake testing of samples from suspect cases, detected during health screening at Points of Entry or in the community. Additional ICMR network laboratories, shall be strengthened for undertaking diagnostic testing, as per evolving scenario.
   b. There needs to be establishment of suitable linkages between NIV, Pune; Points of Entry as well as field units of IDSP for referral of samples.

d) Coordination with Points of Entry
   a. Strengthen coordination among Port/airport health authorities, State Surveillance Units (SSUs), District Surveillance Units (DSUs), and other relevant agencies.
   b. Establish protocols for prompt information sharing and follow-up of travellers requiring public health monitoring.

e) Reinforcement of Infection Prevention and Control (IPC) Measures in designated isolation units and referral ambulances attached to PoEs designated by the States
   a. Reinforce standard IPC practices across healthcare facilities, including triage systems, isolation protocols, hand hygiene, environmental cleaning and biomedical waste management.
   b. Ensure adequate stock and rational use of PPE and provide refresher training to healthcare workers.

f) Capacity building of healthcare workers working in designated isolation units and referral ambulances attached to PoEs designated by the States
   a. Training of various cadres of healthcare professionals on clinical management protocols, infection prevention and control practices.
   b. Training of field level functionaries in disease surveillance protocols, contact tracing and infection prevention and control practices.
   c. Standard treatment guidelines for managing suspect/ confirmed cases of Ebola disease is included herewith in the **Annexure**.

g) Rapid Response and Inter-sectoral Coordination
   a. Keep State and District level multi-disciplinary Rapid Response Teams (RRTs) in readiness for disease surveillance, outbreak control and clinical management of suspect cases.
   b. Strengthen coordination among health departments, laboratories, district administrations, and other relevant stakeholders.

h) Risk Communication and Community Awareness

a. Disseminate accurate information to prevent misinformation and unnecessary public anxiety.
b. Sensitize healthcare workers and frontline staff regarding case definitions, reporting pathways and infection control measures.

4. States/UTs are requested to undertake an immediate review of existing preparedness plans and ensure that appropriate mechanisms are in place for timely detection and response to any potential public health event of concern.

5. Your personal attention and leadership in ensuring appropriate action on the above measures shall be highly appreciated. The Ministry remains committed to extending all necessary technical guidance and support for strengthening preparedness measures.

Yours sincerely,

Sd\-
(Punya Salila Srivastava)

Encl. : A/a

To : Chief Secretaries of all States & UTs
Advisors to Administrators of UTs

Copy for necessary action to:-

1. Home Secretary
2. Foreign Secretary
3. Secretary, Ministry of Ports, Shipping and Waterways
4. Secretary, Deptt. of Health Research
5. Secretary, Ministry of Civil Aviation

Copy also to:-

1. DG, CISF
2. Commissioner, Bureau of Immigration

Punya Salila

(Punya Salila Srivastava)

Government of India

Ministry of Health and Family Welfare

(20 May 2026)

Standard Operating Procedure (SOP) for Public Health Preparedness and Response to Ebola disease

1. Background

On 05 May 2026, WHO received an alert regarding an unknown illness with high mortality, including health workers from Democratic Republic of Congo (DRC). The outbreak was subsequently confirmed as Bundibugyo virus disease (*Orthoebolavirus bundibugyoense*) (BVD) on 15 May, 2026. On May 17 2026, the World Health Organization (WHO) declared the Ebola disease outbreak in the Democratic Republic of the Congo (DRC) and Uganda, a 'Public Health Emergency of International Concern' (PHEIC) under IHR 2005.

Countries bordering DRC and Uganda, including South Sudan are assessed to be at high risk of disease transmission.

2. Arrival Protocol for Ebola Disease Suspect Passengers

2.1 Purpose

To establish standardized procedures for arrival screening, quarantine/ isolation, Infection, prevention & control practices, laboratory investigations, disease surveillance including contact tracing and management of International passengers of suspected/ confirmed cases of Ebola Disease and their contacts.

2.2 Scope

This SOP shall be applicable to:

- Points of Entry – Including airport /seaport medical teams
- Airline operators and crew/Port Authority
- Designated Hospitals/ Referral hospitals
- Bureau of Civil Aviation Security/ CISF/Immigration and Customs authorities
- Central Ministries & authorities like MOHFW, MHA, MEA, MoCA, MoPSW, LPAI
- State Health Departments
    - Designated isolation units/hospitals
    - Referral and transport services (Ambulance)
    - State/District surveillance teams

2.3 Epidemiological case definitions:

- **Suspect case:** Any person **ill or deceased** who has or **had fever with acute clinical**

symptoms and signs of haemorrhage, such as bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, bloody stools and/or melena (black liquid stools), or vomiting blood (hematemesis) with the **history of travel to the affected area in the last 21 days**, regardless of documented prior contact *with an Ebola disease case.*

- **Probable case (with or without bleeding):** Any suspect case having had contact with a confirmed case of Ebola disease **in the last 21 days**.
- **Confirmed Case:** A suspected or probable case with laboratory confirmation (positive IgM antibody, positive PCR or viral isolation) by any ICMR designated laboratory.

