**Add**

**Ministry of Health Logo here as appropriate**

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| **UNIQUE IDENTIFIER NUMBRE (EPID) :**  **/ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ / \_ \_ / \_ \_ \_ / \_ \_ \_ \_ /**  (to be assigned at district level) Country Region District Year Disease Case Number | | | | |
| **REPORTING HEALTH FACILITY NAME:** | | | | |
| **Sub-district:** | **District:** | | **Region:** | |
| **PATIENT IDENTIFICATION Patient surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient other name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ *(dd/mm/yyyy)* **OR** Age in years: \_\_\_\_If <12 months:Age in months: \_\_\_\_ **OR** Age in days: \_\_\_\_\_ | | | | |
| **Sex:** **□** Female **□** Male **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Patient’s residence *(Address*)** **District of residence:** **Sub-district:** **Community:** | | | | |
| **Neighborhood:** **House number**: **Location:** | | | | **□** Urban / **□** Rural |
| **Father’s/mother’s/caregiver’s name:** **Telephone number of the patient/parents/caregiver:** | | | | |
| **Date seen at health facility:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)* **Date of disease onset:** \_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)*  **Signs and symptoms:** **□** Fever **□** Neck stiffness **□** Headache **□** Bulging fontanel **□** Seizure/convulsion **□** Altered consciousness  **□** Rash **□** Photophobia **□** Nausea **□** Vomiting **□** Diarrhea **□** Other (*specify*): □ Unknown | | | | |
| **Antibiotic treatment:** **□** Amoxicillin □ Ceftriaxone □ Chloramphenicol □ Penicillin G □ Oxacillin □ Other (*specify*): □ Unknown  **Date of first dose:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ (*dd/mm/yyyy*) | | | | |
| **Hospitalization status:** □ Patient hospitalized □ Outpatient □ Unknown  **Patient outcome:** □ Recovered □ Dead □ On treatment □ Referred □ Unknown | | | | |
| **VACCINATION STATUS**  **Vaccinated:**  **□ YES**  **□ NO** **□ UNKNOWN** (*If vaccinated, please complete the rest of this section)* | | | | |
| *Vaccine*  *Received Date received(dd/mm/yyyy)*  *No Unknown*  MenAC □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenACW □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenACWY □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenA(conj) □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenC(conj) □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  Menactra □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  PCV13–dose 1 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  PCV13–dose 2 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  PCV13–dose 3 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  Hib–dose 1 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  Hib–dose 2 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  Hib–dose 3 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown | | *If Yes, source of vaccination information:*  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown  □ Card □ Vaccination register □ Verbal □ Unknown | | |
| **Specimen source:** □ CSF □ Blood □ Urine □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **CSF SPECIMEN COLLECTED: □ YES □ NO** *(Note : IF NO, please STILL complete the form and send to district disease control officer)*  *IF NO:* **Reason:**  □ Lack of LP kit □ Lack of provider with LP collection skill □ LP contraindicated □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *IF YES:* **Date of specimen collection:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ *(dd/mm/yyyy)* **Time of specimen collection:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM  **Appearance of CSF:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done  **Time of inoculation into transport media:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM  **Specimen(s) sent to the laboratory:** □ Yes □ No If **No**, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If **Yes**, **date specimen sent to the:** District laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*)  Regional laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*)  National reference laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*) Name of Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_\_  **Specimen container used:** □ Dry tube □ Trans-Isolate (T- I) □ Cryotube □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date of notification to district/region/national surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)*  **Name of person filling the form:** **Telephone:**  **Date form sent to the surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ **Date form received at surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_ | | | | |

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| **DISTRICT LABORATORY NAME:** | | | | | **Specimen ID District:** | | |
| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Specimen condition**  □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done | | | | | | | |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: □ No organism seen □ Not done | | | | | | | |
| **RDT performed:** □ Yes □ No □ Not done  **Type RDT:** □ Pastorex □ CERMES Dipstick □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RDT** **results:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Latex:** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | **Date specimen sent to regional lab/NRL:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ | | | |
| |  |  | | --- | --- | | **REGIONAL LABORATORY NAME:** | **Specimen ID Region:** | | | | | | | | |
| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Specimen condition:**  □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done | | | | | | | |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens (*specify*): □ No organism seen □ Not done | | | | | | | |
| **RDT performed: □** Yes □ No □ Not done  **Type RDT: □** Pastorex □ CERMES Dipstick □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RDT results:** | | | | | | | |
| **Latex:** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Culture:**  □ NmA □ NmC □ NmW □ NmY □ NmB  □ NmX □ Nm indeterminate □ StrepB  □ *S. pneumoniae* □ Hib □ Hinon-b  □ Other germ (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Contaminated □ Negative **□** Not done **□** NA | | | **Antibiogram:**  Amoxicillin □ Sensitive□ Resistant □ Intermediate □ Not done  Ceftriaxone □ Sensitive□ Resistant □ Intermediate □ Not done  Chloramphenicol □ Sensitive□ Resistant □ Intermediate □ Not done  Penicillin G □ Sensitive□ Resistant □ Intermediate □ Not done  Oxacillin □ Sensitive□ Resistant □ Intermediate □ Not done  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sensitive□ Resistant □ Intermediate □ Not done | | | | |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | **Date specimen sent to NRL:** \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_ | | | |
| **NATIONAL REFERENCE LABORATORY NAME:** | | | | | **Specimen ID NRL:** | | |
| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Specimen condition:**  □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ PCR □ Other (*specify*): \_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done | | | | | | | |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens (*specify*): □ No organism seen □ Not done | | | | | | | |
| **RDT performed:** □ Yes □ No □ Not done  **Type RDT:** □ Pastorex □ CERMES Dipstick □ Other (*specify*): **RDT** **results:** | | | | | | | |
