

# Annex 2E: IDSR Immediate Case-based Reporting Form

REPORTING HEALTH FACILITY		REPORTING LGA		REPORTING STATE	
IDENTIFICATION NUMBER				IDSR 001A	
<b>Immediate/ Case-based Reporting Form</b>					
<b>From Health Facility/Health Worker to LGA health team</b>					
Acute Flaccid Paralysis/Poliomyelitis (AFP)	Buruli ulcer	Cholera	Diphtheria	Dracunculiasis (Guinea Worm)	Dengue
Influenza due to new subtype e.g H5N1	Leprosy	Lymphatic Filariasis	Maternal deaths	Measles	Meningitis
Monkey pox	Neonatal Tetanus (NNT)	Noma	Onchocerciasis	Perinatal deaths	Pertussis
Rabies (Dog bite)	Rubella	Trachoma	Tuberculosis (TB)	Viral Hemorrhagic Fever e.g. Lassa fever	Yaws & endemic syphilis or bejel
Yellow Fever	Others/specify* e.g. Ebola, MERS SARS, Small pox, Plague, Anthrax, Zika Virus, Chikungunya etc				
Date form received at SMOH or the national level:		/ / (Day/Month/Year)			
Name of Patient:					
Date of Birth (DOB):		/ / (Day/Month/Year)		Age (if DOB unknown):	
Year:		Month (if <12):		Day (NNT only)	
Sex: M=Male; F=Female					
Patient's Address:			Urban:		Rural:
Settlement/Village					
Ward			LGA:		State:
Exact residential address:		If applicable or If the patient is neonate or child, please write full name of mother and father of the patient			
Date seen at Health Facility (dd/mm/yyyy):		/ /		Date Health Facility notified LGA: / /	
Date of Onset:		/ /			
Number of vaccine doses received:		9 = unknown			
Date of last vaccination:		For cases of Measles, NT (TT in mother), Yellow Fever, and Meningitis (For Measles, TT, YF - by card & for Meningitis, by history)			
		/ /			
		(Measles, Neonatal Tetanus (TT in mother), Yellow Fever and Meningitis only)			
Close contact with infected poultry		1 = Yes; 2 = No			
Close contact with suspected or confirmed case of Avian influenza		1 = Yes; 2 = No			
Associated with an outbreak?		1 = Yes; 2 = No			
In/Out Patient		1 = Inpatient; 2 = Outpatient			
Outcome		1 = Alive; 2 = Dead; 9 = Unknown			
Final Classification of case		1 = Confirmed; 2 = Probable; 3 = Discarded; 4 = Suspect			
Final Classification for Measles		1 = Laboratory Confirmed; 2 = Confirmed by Epidemiological linkage; 3 = Clinical Compatible; 4 = Discard; 5 = Suspect with lab pending			
Person completing form (Name) :					Signature:
Title: Address:					
Date form sent to LGA: / / (Day/Month/Year)		Date Form Received at LGA: / / (Day/Month/Year)		Signature:	