Contact:

A person **without any symptoms** having had **physical contact (**such as having *shared the same room/bed, cared for patient, touched body fluids, or closely participated in a burial* with physical contact with the corpse**)** with a case within the last three weeks.

2.4 Health screening at Points of Entry (airport/ports):

Pre-boarding/Boarding measures

- **MHA/MEA:**
    - To share list of passengers issued visa to Ministry of Health and Family Welfare.
    - Provide travel history in last 21 days in online visa form.
    - Alert during immigration clearance if there is travel history to any Ebola affected countries in last 21 days.
    - *To share the list of medical visa issued for people from Ebola disease affected countries*
- **MOCA:**
    - Priority development of Air Suvidha portal.
        - Passengers to fill in details while ticket booking/web-checking or boarding.
        - Data available instantly to Airport Health Office/Bureau of Immigration/ Integrated Disease Surveillance Programme/State Surveillance Officer.
    - Facilitate Airlines Passenger Manifest transmission to APHO/BoI.
    - Filling of Self Declaration form during boarding process/Immigration (Direct flights/All flights originating from Africa with passengers to India by Transit), temporarily, till the time Air Suvidha Portal is made functional.

During Travel

The following measures are required to be undertaken by the cabin crew and all travelers on-

board:

- In-flight announcement by airlines to be coordinated by Ministry of Civil Aviation:

  "*In view of the current threat of Ebola disease in certain countries, any traveller who has fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea, rash, bleeding, should report immediately to the airlines crew and at the immigration/ medical unit on arrival. This is important for early diagnosis for prompt management and preventing spread."*

  "*All travellers (passengers and crew), irrespective of nationality, will be required to fill Self Declaration Form (physically or on Air Suvidha Portal) and hand it over at immigration/designated counter*".

  "In case any of these symptoms develop within 21 days of arrival in India, the traveller should seek medical assistance from the designated hospitals and also inform the airport health office."

- Procedure to be followed in case a sick passenger is detected:
  - A single cabin crew to be designated to care for the passenger.
  - The passenger to be shifted to the rear end of the aircraft to reduce the exposure of the other passengers as much as possible during flight and the other passengers are to be moved to vacant seats on the aircraft.
  - 3 rows in front and side rows can be kept vacant, if possible. Designate a separate washroom for suspect case.
  - The sick passenger to be provided mask and necessary PPE. The passengers 3 rows front, back (if flight is full) and side to be provided triple layer mask
  - Flight to be disinfected after landing
  - Following details to be shared with APHO team.
    - Passenger details (with seat number)
    - Details of symptoms, in brief.
    - Details of passengers seated nearby in the flight- 3 rows in front, side and back for monitoring of symptoms for 21 days.
    - Details of caregiver/ flight attendant that attended to the sick person during travel
- Infection Prevention & Control Measures to be followed at all times, and also when a sick passenger is detected.

On arrival

- In case of suspect case in flight:

    - Parking of airline in separate bay.
    - All passengers to de-board first, suspect & caretaker to de-board at last and to be handed over to the health team by the airlines.
- Collection of SDF from all passengers by APHO staff in coordination with immigration at counters.
- Thermal screening to be undertaken by the APHO team, especially for the passengers coming from the affected countries.
- Immigration to cross check the travel history for the last 21 days while immigration clearance
- Infection Prevention and Control (IPC) to be followed at all times.

A format for Self Declaration Form to be filled by all international passengers is placed at **Annexure I.**

Responsibilities of State Health Departments

- Identification of designated Quarantine Centre & isolation facility (referral hospital).
- Support in manpower deployment for health screening and further management
- Dedicated ambulance for transport of suspect cases
- Coordination with stakeholders.
- Ensure IPC practices of all health staff at all times.

Responsibilities of APHO/Airport Management

- ***Thermal screening at airport arrival/ interview/ examination facilities***.
- Display of Health Alert at prominent places
- Provision of adequate space for examination of suspect
- Dedicated way for suspect travellers and ambulances to designated referral hospital, as identified by State Health Authority.
- Arrange/facilitate aircraft disinfection, hand sanitizers, disposable bags for used PPEs.
- Facilitate orientation training for airport staff and all stakeholders by APHO
- Airport entry pass facilitation for all concerned.
- **Baggage** Offline Clearance - Customs-Airline Crew/Ground Handling Agency. Disinfection, if needed.

Responsibilities of Airlines

- Training of crew on public health measures during the flight
- All airlines should keep

- First aid kits, universal precaution kits as per the ICAO guidelines and
- An adequate stock of triple layer masks, disposable hand gloves, PPE kit, hand sanitizer and disposal bags - These are to be used for any passenger reporting with symptoms of Ebola Disease and co-passengers who are likely to have had contact.

