



Philippine Integrated Disease Surveillance and Response

Case Report Form Acute Meningitis-Encephalitis Surveillance



I. INFORMATION ABOUT THE DISEASE REPORTING UNIT (DRU)

*Name: Address:				Contact Number:			Type: <input type="checkbox"/> Government <input type="checkbox"/> Private	
II. PATIENT INFORMATION	EPI ID No:	Patient Case Number:	Patient's Last Name:	First Name:	MiddleName:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: MM DD YY	Age: _____ <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Complete Address: (Specify House No./Street/Subdivision/Purok/Brgy/Municipality/City/Province) Present Address: (Specify House No./Street/Subdivision/Purok/Brgy/Municipality/City/Province)				District:	ILHZ:	Region:	Is the patient member of the Indigenous People(IP): <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Specify _____	<input type="checkbox"/> Sentinel site <input type="checkbox"/> non sentinel site

III. CLINICAL DATA (Put a check [✓] in the appropriate box)

Was patient admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date admitted: MM DD YY Date of onset of illness: MM DD YY	Signs and Symptoms: Fever: <input type="checkbox"/> Y <input type="checkbox"/> N *Change in mental status: <input type="checkbox"/> Y <input type="checkbox"/> N New-onset seizures: <input type="checkbox"/> Y <input type="checkbox"/> N Neck stiffness: <input type="checkbox"/> Y <input type="checkbox"/> N Meningeal signs: <input type="checkbox"/> Y <input type="checkbox"/> N *Change in mental status includes altered consciousness, confusion, or inability to talk.	Admission Diagnosis <input type="checkbox"/> CNS Infection <input type="checkbox"/> Suspected Bacterial Meningitis <input type="checkbox"/> Suspected Encephalitis <input type="checkbox"/> Others _____ *If the clinical presentation of the CNS infection is more of either suspected Bacterial Meningitis or suspected Encephalitis, check the specific box. If the patient fulfills the case definition of Acute Flaccid Paralysis, refer to the AFP surveillance point person.	IV. DETAILS OF INVESTIGATOR /REPORTING Name of Investigator: _____ Designation: _____ Contact No.: _____ Date of Investigation : MM DD YY Date of report to CHD: MM DD YY
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V. ILLNESS/VACCINATION HISTORY

Tick appropriate box (□) for the corresponding vaccination				*Exposure History: Tick the type of place where exposure probably occur: <input type="checkbox"/> Day care <input type="checkbox"/> Barangay <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Dormitory <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Workplace <input type="checkbox"/> Others, specify _____ *Exposure means any other member have similar symptoms.		Did the patient travel outside of the province in 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify place: _____ Date traveled: From: MM DD YY To: MM DD YY	
<input type="checkbox"/> JE	Date last dose	No. of doses	<input type="checkbox"/> Meningococcal	Date last dose	No. of doses		
<input type="checkbox"/> Penta-Hib			<input type="checkbox"/> Pneumococcal				
<input type="checkbox"/> Measles			PCV <input type="checkbox"/> PCV10 <input type="checkbox"/> PCV13				
<input type="checkbox"/> MMR/MR							

III. CASE MANAGEMENT:	Were blood/CSF extracted before the first dose of antibiotics was given to the patient?(Fill up if case is a suspected Bacterial Meningitis case) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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VI. LABORATORY DATA

Sample	Collected	Date/Time collected	Date/Time Received at the hospital laboratory (To be filled up by Sentinel hospital laboratory)	CSF Appearance (To be filled up by Sentinel hospital)	Microbiology Result (To be filled up by Sentinel Hospital)	CSF Cytology and Chemistry Result (To be filled up by Sentinel Hospital)	Date sent to RITM	Date Received and Volume of Sample (To be filled up by RITM)	Date of testing and RITM Result (To be filled up by RITM)
CSF	<input type="checkbox"/> Y <input type="checkbox"/> N	MM DD YY AM/PM	MM DD YY AM/PM	<input type="checkbox"/> Clear <input type="checkbox"/> Turbid-purulent <input type="checkbox"/> Blood stained <input type="checkbox"/> Others _____	Gram stain: <input type="checkbox"/> Y <input type="checkbox"/> N Result: _____ Culture: <input type="checkbox"/> Y <input type="checkbox"/> N Result: _____ Others (specify): _____ Result: _____	Test Result Units WBC _____ Protein _____ Glucose _____	MM DD YY	MM DD YY ml	MM DD YY <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> H. influenzae <input type="checkbox"/> S. pneumoniae <input type="checkbox"/> N. meningitidis <input type="checkbox"/> Negative

