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as appropriate

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| **1. UNIQUE IDENTIFIER NUMBER (EPID) :**  **/ \_** **\_\_** **\_ / \_** **\_ \_ \_ / \_** **\_ \_ \_ / \_** **\_** **\_ / \_ \_ \_ / \_ \_ \_ \_ \_ \_** **/**(to be assigned at district level) Country Region District Year Disease Case Number |
| **2. REPORTING HEALTH FACILITY NAME:** |
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| **3. REPORTING SUB-DISTRICT:** |  |

 | **4. REPORTING DISTRICT:**  | **5. REPORTING REGION:** |
| **PATIENT IDENTIFICATION**  |
| **6. PATIENT SURNAME:** | **7. PATIENT FIRST NAME:** |
| **8a. DATE OF BIRTH:**  / / *(dd/mm/yyyy)* ***OR*  8b. AGE IN YEARS:** ***OR*** If <12 months: **8c. AGE IN MONTHS:** ***OR* 8d. AGE IN DAYS**:  |
| **9. SEX: □** F-Female **□** M-Male □ 9-Unknown  |
| **10. Patient’s District of Residence** *(Address*): |
| **11. Town/City/Village:**  | **12. □** U-**Urban** □ R-**Rural** □ 9-**Unknown**  |
| **13. Parent’s/caregiver’s name:**  | **14. Telephone number *(WhatsApp,Signal, etc)*:**  |
| **15. Patient Contact Notes:**  |
| **16. Date seen at health facility:** / / *(dd/mm/yyyy)*  | **17. Date of disease onset:** / / *(dd/mm/yyyy)*  |
| **18. Signs and Symptoms:** |
|  Fever: □ 1-Yes □ 2-No □ 9-Unknown |  Headache: □ 1-Yes □ 2-No □ 9-Unknown |
|  Rash: □ 1-Yes □ 2-No □ 9-Unknown |  Bulging fontanel: □ 1-Yes □ 2-No □ 9-Unknown |
|  Photophobia: □ 1-Yes □ 2-No □ 9-Unknown |  Seizure/convulsion: □ 1-Yes □ 2-No □ 9-Unknown |
|  Neck stiffness: □ 1-Yes □ 2-No □ 9-Unknown |  Altered consciousness: □ 1-Yes □ 2-No □ 9-Unknown |
|  Vomiting: □ 1-Yes □ 2-No □ 9-Unknown |  Diarrhea: □ 1-Yes □ 2-No □ 9-Unknown |
|  Nausea: □ 1-Yes □ 2-No □ 9-Unknown |  Other (*specify*): |
| **19. Hospitalization status:** □ 1-Hospitalized □ 2-Outpatient □ 9-Unknown  |
| **20. Patient outcome:** □ 1-Alive (in treatment/ recovered) □ 2-Dead □ 9-Unknown  |
| **VACCINATION STATUS** **21. Vaccinated:** □ 1-YES □ 2-NO □ 9-UNKNOWN(*If vaccinated, please complete the rest of this section)*  |
| **22. MenA (MenAfriVac; Conj.):**  | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No | □ 9-Unknown | **Date of MenA** |  / / *(dd/mm/yyyy)* |
| **23. MenACWYX (Penta;Conj.):**  | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of MenACWYX** |  / / *(dd/mm/yyyy)* |
| **24. PCV:**  | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of last PCV dose** |  / / *(dd/mm/yyyy)* |
| Number of doses | □ 1 □ 2 □ 3 |  |  |  |
| **25. Hib:**  | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of last Hib dose** |  / / *(dd/mm/yyyy)* |
| Number of doses | □ 1 □ 2 □ 3 |  |  |  |
| **26. Other:**  | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of MenA** |  / / *(dd/mm/yyyy)* |
| Vaccine Name: |  |  |  |  |
| **REPORTING HEALTH FACILITY INFORMATION:** |
| **27. Name of reporter:**  | **28. Reporter phone number:**  |
| **29. Date record created:** |  / /  | *(dd/mm/yyyy)*  | **30. Date health facility notified district:**  |  / / *(dd/mm/yyyy)*  |
| **31. Date health facility sent form to district:** / / *(dd/mm/yyyy)*  |
| **SPECIMEN COLLECTION:** |
| **32. Specimen Collected:** □ 1-Yes □ 2-No □ 9-Unknown *(Note : IF NO, please STILL complete the form and send to district disease control office)* |