Responsibilities of Immigration

- At all immigration counters immigration officers should screen the travel history of travellers during past 21 days. They should collect the self-declaration form. They should report any traveller with history of travel to Ebola disease affected country to APHO.

Important note: Passenger data will be collected by Air Suvidha Portal or Self Declaration Form and forwarded to all stakeholders (APHO, immigration, State & district health teams) for follow up for next 21 days from date of departure from the Ebola disease affected countries.

Surveillance at Seaports: Similar protocol to be followed as in case of airports

Risk categorization of incoming passengers at Points of Entry (POE):

Category 1: Passengers who are coming from affected countries *with no symptoms and with no contact history.*

Required actions:

- Self-monitoring for fever and other associated symptoms for 21 days at home.
- Daily monitoring by District Surveillance Units for a period of 21 days.
- In case of development of any symptom suggestive of Ebola disease, contact the District Surveillance Officer/Municipal/Corporation Health Officer.

Category 2: Passengers who are coming from affected countries with *no symptoms but have contact history* with Ebola disease patient or person died due to Ebola disease.

Required actions:

- Reporting to Health Officer at PoE
- Preparing a line list with contact details for future ready reference.
- The passengers are kept under surveillance at dedicated quarantine facility with daily follow up for 21 days and reporting to NCDC/MoHFW.

Category 3: Passengers who are coming from affected countries AND are exhibiting Ebola disease symptoms.

Required actions:

- Transport from port/airport to designated isolation facility for isolation, confirmation of diagnosis and further clinical management.
- Collection, storage and transport of samples to NIV, Pune or any other laboratory as designated by ICMR.
- Contact listing & tracing.
- Contact follow up if case turns out to be positive.
- Case management as per protocol.
- Daily reporting to NCDC/MoHFW.

Further Actions required:

1. Training of Trainers (TOT) of State level and District level Rapid response team (RRT) which needs to be notified and trained in case definitions, contact tracing, infection prevention and control (IPC) measures and reporting.
2. Information, Education and Communication (IEC) activities for health care workers and community by State/District.

Important note: Early case identification, secure transport, rapid diagnosis, strict isolation and effective treatment can reduce the transmission and control the epidemic. Standard infection control practices need to be followed. Samples to be sent to designated Laboratories (as communicated by Government of India) for Ebola virus testing. The Case Investigation Form must be filled up. Contact numbers and addresses of all passengers must be given to IDSP/NCDC by PoEs.

While handling the samples, all precautions (IPC) must be ensured.

A copy of Ebola disease Surveillance - Case Investigation Form (to be filled by DSU/Epidemiologist) is placed at **Annexure II**.

3. Quarantine and Management Protocol At Quarantine Centre

3.1 **Quarantine Measures:**

- Roster of medical team of designated referral hospital to be shared with APHO – Quarantine centre to support in case of development of any symptoms in the quarantined passenger.
- Asymptomatic suspect to be observed clinically for 21 days with dedicated staff (24*7).
- Clinical examination twice a day and temperature monitoring at 6 hourly intervals by infra-red thermometer.

- APHO Health team to look for symptoms such as fever, fatigue or malaise, muscle ache, headache, gastrointestinal symptoms, bleeding symptoms for referral.

- Symptomatic suspect passengers:
    - Transport and Isolate immediately to the designated Referral Hospital
- Close contacts: (As per the Health Team at APHO and Referral Hospital)
    - Self-monitoring for 21 days
    - To report fever or respiratory symptoms immediately

A format for Examination of Passenger under Observation for Ebola Virus Disease is placed at **Annexure III**.

"IPC to be followed by all staff at all times"

3.2 **Clinical Management:**

- **Isolation and access**
    - Single negative-pressure room (HEPA-filtered exhaust if available); otherwise, a single room with door closed and dedicated toilet
    - Full PPE for every entry

- **Initial assessment and monitoring**
    - Detailed history (travel, contact, funeral exposure, HCW status, symptom onset)
    - Vitals every 1–2 hours; continuous SpO_2 and cardiac monitoring
    - Strict input/output charting with hourly urine output
    - Daily weight; quantified stool and vomitus volumes

- **Optimized supportive care**
    - **Aggressive fluid resuscitation:** isotonic crystalloid (Ringer's lactate) 20–30 mL/kg bolus for shock, then titrated to urine output ≥0.5 mL/kg/h, MAP ≥65, falling lactate.
    - **Electrolyte replacement:** correct K^+, Mg^{2+}, Ca^{2+}, PO_4 aggressively; hypokalaemia and hypomagnesaemia drive arrhythmias
    - **Antiemetics:** ondansetron 8 mg IV q8h
    - **Antidiarrhoeals:** loperamide only after ruling out invasive bacterial cause; oral rehydration if tolerating
    - **Antipyretics:** paracetamol; avoid NSAIDs and aspirin (bleeding risk, AKI)
    - **Pain control:** paracetamol; tramadol if needed; avoid IM injections
    - **Nutritional support:** oral or NG feeds early; parenteral if prolonged ileus

