

SURVEILLANCE OF ENCEPHALITIS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

For inward patients, the ICNO/designated person in the institution for sentinel surveillance should do the investigation personally.. Necessary data should be obtained from the hospital by reference to the BHT/physician or from the diagnosis card. Early investigation and return are essential.

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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> y y / m m	5. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 9. Unknown	6. Ethnic group <input type="checkbox"/> 1. Sinhalese <input type="checkbox"/> 2. Tamil <input type="checkbox"/> 3. Moor <input type="checkbox"/> 4. Others <input type="checkbox"/> 9. Unknown	7. Occupation <div style="text-align: center;"><input type="text"/> <input type="text"/></div>	8. DPDHS Division <div style="text-align: center;"><input type="text"/> <input type="text"/></div>	9. MOH area <div style="text-align: center;"><input type="text"/> <input type="text"/></div>
FOR OFFICE USE ONLY					

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y 11. Where did the patient first seek medical advice ? <input type="checkbox"/> 1. government hospital <input type="checkbox"/> 2. private hospital <input type="checkbox"/> 3. private practitioner <input type="checkbox"/> 4. Ayurvedic institution (public/private) <input type="checkbox"/> 5. other (specify)	12. Was patient admitted to hospital <input type="checkbox"/> 1. yes → to Q.13 <input type="checkbox"/> 2. no } skip <input type="checkbox"/> 3. not known } to Q.21 13. If yes, date of admission <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y 14. Name of hospital: 15. Ward: 16. BHT No:	17. Date of discharge/ transfer or death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y 18. If transferred to, name of hospital 19. Was patient transferred from some other hospital? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 20. If "yes", where was the patient transferred from? <div style="border: 1px solid black; padding: 5px;"> 21(a). Outcome of the case <input type="checkbox"/> 1. cured <input type="checkbox"/> 3. transferred <input type="checkbox"/> 2. died <input type="checkbox"/> 4. not known 21(b). If "Cured", was there Neuro-Psychiatric sequelae <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "Yes" Please Specify </div>
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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 <input type="checkbox"/> high fever <input type="checkbox"/> headache <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> abdominal pain <input type="checkbox"/> loose motion	b. mental state and other neurological symptoms and signs <input type="checkbox"/> unconscious <input type="checkbox"/> drowsy (abnormally sleepy) <input type="checkbox"/> coma <input type="checkbox"/> lethargic <input type="checkbox"/> irritable <input type="checkbox"/> abnormal behaviour / movements <input type="checkbox"/> convulsions <input type="checkbox"/> paralysis <input type="checkbox"/> focal neurological <input type="checkbox"/> tremors <input type="checkbox"/> meningeal signs (neck stiffness/Kerning's sign) <input type="checkbox"/> others (specify):	For office use only Laboratory case definition Probable Viral Encephalitis 5-1000 cells/mm ³ 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. <hr/> Compatible with the case definition <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 antibodies		
	Any other findings		
3. Blood	Isolation of JE IgM antibodies		
	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)

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Does the patient fit into the following	
<input type="checkbox"/>	viral encephalitis
<input type="checkbox"/>	bacteria encephalitis
<input type="checkbox"/>	confirmed JE
<input type="checkbox"/>	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**
1 st dose	1 st dose			
	2 nd dose			
	3 rd dose			
	4 th 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 :
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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