| IF YES: Date of specimen collection: |  / /  | *(dd/mm/yyyy)*  |
| **Specimen Type:**   | □ 1-CSF  | □ 2-Blood  | □ 3-Other (*specify*):  |  |
| **Appearance of CSF:**  | □ 1-Clear |  □ 2-Turbid | □ 3-Bloody | □ 4-Xanthochromic | □ 5-Citrin | □ 6-Cloudy | □ 7-Purulent | □ 9-Not done |

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| **33. DISTRICT LABORATORY NAME:**  |  | **53. NATIONAL REFERENCE LABORATORY NAME:** |  |
| 34. Date specimen received at district: / / *(dd/mm/yyyy)*   | **54. Specimen ID NRL:** Specimen labeled with EPID Number: □ 1-Yes □ 2-No Date specimen received at NRL: / / *(dd/mm/yyyy)*  |
| 35. Date form received at district: / / *(dd/mm/yyyy)* |
| **36. REGIONAL LABORATORY NAME:**  |  | **55. Type of specimen container received at NRL** (*Check all that apply*)**:** □ 1-Trans-isolate □ 2-Cryotube □ 3-Dry tube □ 4-Other |
| 37. Date specimen received at region: |  / / *(dd/mm/yyyy)*  |
| **SPECIMEN TESTING AT PERIPHERAL LABORATORY:** | **56 Specimen condition at NRL:**Drytube specimen condition: □ 1-Adequate □ 2-Not Adequate Trans-isolate specimen condition: □ 1-Adequate □ 2-Not Adequate Cryotube specimen condition: □ 1-Adequate □ 2-Not Adequate  |
| **CULTURE** |  |
| **38. Name of district or regional lab conducting test:** |  |
| **39. Culture Result:** □ 1-NmA □ 2-NmC □ 3-NmW □4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b□ 11-Streptococcus B □ 12-Other organism (*specify*): □ 13-Contaminated □ 14-Negative □ 15-Not done |
| **57. Culture Results (NRL):** □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b □ 11-Strep B □ 12-Other organism (*specify*): □ 13-Contaminated □ 14-Negative □ 15-Not done |
| **GRAM** |
| **40. Name of district or regional lab conducting test:** |  |
| **41. Gram Result:** □ 1-GPD □ 2-GND □ 3-GPB □ 4-GNB □ 5-Other pathogens (specify): □ 6-No organism seen □ 9-Not done |
| **58. PCR Results (NRL):** □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b□ 11-Streptococcus B □12-Other organism (*specify*): □ 13-Contaminated □ 14-Negative □ 15-Not done**59. Date PCR performed:** / / *(dd/mm/yyyy)*  |
| **RDT**  |  |  |
| **42. Name of district or regional lab conducting test:** |  |
| **43. RDT Type:**  |  |
| **44. RDT Result:**□ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b□ 11-Streptococcus B □ 12-Other organism (*specify*): □ 13-Contaminated □ 14-Negative □ 15-Not done |
| **60. Antibiogram:**Ceftriaxone: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done Ciprofloxacin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done Penicillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done Oxacillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done Other (*specify)*:  □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done  |
| **LATEX****45. Name of district or regional lab conducting test:** **46. Latex Result:** □ 1-NmA □ 2-NmC □ 3-NmW/Y□ 4-NmB/E. coli K1 □ 5-NmX □ 6-S. pneumo□ 7-Hib □ 8-StrepB □ 9-Negative □ 10-Not done |
| **61. Final laboratory result:** □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm indeterminate □ 8-S. pneumo *(specify serotype)* □ 9-Hib □ 10-*Hi* non-b □ 11-Streptococcus B □12-Other organism (*specify*): □ 13-Contaminated □ 14-Negative □ 15-Not done |