| **Latex** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Culture:**  □ NmA □ NmC □ NmW □ NmY □ NmB  □ NmX □ Nm indeterminate □ StrepB  □ *S. pneumoniae* □ Hib □ Hinon-b  □ Other germ (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Contaminated □ Negative **□** Not done **□** NA | | | **Antibiogram:**  Amoxicillin □ Sensitive □ Resistant □ Intermediate □ Not done  Ceftriaxone □ Sensitive □ Resistant □ Intermediate □ Not done  Chloramphenicol □ Sensitive □ Resistant □ Intermediate □ Not done  Penicillin G □ Sensitive □ Resistant □ Intermediate □ Not done  Oxacillin □ Sensitive □ Resistant □ Intermediate □ Not done  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sensitive□ Resistant □ Intermediate □ Not done | | | | |
| **PCR:** □ NmA □ NmC □ NmW □ NmY □ NmB □ NmX □ Nm indeterminate □ *S. pneumoniae (specify genotype)*:  □ Hib □ Hi non-b □ Contaminated (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Negative □ Not done □ NA | | | | | | | |
| **Type of PCR:** □ Conventional □ Real Time **Date PCR performed:**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | |
| **Observations:** | | | | | | | |
| **Final laboratory result:** | **Date results sent to:** Health facility: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Disease Surveillance Department/MoH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | **Final classification (national level):**  □ Confirmed □ Probable □ Suspect | |



Include

**[Name of Country]**

**[Ministry of Health Logo]**

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| **UNIQUE IDENTIFIER NUMBER(EPID):** 1.EpidNumber **/ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ / \_** 2. Year\_  **/ \_**3.Disease\_ **/ \_** 4.CaseNumber **\_ /**  (To be assigned at district level) Country Region District Year Disease Case Number | | | |
| **REPORTING HEALTH FACILITY NAME:** 5.HealthFacility | | | |
| **Sub-district:** 6.SubDistrict | **District:** 7.District | | **Region:** 8.Region |
| **PATIENT IDENTIFICATION Patient surname:** \_\_\_\_\_\_\_\_9.FamilyName \_\_\_\_\_\_\_\_\_\_\_ **Patient other name (s):** \_\_\_\_\_\_10.FirstName\_\_\_\_\_\_\_\_\_ | | | |
| **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ *(dd/mm/yyyy)***OR** Age in years: \_\_\_\_If <12 months:Age in months: \_\_\_\_**OR** Age in days: \_\_\_\_\_  11.DateOfBirth 12. AgeYears 13. AgeMonths 14.AgeDays | | | |
| **Sex:** □ Female □ Male 15.Sex **Occupation:** 16.Profession | | | |
| **Patient’s residence *(Address*) District of residence:** 17.DistrictOfResidence **Sub-district:** 18.SubDistrictOfResidence **Community:** 19. Village | | | |
| **Neighborhood:** 20.Neighborhood **House number**: **Location:** 21. Ad\_dr\_ess □ Urban / □ Rural 22.UrbanRural | | | |
| **Father’s/mother’s/caregiver’s name:** 23.ParentName **Telephone number of the patient/parents/caregiver:** 24.PhoneNum | | | |
| **Date seen at health facility:** \_\_\_\_\_25.DateConsultation \_\_\_\_\_ *(dd/mm/yyyy)* **Date of disease onset:** \_\_\_\_26.DateOnset \_\_\_\_\_ *(dd/mm/yyyy)*  27.Fever 28.NeckStiff 29.Headache 30.BulgFontanel 31.Convulsion 32.AltConsciousness  **Signs and symptoms:** **□** Fever **□** Neck stiffness **□** Headache **□** Bulging fontanel **□** Seizure/convulsion **□** Altered consciousness  33.Rash 34.Photophobia 35.Nausea 36.Vomiting 37.Diarrhea 38.OtherSx 39.SxUnknown  **□** Rash **□** Photophobia **□** Nausea **□** Vomiting **□** Diarrhea **□** Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown | | | |
| **Antibiotic treatment:** 40.AntibioticTx **□** Amoxicillin □ Ceftriaxone □ Chloramphenicol □ Penicillin G □ Oxacillin □ Other:41.OtherAbx\_\_ □ Unknown  **Date of first dose:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)* 42.DateAbx | | | |
| **Hospitalization status:** □ Patient hospitalized □ Outpatient □ Unknown 43.InOutPatient  **Patient Outcome:** □ Recovered □ Dead □ On treatment □ Referred □ Unknown 44.Outcome | | | |