- **Empirical antibiotics:** broad-spectrum for any sepsis picture given high rate of concurrent Gram-negative bacteraemia from gut translocation; de-escalate on culture
- **Vasopressors:** noradrenaline first-line for fluid-refractory shock; add vasopressin
- **Renal support:** early, if required
- **Respiratory support** as required
- **Coagulopathy:** vitamin K, FFP for active bleeding with INR >1.5; platelets if <20 × 10^9/L or bleeding with <50; tranexamic acid for major bleeding

Disease-specific therapeutics: current outbreak (Bundibugyo virus-BDBV)

- No licensed monoclonal antibody for BDBV
- No licensed vaccine for BDBV

Procedures and Aerosol Generating Procedures (AGP) discipline

- Avoid non-essential AGPs; if essential, perform with full precautions
- Avoid nebulization, use inhaler devices if required
- Use closed suction circuits if intubated

3.3 **Laboratory Testing- <u>Laboratory diagnosis of Ebola Virus infection</u>**

Laboratory testing facility for Ebola virus infection is available at ICMR-NIV, Pune specifically for Bundibugyo strain detection

i)Testing for suspect cases of Ebola virus infection

- Molecular detection by real time RT-PCR (sequencing if required)
- For more than 3 days of onset of symptoms - Additionally Serology testing by IgM ELISA
- If the Real time RT-PCR test is negative in early period- repeat the test after collection of samples within 24-28 hours apart before declaring the suspected case as negative (if there is high risk of suspicion)

<u>Sample collection criteria</u>

Clinical samples to be collected from the suspected/probable Ebola virus infection:

- Whole Blood [EDTA]
- Serum
- Urine samples in Plain Tube
- Oropharyngeal/Nasopharyngeal Swabs in VTM [3ml]
- CSF Samples in plain tube [1-2ml], if case present with CNS symptoms

- Stool specimen in plain tube /Rectal swabs in VTM

A copy of Case Report Format is placed at **Annexure IV**.

Interpretation of tests

Molecular Testing: Detection of Ebolavirus **nucleic acid (RNA)** by real time RT-PCR in clinical specimens

Serology:

- Presence of Ebolavirus **IgM antibodies**.
- A **fourfold or greater increase** in Ebolavirus-specific IgG antibody titres between acute and convalescent serum samples.

Note: The Laboratory testing for Ebola virus requires stringent Infection Prevention and Control (IPC) protocols to manage significant biohazard risks.

3.4 **Infection Prevention and Control (IPC) specially for isolation & Quarantine centre**

Healthcare personnel shall use PPE as detailed below:

- A fluid-resistant impermeable coverall with integrated hood (or scrub suit with full-sleeved impermeable gown and head and neck covering),
- double gloves with the inner pair tucked under the coverall cuff and outer pair drawn over it
- N95 respirator
- goggles or a full-face shield
- fluid-resistant boots or disposable shoe covers.
- Donning and doffing shall be performed in designated zones under direct supervision of a trained observer using a printed checklist.

3.5 **Biomedical Waste Management**

- Waste disposal as per Biomedical Waste Management Rules (IPC Guidelines).
- Linen and contaminated materials to be treated as infectious waste.

3.6 **Documentation and Reporting**

Mandatory daily reporting of clinical status of the passenger through the IDSP network to Central Surveillance Unit, IDSP, NCDC; which shall share the compiled report to Ministry of Health and Family Welfare and Dte. GHS

All Surveillance Units need to maintain:

- Passenger line list coming from Ebola disease affected countries

- Contact tracing records
- Clinical status updates

A format for State Surveillance Unit is placed at **Annexure V.** Formats for Contact Listing and their follow up are placed at **Annexure VI.**

4. REFERRAL PROTOCOL:

4.1 Criteria for Referral: (**APHO/NCDC and Referral Hospital Health Team to coordinate based on health monitoring**)

Immediate referral if:

- Signs and Symptoms of Ebola disease
- Clinical deterioration
- Bleeding
- Respiratory distress
- Oxygen saturation <94%
- Hemodynamic instability
- Altered sensorium
- Renal dysfunction

4.2 **Designated Referral Hospital-** Contact Details of Health Team Lead/24/7-Health Team Roster /Lab Team Lead to be available with APHO Health Team on Duty.

NCDC-PHEOC/State PHEOC Team Lead for coordination.

4.3 **Pre-Referral Coordination**

APHO shall:

- Inform the receiving hospital in advance
- Share clinical summary
- Coordinate for dedicated ambulance transport

4.4 **Ambulance Transport Protocol**

- Dedicated ambulance with PPE-equipped staff
- Patient to wear N95 mask if tolerated.
- Ambulance disinfection after transfer mandatory

4.5 **Handover Documentation**

The following shall accompany patient:

- Clinical assessment form
- Travel history
- Contact tracing information
- Referral notes
- Laboratory requisition forms-APHO/Referral Hospital.

4.6 **Post-Transfer Follow-Up**

APHO to:

- Share Contact list for surveillance with IDSP
- Update higher authorities regarding patient status.
- Referral Hospital to give regular update to DDG(IH), Dte.GHS.

5. **COMMUNICATION PROTOCOL**

- Avoid panic and misinformation.
- Media communication only through authorized spokespersons.
- Confidentiality of passenger information to be maintained.

6. **TRAINING AND PREPAREDNESS-** NCDC, NIV/ICMR and State Health Expert Team to assist for the regular training and all aspects of passengers screening, contact surveillance, disease management, PPE, Laboratory protocol and IPC guidelines**.**

APHO shall ensure regular monitoring during quarantine period on the Training and Preparedness of the Health Teams:

- Logistics i.e. 24*7 Manpower (doctors and S/N), PPE kits, Gloves, N 95 masks, Sanitizers, equipment etc.,
- Training on disease, PPE and IPC guidelines
- Coordination meetings with Airport Operator, airlines and other stakeholders
- Availability of isolation and transport resources.

ANNEXURE I

Self-declaration Format (SDF)

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

SELF DECLARATION FORM TO BE FILLED BY ALL INTERNATIONAL PASSENGERS
(TO BE PRESENTED AT THE HEALTH & IMMIGRATION COUNTER)
PART – I: PERSONAL INFORMATION

Details	Information
Name of the Passenger	
Flight Number	
Seat Number	
Passport Number	
Nationality	
Age (in years)	
Date & Time of Arrival	
Port of Origin of Journey	
Port of Final Destination	
Places to be Visited During Stay in India	

PART – II: CONTACT ADDRESS IN INDIA (Address of Stay During the Next 21 Days)
For Indian Nationals

Details	Information
House Number	
Street / Village	
Tehsil	
District / City	
State	
PIN Code	
Mobile Number (Mandatory, preferably an Indian number)	
Alternate Mobile Number in India	
Email ID	

For Foreign Nationals

Details	Information
Residence/Hotel/Hospital (in India)	
Residence Address of Country of Origin	
Contact Mobile Number in India (Mandatory)	
Alternate Contact Number in India,	
Email ID	

PART – III: TRAVEL AND HEALTH DECLARATION

A. Have you visited/transited from affected countries* in the Last 21 Days

☐ Yes ☐ No

B. Exposure History

Have you or any of your family member cared for or lived with or come in contact with a case of Ebola disease or visited or worked in a hospital where cases of Ebola disease are being treated or attended the funeral of person/animal died of Ebola disease.

☐ Yes ☐ No

C. Symptoms at Present

☐ None at present ☐ Fever ☐ Muscle Pain ☐Headache ☐Vomiting

☐ Diarrhea ☐ Sore Throat ☐ Rash

DECLARATION BY PASSENGER

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that suppression or non-disclosure of relevant information may attract penal provisions under applicable laws.

I agree to comply with quarantine measures and/or any other instructions issued by health authorities, including medical examination, monitoring, isolation, or quarantine as prescribed.

Signature of Passenger: _____

Date: _____

IMPORTANT ADVISORY

If you develop symptoms such as fever, muscle pain, headache, vomiting, Diarrhea, sore throat or rash within 21 days of leaving this airport, restrict your outdoor movement and immediately contact the nearest health facility or public health authority and helpline number _____.

** Democratic Republic of Congo Uganda and South Sudan (Countries as updated by WHO from time to time and based on internal risk assessment)*

Annexure II

Ebola disease Surveillance - Case Investigation Form (to be filled by DSU/Epidemiologist)

Case ID number: ___/_____/_____/___/_____ *(e.g. IND/STATE/DISTRICT/YR/001)*

Date of case detection ___/___/___ (DD/MM/YY)
Case reported by (tick the box and specify): Health center/Hospital/Others/(Circle as appropriate)
Name of Person: _____ Son/daughter of: _____
Date of Birth ___/___/___ (DD/MM/YY) Age (years) _____ Sex M/ F
Rural/Urban area (Circle as appropriate)
Address: _____ District: _____ State: _____

Patient's profession: Health-care worker/others Alive / Dead (Circle as appropriate)
If deceased, date of death ___/___/___ Place of death: _____ Burial place _____

History of present illness

Date on onset of symptoms ___/___/___ Places visited in the past 21 days: _____

- Village/City _____ Health-care facility_____ District _____
- Village/City _____ Health-care facility_____ District _____
- Village/City _____ Health-care facility_____ District _____

Clinical

Has the patient had a fever? Yes / No / Don't Know if so, date of fever onset: ___/___/___
Does the patient have or had any of the following symptoms (Circle the corresponding boxes and provide details, if necessary)