| **CYTOLOGY****47. Name of district or regional lab conducting test:**  **48. White Cell Count:**  /mm3 |
| **OTHER TESTS PERFORMED** |  |
| **49. Other test performed:**  | □ 1-Yes □ 2-No □ 9-Unknown  |
| **50. Name of district or regional lab conducting test:** **51. Name of other test(s):** **52. Result(s):**  | **62. Final Classification:**  □ 1-Confirmed □ 2-Probable □ 3- Suspect |
| **63. Observations (all labs):**  |  |  |
| FINAL LABORATORY RESULT TRANSMISSION: |  |  |
| **64. Date final results sent to MOH:** / / *(dd/mm/yyyy***65. Date final results sent to district:** / / *(dd/mm/yyyy)*  | **66. Date final results sent to health facility:** / / *(dd/mm/yyyy)* **67. Date final results received at district:** / / *(dd/mm/yyyy)*  |

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| **1. UNIQUE IDENTIFIER NUMBER (EPID) :** 1a.EpidNumber **/ \_**1b.Country **\_ / \_** **\_ \_ \_ / \_** **\_ \_ \_ / \_**1c.Year **\_ / \_ \_ \_ / \_ \_ \_ \_ \_ \_** **/**(to be assigned at district level) Country Region District Year Disease Case Number |
| **2. REPORTING HEALTH FACILITY NAME:** 2.HealthFacility |
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| **3. REPORTING SUB-DISTRICT:** | 3.Subdistrict |

 | **4. REPORTING DISTRICT:** 4.District | **5. REPORTING REGION:** 5.Region |
| **PATIENT IDENTIFICATION**  |
| **6. PATIENT SURNAME:**  6.FamilyName | **7. PATIENT FIRST NAME:** 7.FirstName |
| **8a. DATE OF BIRTH:** 8a.DateOfBirth / / *(dd/mm/yyyy)* ***OR*  8b. AGE IN YEARS:** 8b.AgeYears ***OR*** If <12 months: **8c. AGE IN MONTHS:** 8c.AgeMonths ***OR* 8d. AGE IN DAYS**: 8d.AgeDays |
| **9. SEX: □** F-Female **□** M-Male □ 9-Unknown 9.Sex  |
| **10. Patient’s District of Residence** *(Address*):10.DistrictResidence |
| **11. Town/City/Village:** 11.Village | **12. □** U-**Urban** □ R-**Rural** □ 9-**Unknown** 12.UrbanRural |
| **13. Parent’s/caregiver’s name:** 13.ParentName | **14. Telephone number *(WhatsApp,Signal, etc)*:** 14.PhoneNum |
| **15. Patient Contact Notes:** 15.ContactNotes |
| **16. Date seen at health facility:** / / *(dd/mm/yyyy)* 16.DateConsultation | **17. Date of disease onset:** / / *(dd/mm/yyyy)* 17.DateOnset |
| **18. Signs and Symptoms:** |
|  18a Fever Fever: □ 1-Yes □ 2-No □ 9-Unknown |  18g Headache Headache: □ 1-Yes □ 2-No □ 9-Unknown |
|  18b Rash Rash: □ 1-Yes □ 2-No □ 9-Unknown |  18h BulgeFontanel Bulging fontanel: □ 1-Yes □ 2-No □ 9-Unknown |
| 18c Photophobia Photophobia: □ 1-Yes □ 2-No □ 9-Unknown |  18i Seizure Seizure/convulsion: □ 1-Yes □ 2-No □ 9-Unknown |
|  18d StiffNeck Neck stiffness: □ 1-Yes □ 2-No □ 9-Unknown | 18j AlteredConscious Altered consciousness: □ 1-Yes □ 2-No □ 9-Unknown |
|  18e Vomiting Vomiting: □ 1-Yes □ 2-No □ 9-Unknown |  18k Diarrhea Diarrhea: □ 1-Yes □ 2-No □ 9-Unknown |
|  18f Nausea Nausea: □ 1-Yes □ 2-No □ 9-Unknown |  Other (*specify*): 18L OtherSymptom |
| **19. Hospitalization status:** □ 1-Hospitalized □ 2-Outpatient □ 9-Unknown 19.InOutPatient |
| **20. Patient outcome:** □ 1-Alive (in treatment/ recovered) □ 2-Dead □ 9-Unknown 20.Outcome |
| **VACCINATION STATUS** **21. Vaccinated:** □ 1-YES □ 2-NO □ 9-UNKNOWN(*If vaccinated, please complete the rest of this section)* 21.VaccinationStatus |
