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

HEALTH FACILITY: ____________________ District: ____________________ Region: ____________________

☐ Cholera ☐ Disease 2 ...... ☐ Meningitis ☐ Other
(specify):__________________________

EPI 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:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Yes, Date:</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>MenAC</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>MenACW</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>MenACWY</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Conjugate A</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>PCV13-1</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>PCV13-2</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>PCV13-3</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hib 1</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hib 2</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hib 3</td>
<td>Yes, Date:</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Source of vaccine 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
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| Date of specimen collection:  | ______/_____/_______ Time of specimen collection: /____/HH____ Min |
| Specimen source: □ Stool □ Blood □ CSF □ Other: ________________________________________________ |
| Appearance of specimen: CSF: □ Clear □ Turbid □ Hematoic □ 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: ______________________ Te: __________

Date form sent to District: ______/_____/_______ Date District received the form: ______/_____/_______

Date form sent to Region: ______/_____/_______ Date Region received form: ______/_____/_______

DISTRICT LABORATORY OF: __________________________________________

Date of receipt: ______/_____/_______ Time: ______/HH____/____ 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 □ Hematoic □ Xanthochromic □ Citrin □ Cloudy □ Purulent

Stool: □ Aqueous □ Mucoid □ Bloody mucoid □ Bloody

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

Cytology: Neutrophils /____/____/____/____mm³ 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 tests (specify type and results): ________________________________________________________________

Date specimens sent to reference laboratory: ______/_____/_______
REGIONAL LABORATORY OF: ________________________________

Date received: _____/_____/_____ Time: ____/_____/____ 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 / ____/_____/____/____/____/____/____ mm³ 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: ________________________________