Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Bloody Diarrhea

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date Admit-ted/seen/ consulted	Date onset of illness	Lab result	Out-come
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
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				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**P - Positive (specify organism) N - Negative ND - Not done U - Unknown**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition:

- A person with acute diarrhea with visible blood in the stool.

Note: Laboratory culture of stools may be used to confirm possible outbreaks of specific diarrhea, such as *S. dysenteriae* type 1, but is not necessary for case definition.

- Case classification: Not applicable

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Bloody Diarrhea

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date Admit-ted/seen/ consulted	Date onset of illness	Lab result	Out-come
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
				___/___/___			___/___/___	___/___/___		
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				___/___/___			___/___/___	___/___/___		
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	P - Positive (specify organ-ism) N - Negative ND - Not done U - Unknown	A - Alive D - Died (specify date) U - Unknown

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Encephalitis Syndrome (ICD 10 Code: A83.0)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	Lab Result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*: F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**P - Positive (specify organism) N - Negative ND - Not done U - Unknown**	**Suspected AE - other agent AE - unknown Probable JE Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition/Classification:

AES (Suspected JE) Case: a case of Acute Encephalitis Syndrome (AES) is defined as a person of any age, with the acute onset of fever **and at least one** of the following :

- ⇒ Change in mental status (e.g.confusion, disorientation, coma or inability to talk);
- ⇒ New onset of seizures (excluding simple febrile seizures).

Clinical case: *a case that meets the suspect case definition.*

***Probable JE*:** an AES case that occurs in close geographical and temporal relationship to a laboratory-confirmed case of JE, in the context of an outbreak.

***Laboratory-confirmed JE*:** an AES case that has been laboratory-confirmed as JE.

AES - other agent: an AES case in which diagnostic testing is performed and an etiologic agent other than JE virus is identified.

***AES - unknown*:** an AES case in which testing was performed but no etiologic agent was identified or in which the test results were indeterminate.

Laboratory Confirmation:

- Presence of JE virus-specific IgM antibody in a single sample of cerebrospinal fluid (CSF) or serum, as detected by an IgM-capture ELISA

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Encephalitis Syndrome (ICD 10 Code: A83.0)

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date Admit-ted/seen/ consulted	Date onset of illness	Lab Result	Case Classifi-cation	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
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				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	Indicate First name, Middle name, Last name	***Age***: Indicate D - days M - months Yr. - years ***Sex***: F - Female M - Male		mm/dd/yy	Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province	Y - Yes N- No	mm/dd/yy	mm/dd/yy	P - Positive (specify organism) N - Negative ND - Not done U - Unknown	Suspected AE - other agent AE - unknown Probable JE Confirmed	A - Alive D - Died (specify date) U - Unknown

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Hemorrhagic Fever Syndrome

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	PCR Result	Blood Culture Result	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
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				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**P - Positive (specify organism) N - Negative ND - Not done U - Unknown**	**P - Positive (specify organism) N - Negative ND - Not done U - Unknown**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition:

- Any **hospitalized** person with acute onset of fever of less than 3 weeks duration and with **any two** of the following: hemorrhagic or purpuric rash, epistaxis, hematemesis, hemoptysis, blood in stools, or other hemorrhagic symptom **and** the diagnosis is **not** Dengue

Note: Laboratory confirmation should be done if available

Case classification: Not applicable

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Hemorrhagic Fever Syndrome

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date Admit-ted/seen/ consulted	Date onset of illness	PCR Re-sult	Blood Culture Result	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
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				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	P - Positive (specify organism) N - Negative ND - Not done U - Unknown	P - Positive (specify organ-ism) N - Negative ND - Not done U - Unknown	A - Alive D - Died (specify date) U - Un-known

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Viral Hepatitis (ICD 10 Code: B15-B17)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date admitted/seen/ consulted	Date onset of illness	Laboratory Result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Specify**	**S-Suspect C-Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition/Classification:

- ***Suspected case***: A person with acute illness characterized by acute jaundice, dark urine, loss of appetite, body weakness, extreme fatigue, and high upper quadrant tenderness.
- ***Probable*** : Not applicable
- ***Confirmed Case***: A suspected case that is laboratory confirmed

Laboratory Confirmation:

- Hepatitis A: Positive for IgM anti-HAV
- Hepatitis B: Positive for Hepatitis B surface antigen (HBsAg) or Positive for IgM anti-HBc
- Hepatitis C: Positive for anti-HCV
- Non-A, non-B: Negative for IgM anti-HAV and IgM anti-HBs (or HBsAg)

Philippine Integrated Disease Surveillance and Response

Case Report Form

Acute Viral Hepatitis (ICD 10 Code: B15-B17)

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date admit-ted/seen/ consulted	Date onset of illness	Labora-tory Result	Case Classifi-cation	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
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				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*: F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	Specify	S-Suspect C-Con-firmed	A - Alive D - Died (specify date) U - Unknown

Philippine Integrated Disease Surveillance and Response

Case Report Form

Bacterial Meningitis (ICD 10 Code: A87)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Private Hospital ☐Gov't Hospital ☐Clinic ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Address: _____

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	Laboratory Result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Specify organism**	**S-Suspect P-Probable C-Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition/Classification:

Suspected Case:
A person with sudden onset of fever (≥ 38.5oC rectal or 38oC axillary) and one of the following signs:

- –neck stiffness,
- –altered consciousness, or
- –other meningeal sign, such as bulging fontanelle, Kernig's sign and/ or Brudzinski sign.

Confirmed case:
A suspected case that is laboratory-confirmed .

Probable Case:
A suspected case with CSF examination showing at least one of the following:

- –turbid appearance,
- –leukocytosis (>100 cells/ mm3) or, and/or
- –leukocytosis (10-100 cells/ mm3) AND either an elevated protein (>100 mg/dl) or decreased glucose (<40mg/dl)

Laboratory Confirmation:

- Culture or detection (i.e. by Gram stain or antigen detection methods) of a bacterial pathogen other than *Neisseria meningitides.*

Note: Identified *Neisseria meningitides* cases shall be reported as confirmed Meningococcal Disease

Philippine Integrated Disease Surveillance and Response

Case Report Form

Bacterial Meningitis (ICD 10 Code: A87)

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/consulted	Date onset of illness	Laboratory Result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Specify organism**	**S-Suspect P-Probable C-Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Cholera (ICD 10 Code: A00)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	Stool Culture result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**P - Positive (specify organism) N - Negative ND - Not done U - Unknown**	**S-Suspect C-Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition/Classification:

- ***Suspected case***:
  - *Disease unknown in the area:* A person aged 5 years or more with severe dehydration or who died from acute watery diarrhea, **OR**
  - *Disease endemic in the area:* A person aged 5 years or more with acute watery diarrhea with or without vomiting, **OR**
  - *In an area where there is a cholera epidemic:* A person with acute watery diarrhea, with or without vomiting.
- ***Probable****:* Not applicable
- ***Confirmed case****:* A suspected case that is laboratory-confirmed

Laboratory Confirmation of Cholera:

- Isolation of *Vibrio cholerae* 01 or 0139 from stools in any patient with diarrhea

Philippine Integrated Disease Surveillance and Response

Case Report Form

Cholera (ICD 10 Code: A00)

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	Stool Culture result	Case Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	Indicate First name, Middle name, Last name	*Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male		mm/dd/yy	Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province	Y - Yes N- No	mm/dd/yy	mm/dd/yy	P - Positive (specify organism) N - Negative ND - Not done U - Unknown	S- Suspect C- Confirmed	A - Alive D - Died (specify date) U - Unknown

Philippine Integrated Disease Surveillance and Response

Case Report Form

Dengue (ICD 10 Code: A90-A91)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex (F/M)	Date of Birth	Complete Address	Admit-ted?	Date admit-ted/seen/ consulted	Date onset of illness	Type	Case classifi-cation	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**W—with warning signs N– no warn-ing signs S-Severe Dengue**	**S - Sus-pect P - Prob-able C - Con-firmed**	**A - Alive D - Died (specify date) U - Un-known**

Clinical Case Definition/Classification:

Dengue without Warning signs.