Headaches	Yes / No / Don't Know	Skin rash	Yes / No / Don't Know
Diarrhoea	Yes / No / Don't Know	Bleeding at injection points	Yes / No / Don't Know
Stomach pain	Yes / No / Don't Know	Bleeding gums (Gingivitis)	Yes / No / Don't Know
Vomiting	Yes / No / Don't Know	Bleeding in eye	Yes / No / Don't Know
Lethargy	Yes / No / Don't Know	Bloody stool	Yes / No / Don't Know
Anorexia	Yes / No / Don't Know	Vomiting of blood	Yes / No / Don't Know
Muscular pain	Yes / No / Don't Know	Nose bleed	Yes / No / Don't Know
Difficulty swallowing	Yes/ No / Don't Know	Vaginal bleeding	Yes / No / Don't Know
Intense coughing	Yes / No / Don't Know		

Exposure risk

- Has the patient been in contact with a suspected or confirmed case in the 21 days preceding the onset of the symptoms? Yes/No/Don't Know
- Was the patient hospitalized or has he/she visited a hospital nearby in the 21 days preceding the onset of the symptoms? Yes/No/Don't Know
- Has the patient attended any funerals in the 21 days preceding the onset of the symptoms? Yes/No/Don't Know
- Has the patient had contact with any wild animals in the 21 days preceding the onset of the symptoms? Yes/No/Don't Know

Laboratory data and Specimen collection

Did you collect specimens? Yes/No/Don't Know

Type of specimen? Blood/Urine/Saliva/Stool

Date of specimen collection_____ Date of Specimen shipment _____

- Results Antigen detected Pos / Neg / NA Date ___/___/___
- IgM serology Pos / Neg / NA Date ___/___/___
- IgG serology Pos / Neg / NA Date ___/___/___
- RT-PCR Pos / Neg / NA Date ___/___/___

Outcome (to be verified 4 weeks after onset of symptoms)

Alive / Dead (Circle as appropriate) in case of death, date ___/___/___

Final case classification: Suspected / Probable / Confirmed / Non-case *(Circle the appropriate)*

ANNEXURE III

Format for Examination of Passenger under Observation for Ebola Virus Disease

DATE:_____

Name	
Age in years	
Sex	
Complete Address **India**	
Home phone with STD code	
Mobile number	
Countries visited in the last 21 days	
Date of travel from Ebola affected country	
Passenger History	

Clinical Details:

Signs	**Fever**	**Sore Throat**	**Headache**	**Intense Weakness**	**Myalgia**	**Internal Bleeding**
Yes/No						

In case of any symptoms, the passenger should be immediately isolated at designated hospital

ANNEXURE IV

Case Report Form (CRF) for Ebolavirus infection

This standardized CRF is designed for suspected, probable, and confirmed viral haemorrhagic fever (VHF) cases due to **Ebolavirus** species including *Zaire orthoebolavirus*, *Sudan orthoebolavirus*, *Bundibugyo orthoebolavirus*, *Taï Forest orthoebolavirus*, *Reston orthoebolavirus*, and other *orthobolaviruses* of public health concern, and it is also structured to be usable for **Marburg virus disease** and **Lassa fever** with minimal adaptation.

1. Administrative and reporting details

Field	Entry
CRF ID	
Outbreak/cluster/Hospital ID	
State/UT	
District	
Name of Hospital/Facility	
Facility type (PHC/CHC/District hospital/Medical college/Airport health unit/Seaport Health Unit/Army Unit/Private hospital/Other)	
Isolation unit/ward	
Name and designation of person completing form	
Date of symptom onset	
Date of Admission	
Date of sample collection	

2. Patient identifiers

Field	Entry
Full name	

Hospital registration number	
National ID/Aadhaar/passport/other identifier	
Age	
Gender	
Nationality	
Occupation	
Current address	
Permanent address	
District/state/country of usual residence	
Phone numbers of patient/relative	
Name of treating physician	
Contact number and email ID of treating physician	

3. Case status

Field	Options/Entry
Case classification at presentation	Suspected / Probable / Confirmed
Disease under investigation	Ebolavirus / Marburg / Lassa / Other VHF
Specific virus/species if known	Zaire / Sudan / Bundibugyo / Reston / Taï Forest / Marburg / Lassa / other
Basis for classification	Clinical / Epidemiological / Laboratory
Public health notified	Yes/No; date/time
Isolation initiated	Yes/No; date/time

