



Epidemic-prone Disease Case Surveillance

Case Investigation Form Rotavirus Surveillance

Version 2022



I. INFORMATION ABOUT THE DISEASE REPORTING UNIT (DRU)							
Name of DRU: Region of DRU: Province of DRU:			Contact Number of DRU:			Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Airport/Seaport <input type="checkbox"/> Others: _____ Type of site: <input type="checkbox"/> Sentinel <input type="checkbox"/> Non-Sentinel	
II. PATIENT INFORMATION	EPIID No:	Patient Case Number:	Patient's Last Name:	First Name:	Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ mm dd yyyy Age: _____ <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Complete Current Address: (Specify House No./ Street/ Purok/ Subdivision/ Brgy/ Municipality/ City/Province, Region)						Is the patient is member of Indigenous People(IP): <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Specify _____	
Complete Permanent Address: (Specify House No./ Street/ Purok/ Subdivision/ Brgy/ Municipality/ City/Province, Region)						Is patient enrolled in 4 P's (National Household Targeting System)? <input type="checkbox"/> Y <input type="checkbox"/> N	
III. CLINICAL DATA (Put a check [✓] in the appropriate box)				IV. EPIDEMIOLOGIC	V. IMMUNIZATION HISTORY	VI. DETAILS OF INVESTIGATOR/REPORTING	
Date of Onset of Diarrhea: ____/____/____ (mm/dd/yyyy) Was Patient admitted at the ward for diarrhea? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of admission: ____/____/____ (mm/dd/yyyy) Did patient receive IV rehydration therapy while at the ER? <input type="checkbox"/> Y <input type="checkbox"/> N Did patient have previous hospitalization due to diarrhea? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of hospitalization ____/____/____ (mm/dd/yyyy)				Are there two or more diarrhea cases? <input type="checkbox"/> Yes If Yes, where: <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Household <input type="checkbox"/> No <input type="checkbox"/> Unknown	Received Rotavirus Vaccine? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, total doses received: _____ Date first dose received: ____/____/____ mm dd yyyy Date last dose received: ____/____/____ mm dd yyyy	Name of Investigator: _____ Position/Designation: _____ Contact Numbers: _____ Date of Investigation: ____/____/____ mm dd yyyy Date of Report: ____/____/____ mm dd yyyy	
Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of onset of vomiting: ____/____/____ (mm/dd/yyyy)							
Degree of Dehydration: <input type="checkbox"/> No dehydration <input type="checkbox"/> Some dehydration <input type="checkbox"/> Severe dehydration							
Fever: <input type="checkbox"/> Y <input type="checkbox"/> N ADMITTING DIAGNOSIS: _____ FINAL DIAGNOSIS: _____							
VII. LABORATORY DATA						VIII. CLASSIFICATION AND OUTCOME	
STOOL SPECIMEN	SPECIMEN CONDITION AND ADEQUACY (To be filled out by RITM)		ELISA RESULT (To be filled out by RITM)	PCR RESULT (To be filled out by RITM)		Classification: Suspected <input type="checkbox"/> Y <input type="checkbox"/> N Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N Outcome: <input type="checkbox"/> Alive Date of discharge: ____/____/____ mm dd yyyy <input type="checkbox"/> Died Date of Death: ____/____/____ mm dd yyyy	
Stool Collected? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, date taken: ____/____/____ mm dd yyyy Date sent to RITM: ____/____/____ mm dd yyyy	Date received by RITM: ____/____/____ mm dd yyyy Condition: <input type="checkbox"/> Frozen <input type="checkbox"/> Thawed but cold <input type="checkbox"/> Warm No. of ice packs: _____ Quantity of stool: <input type="checkbox"/> Sufficient <input type="checkbox"/> Sufficient for ELISA but no remaining sample <input type="checkbox"/> Insufficient		<input type="checkbox"/> NEG <input type="checkbox"/> POS <input type="checkbox"/> Equivocal Date of result: ____/____/____ mm dd yyyy	Genotype: _____ Date of result: ____/____/____ mm dd yyyy			
CASE DEFINITION AND CLASSIFICATION: Suspected Case: Acute (< 14 days) watery diarrhea, defined as three or more loose or watery stools in a 24-hour period in a child < 5 years of age who is admitted for treatment of diarrhea to a hospital ward or emergency unit at a participating surveillance facility. Children with bloody diarrhea and nosocomial infections are excluded. Confirmed Case: A suspected case in whose stool the presence of rotavirus is demonstrated by means of an antigen-based enzyme immunoassay (EIA) or any molecular diagnostic test. Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332							