- ***Suspect***

A previously well person with acute febrile illness of 2-7 days duration plus two of the following:

Headache, Body malaise, Myalgia, Arthralgia, Retro-orbital pain, Anorexia, Nausea, Vomiting, Diarrhea, Flushed skin, Rash (petecheal, Herman's sign)

- ***Probable***

A suspect case **plus:**

Laboratory test, at least CBC (leucopenia with or without thrombocytopenia) and/or Dengue NS1, antigen test or dengue IgM antibody test (optional)

- ***Confirmed****:*

- Viral culture isolation,
- Polymerase Chain Reaction

Dengue with Warning Signs

,A previously well person with acute febrile illness of 2-7 days duration plus any one of the following:

- Abdominal pain or tenderness
- Persistent vomiting
- Clinical signs of fluid accumulation
- Mucosal bleeding
- Lethargy, restlessness
- Liver enlargement
- Laboratory: increase in Hct and/or decreasing platelet count

Severe Dengue

A previously well person with acute febrile illness of 2-7 days duration and any of the clinical manifestations for dengue with or without warning signs,
Plus any of the following:

Severe plasma leakage leading to
- Shock
- Fluid accumulation with respiratory distress

Severe bleeding

Severe organ impairment
- Liver: AST or ALT ≥1000
- CNS: e.g. seizures, impaired consciousness
- Heart: e.g. myocarditis
- Kidneys: e.g. renal failure

Philippine Integrated Disease Surveillance and Response

Case Report Form

Dengue (ICD 10 Code: A90-A91)

Patient No.	Patient's Full Name	Age	Sex (F/M)	Date of Birth	Complete Address	Admit-ted?	Date admit-ted/seen/ consulted	Date onset of illness	Type	Case-Classifi cation	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
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				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	Indicate First name, Middle name, Last name	*Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male		mm/dd/yy	Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province	Y - Yes N- No	mm/dd/yy	mm/dd/yy	W - with Warning signs N– no warn-ing signs S—Severe Dengue	S– Suspect P- Prob-able C – confirmed	A - Alive D - Died (specify date) U - Unknown

Philippine Integrated Disease Surveillance and Response

Case Report Form

Diphtheria (ICD 10 Code: A36)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate** **D - days** **M - months** **Yr. - years** ***Sex*: F - Female** **M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**

Case Definition/Classification:

Probable Case: a person with an illness of the upper respiratory tract characterized by laryngitis or pharyngitis or tonsillitis, and adherent membranes on tonsils, pharynx and/or nose.

Confirmed Case: a probable case that is laboratory confirmed or linked epidemiologically to a laboratory-confirmed case.

Note**:** Persons with positive *Corynebacterium diphtheriae* cultures who do not meet the clinical description (i.e. asymptomatic carriers) should not be reported as probable or confirmed diphtheria cases.

Laboratory Confirmation:

- Isolation of *Corynebacterium diphtheriae* from a clinical specimen

Philippine Integrated Disease Surveillance and Response

Case Report Form

Diphtheria (ICD 10 Code: A36)

Patient's Full Name	Admitted?	Date Admitted/ seen/consulted	Date of onset of Illness	No. of DPT doses received?	Date of last DPT	Case Classification	Outcome
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
Response Codes / Instructions	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**0 1 2 3 Unknown**	**mm/dd/yy**	**P - Probable C - Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Influenza-like Illness (ICD 10 Code: J11)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admitted?	Date admitted/seen/consulted	Date onset of illness	Lab. Done/ Result	Classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*: F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Isolation PCR Serology; Specify organism**	**S - Suspect C - Confirmed SS - Suspect SARS SAI - Suspect HAI**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition and Classification:

- ***Suspected case***: A person with sudden onset of fever of ≥38°C and cough or sore throat in the absence of other diagnoses.
- ***Probable case***: Not applicable
- ***Confirmed case****:* A suspected case that is laboratory-confirmed (used mainly in epidemiological investigation rather than surveillance).
- ***Suspected Severe Acute Respiratory Syndrome (SARS) case****:* A suspect ILI case with exposure to confirmed SARS case.
- ***Suspected Human Avian Influenza****:* A suspect ILI case with exposure to sudden bird deaths *(sudden bird deaths in two or more households in a barangay or death of at least 3% of commercial flock increasing twice daily for 2-3 consecutive days)* OR confirmed human avian influenza case.

Note: In cases of Suspected SARS and Suspected HAI notify simultaneously the PHO, CHD and NEC within 24 hours of detection.

Laboratory Confirmation:

- Virus isolation or Polymerase Chain Reaction (PCR) of swab or aspirate from the suspected Individual or direct detection of influenza viral antigen or 4-fold rise in antibody titer between early and late serum.

Philippine Integrated Disease Surveillance and Response

Case Report Form

Influenza-like Illness (ICD 10 Code: J11)

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Admit-ted?	Date admit-ted/seen/ consulted	Date onset of illness	Lab. Done/ Result	Classifica-tion	Out-come
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate** **D - days** **M - months** **Yr. - years** ***Sex*:** **F - Female** **M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes** **N- No**	**mm/dd/yy**	**mm/dd/yy**	**Isolation PCR Serology; Specify organism**	**S - Suspect** **C - Confirmed** **SS - Suspect SARS** **SAI - Suspect HAI**	**A - Alive** **D - Died (specify date)** **U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Leptospirosis (ICD 10 Code: A27)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Name	Age	Sex	Date of Birth	Occupation	Complete Address	Admitted?	Date Admitted/Seen/ Consulted	Date of Onset of Illness	Case Classification	Outcome
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Indicate occupation**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**S - Suspect C - Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Case Definition/Classification:

- ***Suspected case****:* A person who developed acute febrile illness with headache, myalgia and prostration associated with any of the following: conjunctival suffusion, meningeal irritation, anuria or oliguria and/or proteinuria, jaundice, hemorrhages (from the intestines or lungs), cardiac arrhythmia or failure, skin rash and other common symptoms that include nausea, vomiting, abdominal pain, diarrhea, arthralgia AFTER exposure to infected animals or an environment contaminated with animal urine (e.g. wading in flood waters, rice fields, drainage).
- ***Probable case***: Not applicable
- ***Confirmed case***: A suspected case that is laboratory confirmed

Laboratory Confirmation:

- Isolation (and typing) from blood or other clinical specimens through culture of pathogenic *Leptospira*
- Positive serology, preferably Microscopic Agglutination Test (MAT), using a range of *Leptospira* strains for antigens that should be representative of local strains

Philippine Integrated Disease Surveillance and Response

Case Report Form

Leptospirosis (ICD 10 Code: A27)

Patient No.	Name	Age	Sex	Date of Birth	Occupation	Complete Address	Admitted?	Date Admitted/Seen/ Consulted	Date of Onset of Illness	Case Classification	Outcome
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
				___/___/___				___/___/___	___/___/___		
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Indicate occupation**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**S - Suspect C - Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Malaria (ICD 10 Code: B50 - B54)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Occupation	Complete Address	Admitted?	Date Admitted/seen/ consulted
				___/___/___				___/___/___
				___/___/___				___/___/___
				___/___/___				___/___/___
				___/___/___				___/___/___
				___/___/___				___/___/___
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Specify occupation**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**	**Y - Yes N- No**	**mm/dd/yy**

Case Definition/Classification:

- ***Uncomplicated malaria*:** