

## Annex 11C: Cholera - Case-Based Investigation Form

<b>Area A : Patient and clinical laboratory related information</b>		
	<b>Variables/Questions</b>	<b>Answers</b>
1	Detection day (ddmm/yyyy)	
2	Detection place (Health facility or Community)	
3	Patient identification number (yyyy-week-CCC-PPP-DDD-Reporting site- <i>nnn</i> )	
4	Patient surname or last name	
5	Patient first name(s)	
6	Age (years)	
7	Sex (F/M)	
8	Number of people in same household	
9	Patient's residential Address	
10	Village/Town	
11	Neighborhood	
12	District	
13	Province	
14	Country	
15	Date of onset (first symptoms) (ddmm/yyyy)	
16	Clinical signs and Symptoms	
17	Was patient exposed to any known risk factor for this disease? (Yes/No)	
18	If yes, specify risk factor(s): Water used by the patient for drinking: (list by type, e.g. tap water, Borehole, unprotected well, protected well, River, dum, lake, pond)	
19	Number of doses of cholera Vaccine	
20	Date last dose was administered	
21	Laboratory related information: at least first and last cases	
22	<i>Vibrio cholerae</i> identified in stools?	
23	Drugs to which the vibrio strain is sensitive Drugs to which the vibrio strain is resistant	
24	Drugs to which the vibrio strain is resistant	
25	Outcome (Died, Survived, Unknown)	

26	Final Classification (Not a case, Suspect, Probable, Confirmed by Lab, confirmed by epidemiological link, Pending)	
27	Other Notes and Observations	
28	Date latest update of this record (dd/mm/yyyy)	

**Area B: Risk factor search (Information to be obtained from water and sanitation group of the investigation)**

**Mapping Potential Hazards**

	<b>Variables/Questions</b>	<b>Answers</b>
1	<b>Potential vibrio vehicles: drinking water</b>	
2	Drinking water source 1	
3	Drinking water source 2	
4	Drinking water source 3	
5	Drinking water source 4	
6	<b>Potential vibrio vehicles: non drinking water</b>	
7	Non drinking water source 1	
8	Non drinking water source 2	
9	Non drinking water source 3	
10	Non drinking water source 4	
11	<b>Potential vibrio vehicles: Food items</b>	
12	Food items 1	
13	Food items 2	
14	Food items 3	
15	Food items 4	
	Food items 5	
17	Food items 6	
18	Food items 7	
19	Food items 8	
20	<b>Bacteriology lab findings</b>	
21	Drinking water found infected by vibrio	
22	Non drinking water found infected by vibrio	

23	Food items found infected by vibrio	
24	<b>Looking out for Exposure to the identified hazards</b>	
25	Water used by the patient for drinking : (list by type, e.g. tap water, Borehole, unprotected well, protected well, River, dum, lake, pond):	
26	Within 3 days prior to the onset of the disease did the patient drink from	
27	Water source 2 (Yes/No)	
28	Water source 3 (Yes/No)	
29	Water source 4 (Yes/No)	
30	Water source 5 (Yes/No)	
31	Within 3 days prior to the onset of the disease did the patient eat	
32	Food item 1 (Yes/No)	
33	Food item 2 (Yes/No)	
34	Food item 3 (Yes/No)	
35	Food item 4 (Yes/No)	
36	Food item 5 (Yes/No)	
37	Within 3 days prior to the onset of the disease did the patient attend any	
38	funerals (Yes/No)	
39	other social event (Yes/No)	