Annex 2F: IDSR immediate case-based reporting form

	IDSR Immediate Case-Based Reporting Form	
	Variables/Questions	**Answers – Case n**
X	Record's unique identifier (YYYY-WEEK-CCC-PPP-DDD-Case nnn)	
1	Reporting Country	
2	Reporting Province/Region	
3	Reporting District	
4	Reporting Site (Health Facility, Camp, Village...)	
5	Disease/Event (diagnosis): *	
6	Inpatient or Outpatient?	
7	Date seen at health facility (day/month/year)	_____\
8	Patient Name(s)	
9	Date of Birth (day/month/year)	_____\
10	Age (...Years/...Months/...Days).	
11	Sex: M=Male F=Female	
12	Patient's residence: Name of Community/ Neighbourhood	
13	Name of Town/City	
14	Name of District of residence	
15	Urban/Rural? (U=Urban R=Rural)	
16	Address, (cell)phone number ... If applicable, name of mother and father if neonate or child	
17	Occupation	
18	Date of onset (day/month/year) of first symptoms	_____\
19	Travel history (Y or N), if Yes, state destination	
20	Number of vaccine doses received in the past against the disease being reported**	
21	Date of last vaccination	_____\
22	Date specimen collected	
23	Date specimen sent to lab	
24	Laboratory results	
25	Outcome: (Alive, Dead, transferred out, Lost to follow-up or unknown)	
26	Final Classification: Confirmed, Probable, Compatible, Discarded	
27	Date health facility notified District (day/month/year)	_____\
28	Date form sent to district (day/month/year)	_____\
29	Person completing form: name, function, signature	

* Disease/Event (Diagnosis):
AFP, Anthrax, Cholera, Bloody Diarrhoea, Dracunculiasis (Guinea Worm Disease), Neonatal Tetanus, Non-neonatal Tetanus, Measles, Dengue, Chikungunya, Meningitis, Monkey Pox, Yellow Fever, SARS, SARI, Maternal death, Neonatal death, Viral Haemorrhagic Fever, Plague, Typhoid fever, Rabies (Human), Smallpox, death, Influenza due to new subtypes, Adverse Effects following immunization (AEFI), Any event or disease of public health importance (Specify)

** Measles, Neonatal Tetanus (TT in mother), Yellow Fever, and Meningitis, etc.
For cases of Measles, NT (TT in mother), Yellow Fever, and
Meningitis; 9=unknown