SURVEILLANCE OF MENINGITIS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the diagnosis card. Early investigation and return are essential.

Week Ending: of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial No: ☐☐☐☐ *	* Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH Office

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 to Q.21
- ☐ 3. not known

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. Outcome of the case

- ☐ 1. cured
- ☐ 3. transferred
- ☐ 2. died
- ☐ 4. not known

C. CLINICAL DATA

Surveillance case definition

Fever of acute onset with one or more of the following signs of meningeal irritation/inflammation: neck stiffness, poor sucking (in infants), bulging fontanelles (in infants), altered consciousness, irritability, seizures, other signs of meningeal irritation/inflammation

Case classification

1. **Suspected:** a case compatible with the surveillance case definition
2. **Probable bacterial meningitis:** a suspected case with a turbid ('cloudy') CSF or a CSF with an elevated protein (>100 mg/dl), decreased glucose (<40mg/dl) compared to the blood glucose level or leucocytosis (>100 WBC/mm^3) with 80% neutrophils

   Probable viral meningitis: a suspected case with CSF findings including pleocytosis (usually mononuclear, occasionally polymorphonuclear in the early stage), increased protein, normal sugar and absence of other causative organisms.
3. **Confirmed:** a suspected or probable case which is laboratory confirmed by isolation of a causal organism by CSF and/or blood culture and/or antigen detection.

22. Symptoms and signs			23. Complications
☐ 1. runny nose	☐ 8. skin rash	☐ 15. photophobia	☐ 1. none
☐ 2. cough	☐ 9. neck stiffness	☐ 16. confusion	☐ 2. encephalopathy
☐ 3. vomiting	☐ 10. jaundice	☐ 17. altered consciousness	☐ 3. pneumonia
☐ 4. diarrhoea	☐ 11. poor feeding	☐ 18. convulsions	☐ 4. others (specify): ....
☐ 5. irritability	☐ 12. weak sucking	☐ 19. others (specify):	☐ 5. not known
☐ 6. lethargy	☐ 13. bulging fontanelles		
☐ 7. fever	☐ 14. headache	☐ 20. not known	

D. LABORATORY DATA

24. Were any laboratory investigations performed? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

25 If yes, details of the investigations:

Blood	CSF	
1. CRP .... 2. ESR .... 3. Blood sugar .... 4. Blood culture (specify organisms isolated)	6. Cells in CSF (specify): Type of cell / Count .... 7. CSF protein .... 8. CSF sugar	Isolation of organisms Specify organism isolated Laboratory MRI/gov't/private) 10. direct smear .... 11. culture .... 12. antigen detection test .... 13. PCR ....
5. Laboratory (MRI/gov't/private)	9. Laboratory (MRI/gov't/private)	

26. Was the patient treated with antibiotics? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

27. If yes, details of antibiotic treatment:

Name of antibiotic/s given	Duration of use (days)
1.	☐☐
2.	☐☐
3.	☐☐

E. VACCINATION STATUS

28. Has the patient been vaccinated for meningitis? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

29. If yes, details of the vaccination status at disease onset:

Dose	Date of vaccination*	Place of vaccination**	Batch number

Hib 1	☐☐ ☐☐ ☐☐ d d m m y y		
Hib 2	☐☐ ☐☐ ☐☐ d d m m y y		
Hib 3	☐☐ ☐☐ ☐☐ d d m m y y		
Meningococcal vaccine	☐☐ ☐☐ ☐☐ d d m m y y		
Pneumococcal vaccine	☐☐ ☐☐ ☐☐ d d m m y y		

* If the date is unknown but the particular dose has been given, mark (✓) in the relevant cage
** GP/ private hospital/ others/ not known

30. Remarks:

…………………………………………………...………………………………………………………………………….

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

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

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

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Final classification
- Suspected ☐
- Probable bacterial meningitis ☐
- Probable viral meningitis ☐
- Confirmed ☐
- Other ....