| **VACCINATION STATUS** 45.VaccinationStatus **Vaccinated:**  **□ YES** **□ NO** **□ UNKNOWN** (*If vaccinated, please complete the rest of this section)* | | | |
| *Vaccine*  *Received Date received(dd/mm/yyyy)*  *No Unknown*  MenAC 46.MenAC □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_47.DateMenAC □ No □ Unknown  MenACW 49.MenACW □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_50.DateMenACW □ No □ Unknown  MenACWY 52.MenACWY □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_53.DateMenACWY □ No □ Unknown  MenA(conj) 55.MenA □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_56.DateMenA □ No □ Unknown  MenC(conj)58.MenC □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_59.DateMenC □ No □ Unknown  Menactra 61.Menactra □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_62.DateMenactra □ No □ Unknown  PCV13–dose 1 64.PCV1 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_65.DatePCV1 □ No □ Unknown  PCV13–dose 2 67.PCV2 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_68.DatePCV2 □ No □ Unknown  PCV13–dose 3 70.PCV3 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_71.DatePCV3 □ No □ Unknown  Hib–dose 1 73.Hib1 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_74.DateHib1 □ No □ Unknown  Hib–dose 2 76.Hib2 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_77.DateHib2 □ No □ Unknown  Hib–dose 3 79.Hib3 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_80.DateHib3 □ No □ Unknown | | *If Yes, source of vaccination information*  □ Card □ Vaccination register □ Verbal □ Unknown 48.SourceMenAC  □ Card □ Vaccination register □ Verbal □ Unknown 51.SourceMenACW  □ Card □ Vaccination register □ Verbal □ Unknown 54.SourceMenACWY  □ Card □ Vaccination register □ Verbal □ Unknown 57.SourceMenA  □ Card □ Vaccination register □ Verbal □ Unknown 60.SourceMenC  □ Card □ Vaccination register □ Verbal □ Unknown 63.SourceMenactra  □ Card □ Vaccination register □ Verbal □ Unknown 66.SourcePCV1  □ Card □ Vaccination register □ Verbal □ Unknown 69.SourcePCV2  □ Card □ Vaccination register □ Verbal □ Unknown 72.SourcePCV3  □ Card □ Vaccination register □ Verbal □ Unknown 75.SourceHib1  □ Card □ Vaccination register □ Verbal □ Unknown 78.SourceHib2  □ Card □ Vaccination register □ Verbal □ Unknown 81.SourceHib3 | |
| **Specimen source:** 82.SpecimenSource □ CSF □ Blood □ Urine □ Other (*specify*):\_\_\_\_\_\_\_\_\_ 83.SpecimenSourceOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CSF SPECIMEN COLLECTED: □ YES □ NO** *(Note : IF NO, please STILL complete the form and send to district disease control officer)* 84.SpecimenCollected  85.SpecimenNOTcollected\_why 86.SpecimenNOTcollected\_Other  *IF NO:* **Reason:** □ Lack of LP kit □ Lack of provider with LP collection skill □ LP contraindicated □ Other (*specify*):  *IF YES:* **Date of specimen collection:** \_\_/ \_/\_\_ 87.DateSpecimenCollected *(dd/mm/yyyy)* **Time of specimen collection:** 88.TimeSpecimenCollected □ AM □ PM  **Appearance of CSF:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done 89.ASPECT  **Time of inoculation into transport media:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM 90.TransportMedia\_InoculationTime  **Specimen(s) sent to the laboratory:** □ Yes □ No 91.SpecimenSentToLab If **No**, why?\_\_\_\_\_\_ 92.SpecimenNOTSentToLab\_Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If **Yes**, **date specimen sent to the:** **District laboratory**: \_\_93.DateCSFsentDistrict \_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)*  **Regional laboratory**: \_94.DateCSFsentRegional \_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)*  **National reference laboratory**: 95.DateCSFsentNRL  *(dd/mm/yyyy)* **Name of laboratory:** \_96.LabCSFsent\_\_\_\_  **Specimen container used:** □ Dry tube □ Trans-Isolate (T- I) □ Cryotube □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97.TransportMedia\_Dry Tube 98.TransportMedia\_TI 99.TransportMedia\_Cryotube 100.TransportMedia\_Other | | | |