4. Epidemiological risk and exposure history

a. Travel history in the 21 days before symptom onset

Field	Entry
Any international travel in past 21 days	Yes/No
Countries visited	

Cities/districts visited	
Dates of travel	
Mode of travel [Air/Road/Sea]	
Flight numbers / ship / border crossing details	
Stayed in area with known VHF outbreak/endemic transmission	Yes/No/Unknown
Exposure in airport, transit hub, refugee/IDP setting, mining/cave setting, forest setting, healthcare setting, funeral, household, laboratory	
Domestic travel in India after arrival	Yes/No; route and dates

b. Contact with known or suspected human cases in the 21 days before onset

Exposure	Yes/No/Unknown	Details
Staying with and/or care taker of the ill person with fever/bleeding		
Direct physical contact with suspected/confirmed Viral Hemorrhagic Fever (VHF) case		
Contact with blood, vomit, stool, urine, saliva, semen, breast milk, or other body fluids		
Shared bed, linen, clothing, utensils, or room		
Provided home care		
Healthcare exposure without recommended PPE		
Needle-stick or sharps exposure		
Contact during transport/ambulance/air evacuation		
Participation in burial, funeral washing, dressing, body preparation, or handling remains		
Sexual contact with survivor or case		
Contact with any other body fluids		

c. Occupational exposures

Exposure	Yes/No/Unknown	Details
Healthcare worker		Role/unit
Laboratory worker handling human/animal specimens		Lab type/BSL
Airport/seaport/border staff		
Military/police/humanitarian/deployment history		
Burial team/mortuary worker		
Waste handler/cleaning staff/laundry worker		
Research worker handling filoviruses/arenaviruses or infected materials		
Exposure to contaminated bedding, clothing, needles, surfaces, or specimens		

5. Demographic and risk factors

Field	Entry	Details
Pregnancy status	Pregnant / Not pregnant / Unknown	
Gestational age (weeks)		
Postpartum (within 6 weeks)	Yes/No	
Breastfeeding	Yes/No	
Height (cm)		
Weight (kg)		
Known chronic liver disease	Yes/No	
Chronic kidney disease	Yes/No, [if yes, provide details]	
Cardiovascular disease	Yes/No, [if yes, provide details]	
Diabetes mellitus	Yes/No	
Chronic lung disease	Yes/No, [if yes, provide details]	
Neurologic disease	Yes/No, [if yes, provide details]	
Hematologic disorder	Yes/No, [if yes, provide details]	
Immunosuppressive condition	Yes/No, [if yes, provide details]	
HIV status and ART use		
Tuberculosis history	Yes/No, [if yes, provide details]	
Malignancy	Yes/No, [if yes, provide details]	
Current immunosuppressive	Yes/No, [if yes, provide details]	

drugs		
Allergies	Yes/No, [if yes, provide details]	
Smoking/tobacco use	Current / former / never	
Alcohol use	Yes / No, [if yes, provide details]	
Vaccination including YF vaccination	Yes/No, [if yes, provide details]	

6. Clinical symptoms and signs at presentation

Symptom	Yes/ No	Date of onset	Date of resolution	Remarks
Fever				
Chills/rigors				
Fatigue/profound weakness				
Malaise				
Headache				
Retro-orbital pain				
Myalgia				
Arthralgia				
Sore throat				
Dysphagia/odynophagia				
Cough				
Shortness of breath				
Chest pain				
Abdominal pain				
Nausea				
Vomiting				
Diarrhoea				
Hiccups				
Anorexia				
Conjunctival injection				
Rash				
Mucosal bleeding				
Hematemesis				
Melena				

Hematochezia				
Hematuria				
Vaginal bleeding				
Epistaxis				
Gum bleeding				
Bruising/petechiae/purpura/ ecchymosis				
Jaundice				
Reduced urine output				
Confusion				
Seizure				
Hearing loss				
Tremor/ataxia				
Any other symptom (specify)				

7. Vital signs and examination findings

Field	Entry
Temperature (°C)	
Heart rate/min	
Respiratory rate/min	
Blood pressure (mmHg)	
SpO2 on room air	
Mental status/GCS	
Hydration status	Normal / Mild dehydration / Moderate / Severe
Shock present	Yes/No
Active bleeding	Yes/No
Jaundice present	Yes/No
Respiratory distress	Yes/No
Abdominal tenderness	Yes/No
Hepatomegaly	Yes/No
Splenomegaly	Yes/No
Edema	Yes/No
Neurologic abnormality	Yes/No; details
Obstetric findings if pregnant	

8. Hematology results

Test	Date of investigation	Value	Remarks
Hb			
WBC			
Neutrophils			
Lymphocytes			
Platelets			
ESR			
Reticulocyte count			
PT			
aPTT			
INR			
BT/CT			
Fibrinogen			
D-dimer			
Peripheral smear findings			

9. Biochemistry and inflammatory markers

Date	Date of investigation	Value	Remarks
Urea/BUN			
Creatinine			
Sodium			
Potassium			
Chloride			
Bicarbonate			
Calcium			
Uric Acid			
Total Protein			
Albumin			
AST			
ALT			
ALP			
CRP			
Procalcitonin			

Lactate			
Amlyase/Lipase			
Troponin/BNP			
Glucose [Random/Fasting/PP]			

