SURVEILLANCE OF ENCEPHALITIS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

Investigation should necessarily be carried out by the MOH/AMOH and under no circumstances it should be done by the PHI. Nor should the investigation form carry a signature of any other officer than the MOH or AMOH. (GS 01/42/2008)

Week Ending: ☐☐ ☐☐ ☐☐
of notification d d m m y y

A. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) ....
2. Residential Address: ....
3. Date of Birth : ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS Division	9. MOH area
☐☐/☐☐ y y / m m	☐ 1. Male ☐ 2. Female ☐ 9. Unknown	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ☐ 9. Unknown	....	....	....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms:
☐☐ ☐☐ ☐☐
d d m m y y

11. Where did the patient first seek medical advice ?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify)

....

12. Was patient admitted to hospital
- ☐ 1. yes → to Q.13
- ☐ 2. no } skip
- ☐ 3. not known } to Q.21

13. If yes, date of admission
☐☐ ☐☐ ☐☐
d d m m y y

14. Name of hospital: ....

15. Ward: ....

16. BHT No: ....

17. Date of discharge/ transfer or death:
☐☐ ☐☐ ☐☐
d d m m y y

18. If transferred to, name of hospital
....

19. Was patient transferred from some other hospital?
☐ 1. Yes ☐ 2. No

20. If "yes", where was the patient transferred from?
…………………………….....………..

21(a). Outcome of the case
- ☐ 1. cured
- ☐ 3. transferred
- ☐ 2. died
- ☐ 4. not known

21(b). If "Cured", was there Neuro-Psychiatric sequalae
☐ 1. Yes ☐ 2. No
If "Yes" Please Specify
....

C. CLINICAL DATA

Case definition : an illness with acute onset of possible meningitis / encephalitis including high fever and altered mental status

22. Symptoms and signs

a. general	b. mental state and other neurological symptoms and signs	For office use only
☐ high fever ☐ headache ☐ nausea/vomiting ☐ abdominal pain ☐ loose motion	☐ unconscious ☐ drowsy (abnormally sleepy) ☐ coma ☐ lethargic ☐ irritable ☐ abnormal behaviour / movements ☐ convulsions ☐ paralysis ☐ focal neurological ☐ tremors ☐ meningeal signs (neck stiffness/Kerning's sign) ☐ others (specify):	**Laboratory case definition** Probable Viral Encephalitis 5-1000 cells/mm3 in CSF (predominantly lymphocyte) Confirmed encephalitis due to JE virus: Presence of JE anti IgM in CSF/serum OR Rising titre of JE anti IgM in paired sera. Compatible with the case definition ☐ Yes ☐ No

D. LABORATORY DATA

23. Any laboratory investigations performed? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

24. If yes, details of the investigations:

Investigations		Results	Date	Laboratory*
1. WBC/DC (at highest total count)	Total count			
	Neutrophils			
	Lymphocytes			
2. CSF analysis	Lymphocytes			
	Protein			
	Glucose			
	JE IgM antibiotics			
	Any other findings			
3. Blood	Isolation of JE IgM antibiotics			
	Antibody titres in paired sera for JE			
	Any other findings			
4. E.E.G.				
5. C.T. Scan				

* MRI / other govt / private / not known

25. Diagnosis / probable diagnosis of the patient
(Please obtain from a physician or from valid document)

....

For office use only
Does the patient fit into the following
☐ viral encephalitis
☐ bacteria encephalitis
☐ confirmed JE
☐ other ....

E. JE VACCINATION STATUS

26. Was the patient vaccinated with JE vaccine before the onset of the disease ? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

27. If yes, was it Live or Killed Live JEV ☐ Killed JEV ☐

28. Details of immunization:

Live JEV Doses	Killed JEV Doses	Date of Immunization* (dd/mm/yy)	Batch number	Place of Immunization**
1st dose	1st dose			
	2nd dose			
	3rd dose			
	4th dose			
other	other			

* If the date is not known but the particular dose has been given, mark (✓) in the relevant cage

** MOH office / Govt. hospital / private hosp. / GP / other / not known

F. INFORMATION ON RISK FACTORS

29. Abundance of paddy fields in area of residence? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

30. Presence of piggeries in area of residence ? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

31. History of recent travel to known endemic areas ? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

32. Address of the patient's work place / school : ....

....

33. Remarks :

....

....

Signature: .... Name: ....

Date: .... Designation: ....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: chepid@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583