| **22. MenA (MenAfriVac; Conj.):** 22a.MenA | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No | □ 9-Unknown | **Date of MenA** | 22b.DateMenA / / *(dd/mm/yyyy)* |
| **23. MenACWYX (Penta;Conj.):** 23a.Penta | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of MenACWYX** | 23b.DatePenta / / *(dd/mm/yyyy)* |
| **24. PCV:** 24a.PCV | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of last PCV dose** | 24b.DatePCV\_LASTDOSE / / *(dd/mm/yyyy)* |
| 24c.DosePCV Number of doses | □ 1 □ 2 □ 3 |  |  |  |
| **25. Hib:** 25a.Hib | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of last Hib dose** | 25b.DateHib\_LASTDOSE / / *(dd/mm/yyyy)* |
| 25c.DoseHib Number of doses | □ 1 □ 2 □ 3 |  |  |  |
| **26. Other:** 26a.OtherVaccine | □ 1-Yes by card/register | □ 2-Yes by verbal history |  □ 3-No  | □ 9-Unknown | **Date of MenA** | 26b.DateOtherVaccine / / *(dd/mm/yyyy)* |
| Vaccine Name: | 26c.OtherVaccineName |  |  |  |
| **REPORTING HEALTH FACILITY INFORMATION:** |
| **27. Name of reporter:** 27.ReporterHF | **28. Reporter phone number:** 28.ReporterPhone |
| **29. Date record created:** |  / /  | *(dd/mm/yyyy)* 29.DateCreated | **30. Date health facility notified district:** 30.DateHFNotifiedDistrict |  / / *(dd/mm/yyyy)*  |
| **31. Date health facility sent form to district:** / / *(dd/mm/yyyy)* 31.DateFormSentDistrict |
| **SPECIMEN COLLECTION:** |
| **32. Specimen Collected:** 32a.SpecimenCollected □ 1-Yes □ 2-No □ 9-Unknown *(Note : IF NO, please STILL complete the form and send to district disease control office)* |
| IF YES: Date of specimen collection: |  / /  | *(dd/mm/yyyy)* 32b.DateSpecimenCollected |
| **Specimen Type:** 32c.SpecimenType | □ 1-CSF  | □ 2-Blood  | □ 3-Other (*specify*): 32d.SpecimenTypeOther |  |
| **Appearance of CSF:** 32e.Aspect | □ 1-Clear |  □ 2-Turbid | □ 3-Bloody | □ 4-Xanthochromic | □ 5-Citrin | □ 6-Cloudy | □ 7-Purulent | □ 9-Not done |

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| **33. DISTRICT LABORATORY NAME:**  | 33.DistrictLab | **53. NATIONAL REFERENCE LABORATORY NAME:** | 53.LabNameNRL |
| 34. Date specimen received at district: / / *(dd/mm/yyyy)*  34.DateSpecimenReceivedDistrict | **54. Specimen ID NRL:** 54a.SpecimenIDNRLSpecimen labeled with EPID Number: □ 1-Yes □ 2-No 54b.SpecimenLabelIDDate specimen received at NRL: / / *(dd/mm/yyyy)* 54c.DateSpecimenReceivedNRL |
| 35. Date form received at district: / / *(dd/mm/yyyy)* 35.DateFormReceivedDistrict |
| **36. REGIONAL LABORATORY NAME:**  | 36.RegionLab | **55. Type of specimen container received at NRL** (*Check all that apply*)**:** 55.ContainerType□ 1-Trans-isolate □ 2-Cryotube □ 3-Dry tube □ 4-Other |
| 37. Date specimen received at region: |  / / *(dd/mm/yyyy)* 37.DateSpecimenReceivedRegion |
| **SPECIMEN TESTING AT PERIPHERAL LABORATORY:** | **56 Specimen condition at NRL:**Drytube specimen condition: □ 1-Adequate □ 2-Not Adequate 56a.ConditionDrytubeNRLTrans-isolate specimen condition: □ 1-Adequate □ 2-Not Adequate 56b.ConditionTINRLCryotube specimen condition: □ 1-Adequate □ 2-Not Adequate 56c.ConditionCryotubeNRL |
| **CULTURE** |  |
| **38. Name of district or regional lab conducting test:** | 38.LabNameCulture |