10. Urine and other tests

Test	Date/time	Result	Unit	Comments
Urine routine microscopy				
Urine protein				
Urine blood				
Urine ketones				
Pregnancy test				
CSF if done				
Stool occult blood				

11. Arterial blood gas and respiratory support

Date/time	pH	PaO2	PaCO2	HCO3	Lactate	SpO2/FiO2 or P/F ratio	Oxygen device	FiO2	PEEP	Remarks
Initial										
Pre-intubation										
Post-intubation										

12. Imaging and special investigations

Investigation	Date	Findings
Chest X-ray		
HRCT chest		
Ultrasound abdomen/kidney		
Echocardiography		
EEG		

CT/MRI brain		
Other imaging		

13. Ebolavirus-specific laboratory diagnosis

Types of Specimens	Date of Collection	Date of receipt at laboratory	Results [Positive/ Negative]	Real time RT-PCR	ELISA	Remarks
Serum						
Whole Blood [EDTA]						
Urine samples in Plain Tube						
Stoll samples in plain tube/ Rectal swab in VTM						
Tracheal aspirate						
Broncho-alveolar lavage						
Oropharyngeal/Nasopharyngeal Swabs in VTM						
CSF Samples in plain tube						
Tissue/autopsy specimen [please specify]						
Any other specimen						

14. Differential diagnosis workup

Condition/test	Result
Malaria smear/RDT	
Dengue NS1/IgM/PCR	
Chikungunya IgM/PCR	
Zika virus PCR/IgM	
CCHF	
Yellow fever	
Leptospirosis Serology/PCR	
Scrub typhus/rickettsial test	
Viral hepatitis panel	
Enteric fever culture/test	
Bacterial Culture	

Influenza/SARS-CoV-2/other respiratory panel	
Fever with rash-Mpox/measles/varicella/rubella	
Any Other diagnosis/test	

15. Complications [if any]

Complication	Yes/No	Date of onset	Details
Hypovolemic shock			
Septic shock			
Acute kidney injury			
Acute liver injury			
Encephalopathy			
Seizure			
Coagulopathy/DIC			
Clinically significant hemorrhage			
Respiratory failure			
ARDS			
Myocarditis/arrhythmia			
Secondary bacterial infection			
Pregnancy loss / fetal distress			
Multi-organ Failure			
Other complication			

16. Treatments and procedures during hospitalization

Treatment/procedure	Yes/No	Start date	Stop date	Remarks with specification of drugs
IV fluids				
Vasopressors				
Blood transfusion				
Platelet transfusion				
FFP/cryoprecipitate				
Oxygen therapy				
Non-invasive ventilation				
Mechanical ventilation				

ECMO				
Dialysis				
Antibiotics				
Antimalarials				
Antifungals				
Corticosteroids				
Monoclonal antibodies				
Investigational antiviral				
Dialysis				
Obstetric intervention				
Other supportive treatment				

17. Outcome

Field	**Entry**
Final case classification	Non-case / Suspected / Probable / Confirmed
Final diagnosis	
Final pathogen/species	
Date outcome recorded	
Outcome	Recovered / Discharged / Transferred / Died / Left against medical advice / Still admitted
Date of discharge/transfer/death	
If death, detail the cause of death	
Total hospital stay (days)	
Condition at discharge	Stable / Improved / Critical / Palliative
Referred facility if transferred	

Annexure V

Format for daily reporting by State Surveillance Unit

Format B

NAME OF SSO: **DATE:**

LINELIST FORMAT FOR REPORTING OF DAILY HEALTH STATUS OF PASSENGERS UNDER OBSERVATION TO CSU											
Sl.No.	Name	Age	Gender	Address	Phone	Country of visit	Date of departure from affected country	Date of receipt of information	Observation started from	Today's Health status	Comments

Total number of passengers observed and under observation till date:

Advisory:

Annexure VI

Formats for Contact Listing and their follow up

Case Information						
Name	Age (yrs)	Sex (M/F)	Head of Household	Address	District	Date of Symptom Onset

Contact Information									
S. No.	Name	Age (yrs)	Sex (M/F)	Relation to case	Head of the Household	Address	District	Phone Number	Health Care Worker (Y/N), If yes, what facility

To be filled and updated by DSU in consultation with SSU. DSU will circulate this list to MPHW/ANM/ASHA/Volunteer for Contact Follow up.

Contacts Follow-Up Form

Contact Follow Up Form																									
Filled By:.....																									
Address of the Contact: ..... District:.....																									
S. No.	Name	Age (Yrs)	Sex (M/F)	Date of last contact	Day of Follow-up (Put a 'x' if the contact has no symptom and put a '✓' if the contact has any one of the following symptom: Fever/ Headache/ Diarrhea/Intense weakness/External Bleeding																				
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

To be shared with Health Supervisor/District Nodal Officer/District Epidemiologist