| **Date of notification to district/region/national surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)* 101.DateNotification .  **Name of person filling the form:** 102.ReporterHF **Telephone:** 103.ReporterPhone  **Date form sent to the surveillance office:**\_\_\_/ \_\_/ \_\_\_104.DateFormSent **Date form received at surveillance office:** \_/ \_/ \_105.DateFormReceived | | | |

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| **DISTRICT LABORATORY NAME:** 106.DistrictLab | | | | | **Specimen ID District:** 107.SpecimenIDDistrict | | |
| **Specimen date** **received**\_108.DateReceivedDistrict\_  109.TimeSpecimenReceivedDistrict  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  110.DryTubeDistrict 111.TIDistrict  □ Cryotube 112.CryotubeDistrict □ Other (*specify*): 113.OtherMediaDistrict | | | | | **Specimen condition:**  □ Adequate □ Not adequate  114.SpecimenConditionDistrict |
| **CSF appearance:** 115.AspectDistrict □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  116.LabTestCYTOLOGIEDistrict 117.LabTestGRAMDistrict 118.LabTestTDRDistrict 119.LabTestLATEXDistrict 120.LabTestAUTREDistrict | | | | | | | |
| **Cytology:** Leucocytes\_\_121.WhiteCellCountDistrict\_\_/mm3 PMN \_122.PolyPercentDistrict \_% LYMPH \_123.MonoPercentDistrict \_% □ Not done 124.CytologyDistrictNotDone | | | | | | | |
| **Gram:** 125.GramDistrict □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: 126.GramOtherDistrict □ No organism seen □ Not Done | | | | | | | |
| **RDT performed:** □ Yes □ No □ Not done 127.TDR\_MeningitisDRS  **Type RDT:** 128.TDR\_TypeDRS □ Pastorex □ CERMES Dipstick □ Other: 129.TestAUTREDistrict **RDT** **results:** 130.TDR\_OtherResultsDRS | | | | | | | |
| **Latex:** 131.LatexDistrict.□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Date results sent to reporting health facility:** \_\_\_/\_\_\_\_/\_\_\_\_132.ResultSentHealthFacility | | | | **Date specimen sent to regional lab/NRL:**  133.SpecimenSentRegionalNRL | | | |
| |  |  | | --- | --- | | **REGIONAL LABORATORY NAME:** 134.RegionLab | **Specimen ID Region:** 135.SpecimenIDRegion | | | | | | | | |
| **Specimen date** **received:**\_136.DateReceivedRegion\_  137.TimeSpecimenReceivedRegion  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  138.DryTubeRegion 139.TIRegion  □ Cryotube 140.CryotubeRegion □ Other (*specify*): 141.OtherMediaRegion | | | | | **Specimen condition:**  □ Adequate □ Not adequate  142.SpecimenConditionRegion |
| **CSF appearance:** 143.AspectRegion □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_  144.LabTestCYTOLOGIERegion 145.LabTestGRAMRegion 146. LabTestTDRRegion 147.LabTestLATEXRegion 148.LabTestCULTURERegion 149.LabTestAUTRERegion | | | | | | | |
| **Cytology:** Leucocytes\_150.WhiteCellCountRegion \_/mm3 PMN \_151.PolyPercentRegion\_% LYMPH \_152.MonoPercentRegion\_% □ Not done 153.CytologyRegionNotDone | | | | | | | |
| **Gram:** 154.GramRegion □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: 155.GramOtherRegion □ No organism seen □ Not done | | | | | | | |
| **RDT performed:** □ Yes □ No □ Not done 156.TDR\_MeningitisRegion  **Type RDT:** 157.TDR\_TypeRegion □ Pastorex □ CERMES Dipstick □ Other (*specify*): \_\_\_\_158.TestAUTRERegion \_\_\_\_\_\_ **RDT** **results:** \_\_\_159.TDR\_OtherResultsRegion \_\_\_\_ | | | | | | | |