| **39. Culture Result:** 39a.CulturePeripheral□ 1-NmA □ 2-NmC □ 3-NmW □4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b□ 11-Streptococcus B □ 12-Other organism (*specify*): 39b.CultureOtherPeripheral□ 13-Contaminated □ 14-Negative □ 15-Not done |
| **57. Culture Results (NRL):** 57a.CultureNRL□ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b □ 11-Strep B □ 12-Other organism (*specify*):57b.CultureOtherNRL □ 13-Contaminated □ 14-Negative □ 15-Not done |
| **GRAM** |
| **40. Name of district or regional lab conducting test:** | 40.LabNameGram |
| **41. Gram Result:** 41a.GramResult□ 1-GPD □ 2-GND □ 3-GPB □ 4-GNB □ 5-Other pathogens (specify): 41b.GramResultOther □ 6-No organism seen □ 9-Not done |
| **58. PCR Results (NRL):** 58a.PCR□ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b□ 11-Streptococcus B □12-Other organism (*specify*): 58b.PCROther□ 13-Contaminated □ 14-Negative □ 15-Not done**59. Date PCR performed:** / / *(dd/mm/yyyy)* 59.DatePCR |
| **RDT**  |  |  |
| **42. Name of district or regional lab conducting test:** | 42.LabNameRDT |
| **43. RDT Type:** 43.RDTType |  |
| **44. RDT Result:** 44a.RDTResult□ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b□ 11-Streptococcus B □ 12-Other organism (*specify*): 44b.RDTResultOther□ 13-Contaminated □ 14-Negative □ 15-Not done |
| **60. Antibiogram:**Ceftriaxone: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60a.CeftriaxoneCiprofloxacin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60b.CiprofloxacinPenicillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60c.PenicillinOxacillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60d.OxacillinOther (*specify)*: 60e.OtherAntibiotic □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60.fOtherAntibioticResult |
| **LATEX****45. Name of district or regional lab conducting test:** 45.LabNameLatex**46. Latex Result:** 46.LatexResult□ 1-NmA □ 2-NmC □ 3-NmW/Y□ 4-NmB/E. coli K1 □ 5-NmX □ 6-S. pneumo□ 7-Hib □ 8-StrepB □ 9-Negative □ 10-Not done |
| **61. Final laboratory result:** 61a.FinalResultNRL□ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX□ 7-Nm indeterminate □ 8-S. pneumo *(specify serotype)* 61b. SPNSerotype□ 9-Hib □ 10-*Hi* non-b □ 11-Streptococcus B □12-Other organism (*specify*): 61c. FinalResultOtherNRL□ 13-Contaminated □ 14-Negative □ 15-Not done |
| **CYTOLOGY****47. Name of district or regional lab conducting test:** 47.LabNameCytology**48. White Cell Count:**  48.WhiteCellCount /mm3 |
| **OTHER TESTS PERFORMED** |  |
| **49. Other test performed:** 49.OtherTest | □ 1-Yes □ 2-No □ 9-Unknown  |
| **50. Name of district or regional lab conducting test:** 50.LabNameOther**51. Name of other test(s):** 51.OtherTestName **52. Result(s):** 52.OtherTestResult | **62. Final Classification:**  62. FinalClassification□ 1-Confirmed □ 2-Probable □ 3- Suspect |
| **63. Observations (all labs):** 63. Observations |  |  |
| FINAL LABORATORY RESULT TRANSMISSION: |  |  |
| **64. Date final results sent to MOH:** / / *(dd/mm/yyyy)* 64.DateResultsSentMOH**65. Date final results sent to district:** / / *(dd/mm/yyyy)* 65.DateResultsSentDistrict | **66. Date final results sent to health facility:** / / *(dd/mm/yyyy)* 66.DateResultsSentHF**67. Date final results received at district:** / / *(dd/mm/yyyy)* 67.DateResultsReceivedDistrict |