World Health Organisation. Regional Office for Africa.
In Standard operating procedures for surveillance of meningitis preparedness and response to epidemics in Africa. WHO Regional Office for Africa, Brazzaville 2019.

Annex 1: Case investigation form

MINISTRY OF HEALTH I GENERIC CASE-BASED REPORTING FORM *Name of country*

HEALTH FACILITY: _____ **District:** _____ **Region:** _____

□ **Cholera** □ Disease 2 ..... □ **Meningitis** □ Other
(specify):_____

EPID NUMBER: / _ _ _ / _ _ _ / _ _ _ / _ _ / _ _ _ / _ _ _ _ /
(To be completed at the district level) *Country* *Region* *District* *Year* *Disease* *Case No.*

PATIENT IDENTIFICATION

Patient's name: _____ Patient's first name (s): _____

Date of Birth: ____/____/_____

or Age in years: ____ **or** Age in months (if <12 months) ____ **or** Age in months (if<1 month) ____

Sex: □ Female □ Male Occupation (enter child if <5 years old): _____

Patient's residence

District of residence: _____ Town/Village: _____ Neighbourhood/Area: _____

□ Urban / □ Rural_____

Name of father/mother /guardian: _____ Patient's or guardian's phone number _____

Date seen: _____ / ____ / _____ Date of onset: ____ / ____ / _____ □ In-patient/Under observation □ Out-patient

Outcome: □ Healed □ Deceased □ Under treatment □ Unknown

PATIENT VACCINATED: □ **YES** □ **NO** □ **UNKNOWN**

If not a meningitis case:

Type of vaccine: _____ Number of doses: ____ □ Unknown Date of last vaccination: ___ / ___ / ____

If suspected case of meningitis vaccines received:		*Source of vaccine information:*
MenAC	□ Yes, Date: ____ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
MenACW	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
MenACWY	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
Conjugate A	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
PCV13- 1	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
PCV13- 2	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
PCV13-3	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
Hib 1	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
Hib 2	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown
Hib 3	□ Yes, Date: ___ / ___ / ___ □ No □ Unknown	□ card □ vaccination register □ verbal □ Unknown

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SPECIMEN COLLECTED: □ **YES** □ **NO** *(Note: IF NO, Please fill in the form and send it to the district CISSE)*

IF NO: Why: □ Lack of kit □ Lack of kit □ Patient's condition □ Other: _____

IF YES:

Date of specimen collection: ____/ ____/ _____ Time of specimen collection: / __/__/ HH__/ __/ Min

Specimen source: □ Stool □ Blood □ CSF □ Other: _____

Appearance of specimen: CSF: □ Clear □ Turbid □ Hematic □ Xanthochromic □ Citrin □ Cloudy □ Purulent

Stool: □ Aqueous □ Mucoid □ Bloody mucoid □ Bloody

Date and time of inoculation in the transport medium: ___/ ____/ _____ and /____/____/HH ____/____/ Min

Specimen(s) sent to lab: □ Yes □ No If not why? _____

Packaging: □ Dry tube □ Trans-Isolate □ Cryotube □ Cary blair □ Other: _____

RDT carried out: □ Cholera □ Meningitis □ Other (Specify): _____ Results: _____

Date specimen sent to lab: ____/ ____/ _____ Name of laboratory: _____

Date of reporting to the higher level: __/ __/ __ Person completing form: _____ Tel: _____

Date form sent to District: ____/ ____/ _____Date District received the form: __/ __/ ____

Date form sent to Region: ____/ ____/ _____Date Region received form: __/ ___/ ____

Date form sent to the central level: ____/ ____/ _____

DISTRICT LABORATORY OF : _____

Date of receipt: ____/ ____/ ____ Time: ____/ H ____/ Min **No. in laboratory register** : _____

Specimen (s) received: □ Dry tube □ Trans-Isolate □ Cryotube □ Cary blair □ Other (specify): _____

Conditions of transport of Specimen (s): □ Adequate □ Not Adequate

Appearance of specimen: CSF: □ Clear □ Turbid □ Hematic □ Xanthochromic □ Citrin □ Cloudy □ Purulent

Stool: □ Aqueous □ Mucoid □ Bloody mucoid □ Bloody

Type of tests performed: □ Cytology □ Fresh state □ Gram □ Latex □ RDT □ Other (specify): _____

Cytology: Leucocytes / ___/ ___/ ___/ ___/ ___/ mm^3 PN / ___/ ___/% LYMPH / ___/ ___/%

Gram : □ GPD □GND □GPB □ GNB □ Other pathogens □ Negative

RDT carried out: Cholera □ Meningitis □ Other (Specify): _____ Results: _____

Latex: □ NmA □ NmC □ NmW/Y □ NmB □ *S. pneumoniae* □ Hib □ Negative

Other test (specify type and results): _____

Date specimens sent to reference laboratory: ____/ ____/ _____

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REGIONAL LABORATORY OF : _____

Date received: ____/ ____/ ____ Time: ____ / H ____/ Min **No. in laboratory register** : _____

Specimen (s) received: □ Dry tube □ Trans-Isolate □ Cryotube □ Cary blair □ Other (specify): _____

Conditions of transport of Specimen (s): □ Adequate □ Not Adequate

Appearance of specimen: CSF: □ Clear □ Turbid □ Hematic □ Xanthochromic□ Citrin □ Cloudy □ Purulent

Stool: □ Aqueous □ Mucoid □ Bloody mucoid □ Bloody

Type of tests performed: □ Cytology □ Fresh state □ Gram □ Latex □ RDT □ Other (specify): _____

Cytology: Leucocytes /___/___/ ___/___/___/ mm^3 PN /___/___/% LYMPH /___/___/%

Gram : □ GPD □GND □GPB □ GNB □ Other pathogens □ Negative

RDT carried out: Cholera □ Meningitis □ Other (Specify):_____ Results: _____

Latex: □ NmA □ NmC □ NmW/Y □ NmB □ *S. pneumoniae* □ Hib □ Negative

Culture: □ NmA □ NmC □ NmW □ NmB □ NmX □ Nm Indeterminate □ {ut11 }S. Pneumoniae □ Hib □ *H. influenzae* Indeterminate □ StrepB □ Other pathogens (specify): _____ □ Contaminated □ Negative

Other test (specify type and results): _____

Antibiogram:

Ceftriaxone:	□ 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 specimens sent to reference laboratory: ____/ ____/ _____

REFERENCE LABORATORY: _____