| **Latex:** 160.LatexRegion□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Culture:** 161.CultureRegion  □ NmA □ NmC □ NmW □ NmY □ NmB  □ NmX □ Nm indeterminate □ StrepB  □ *S. pneumoniae* □ Hib □ Hinon-b  □ Other germ (*specify*): \_\_162.CultureOtherRegion \_\_\_\_  □ Contaminated □ Negative **□** Not done **□** NA | | | **Antibiogram:**  Amoxicillin 163.AmoxicillinRegion □ Sensitive □ Resistant □ Intermediate □ Not done  Ceftriaxone 164.CeftriaxoneRegion □ Sensitive □ Resistant □ Intermediate □ Not done  Chloramphenicol 165.ChloramphenicolRegion □ Sensitive □ Resistant □ Intermediate □ Not done  Penicillin G 166.PenicillinRegion □ Sensitive □ Resistant □ Intermediate □ Not done  Oxacillin 167.OxacillineRegion □ Sensitive □ Resistant □ Intermediate □ Not done  Other: 168.OtherAntibioticRegion 169.OtherAntibioticSensitivityRegion □ Sensitive□ Resistant □ Intermediate □Not done | | | | |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_170.ResultSentHF\_Region | | | | **Date specimen sent to NRL:** \_\_\_\_\_/ \_\_\_\_\_/ \_171.SpecimenSentNRL | | | |
| **NATIONAL REFERENCE LABORATORY NAME:** 172.NRL | | | | | **Specimen ID NRL** 173.SpecimenIDNRL | | |
| **Specimen date** **received:**\_174.DateReceivedNRL \_  175.TimeSpecimenReceivedNRL  **Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM | | **Specimen container received:**  □ Dry tube □ Trans-Isolate  176.DryTubeNRL 177.TINRL  □ Cryotube 178.CryotubeNRL □ Other (*specify*): 179.OtherMediaNRL | | | | | **Specimen condition:**  □ Adequate □ Not adequate  180.SpecimenConditionNRL |
| **CSF appearance:** 181.AspectNRL □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done | | | | | | | | |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*):  182.LabTestCYTOLOGIENRL 183.LabTestGRAMNRL 184.LabTestTDRNRL 185.LabTestLATEXNRL 186.LabTestCULTURENRL 187.LabTestAUTRENRL | | | | | | | |
| **Cytology:** Leucocytes\_188.WhiteCellCountNRL \_\_/mm3 PMN \_\_189.PolyPercentNRL \_% LYMPH \_190.MonoPercentNRL\_% □ Not done 191.CytologyNRLNotDone | | | | | | | |
| **Gram:** 192.GramNRL □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*:\_\_\_ 193.GramOtherNRL □ No organism seen □ Not done | | | | | | | |
| **RDT performed:** □ Yes □ No □ Not done 194.TDR\_MeningitisNRL  **Type RDT :**195.TDR\_TypeNRL □ Pastorex □ CERMES Dipstick □ Other (*specify*): \_\_\_196.TestAUTRENRL\_\_\_\_\_\_\_\_\_\_ **RDT** **results:**\_197.TDR\_OtherResultsNRL \_\_\_\_\_ | | | | | | | |
| **Latex:** 198.LatexNRL□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done | | | | | | | |
| **Culture:** 199.CultureNRL  □ NmA □ NmC □ NmW □ NmY □ NmB  □ NmX □ Nm indeterminate □ StrepB  □ *S. pneumoniae* □ Hib □ Hinon-b  □ Other germ (*specify*): \_\_\_\_\_\_\_\_200.CultureOtherNRL  □ Contaminated □ Negative **□** Not done **□** NA | | | **Antibiogram:**  Amoxicillin 201.Amoxicillin □ Sensitive □ Resistant □ Intermediate □ Not done  Ceftriaxone 202.Ceftriaxone □ Sensitive □ Resistant □ Intermediate □ Not done  Chloramphenicol 203.Chloramphenicol □ Sensitive □ Resistant □ Intermediate □ Not done  Penicillin G 204.Penicillin □ Sensitive □ Resistant □ Intermediate □ Not done  Oxacillin 205.Oxacilline □ Sensitive □ Resistant □ Intermediate □ Not done  Other:206.OtherAntibiotic 207.OtherAntibioticSensitivity□ Sensitive□ Resistant □ Intermediate □ Not done | | | | |
| **PCR:** □ NmA □ NmC □ NmW □ NmY □ NmB □ NmX □ Nm indeterminate □ *S. pneumoniae (specify genotype):* 209.Genotype\_Sp  208.PCR □ Hib □ Hi non-b □ Contaminated (*specify*): 210.FinalResultOtherNRL □ Negative □ Not done □ NA | | | | | | | |
| **Type of PCR:** □ Conventional □ Real Time 211.PCRType **Date PCR performed:**\_\_\_\_\_/\_\_\_\_/\_\_\_\_212.DatePCR | | | | | | | |
| **Observations:**  213.ObservationsNRL | | | | | | | |
| **Final laboratory result:**  214.FinalResultNRL | **Date results sent to:**  Health facility: 215.DateResultsSentHF\_\_/\_\_/\_\_\_  Disease Surveillance Department/MoH: 216.DateFinalResultsSentMOH\_\_/\_\_/\_\_ | | | | | **Final classification (national level):**  □ Confirmed □ Probable □ Suspect  217.FinalClassification | |