Serum

1 (Acute)	<input type="checkbox"/> Y <input type="checkbox"/> N	MM DD YY	MM DD YY	Date sent to RITM: MM DD YY	Date Received and Volume of Sample: MM DD YY ml	Date of testing: MM DD YY Result: <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> Negative
2 (Convalescent)	<input type="checkbox"/> Y <input type="checkbox"/> N	MM DD YY	MM DD YY	MM DD YY	MM DD YY ml	Date of testing: MM DD YY Result: <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> Negative



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Version 2019



VII. CASE CLASSIFICATION (*Case Classification will be filled out by Epidemiology and Surveillance Units)

A. For Acute Encephalitis Syndrome

Case Classification:

- ☐ Suspected
☐ Laboratory confirmed JE ☐ AES other agent _____
☐ Probable JE ☐ AES unknown

B. For Bacterial Meningitis

Case Classification:

- ☐ Suspected Meningitis
☐ Probable Bacterial Meningitis
☐ Confirmed Meningitis; if confirmed case, please state confirmatory test _____

Final Diagnosis: _____

VIII. OUTCOME

☐ **Alive** Date of Discharge: ____ / ____ / ____
MM DD YY

☐ **Died** Date of death: ____ / ____ / ____
MM DD YY

☐ **Recovered w/ sequelae** ☐ Yes ☐ No

If yes, specify: _____

☐ **Home Against Medical Advice (HAMA)** Date if HAMA: ____ / ____ / ____
MM DD YY

If JE, ff-up after 3 mos:

Date of ff-up: _____

Status at ff-up: _____

☐ **Transferred/ Referred To:** _____

CASE DEFINITION of Acute Meningitis-Encephalitis Surveillance

A combined case definition for AES and BM surveillance shall be used. Suspected cases will be captured through the standard case definition of **Acute Meningitis-Encephalitis Surveillance** System (includes meningitis, encephalitis, and overlapping cases)

Suspected: A case of suspected Acute Meningitis-Encephalitis A person of any age, at any time of year, with the acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk) AND/OR new onset of seizures (excluding simple febrile seizures).a Other early clinical findings can include an increase in irritability, somnolence or abnormal behavior greater than that seen with usual febrile illness.

Laboratory-confirmed Japanese Encephalitis -An Acute Encephalitis Syndrome case that has been laboratory-confirmed as Japanese Encephalitis

Confirmed BM: A case that is laboratory-confirmed by growing (i.e. culturing) or identifying (i.e. by Gram stain or antigen detection methods) a bacterial pathogen (Hib, pneumococcus or meningococcus) in the CSF or from the blood in a case with a clinical syndrome consistent with bacterial meningitis

Probable Japanese Encephalitis

An Acute Encephalitis Syndrome case that occurs in close geographical and temporal relationship to a laboratory-confirmed case of Japanese Encephalitis, in the context of an outbreak.

Probable BM: A suspected case with CSF examination showing at least one of the following:

- turbid appearance;
- leukocytosis (> 100 cells/mm3);
- leukocytosis (10-100 cells/ mm3) AND either an elevated protein (> 100 mg/dl) or decreased glucose (< 40mg/dl)

Acute Encephalitis Syndrome - other agent: An Acute Encephalitis Syndrome case in which diagnostic testing is performed and an etiologic agent other than Japanese Encephalitis virus is identified.

Acute Encephalitis Syndrome –unknown:-An AES case in which diagnostic testing is not performed or testing was performed but no etiologic agent was identified or in which the test results were indeterminate

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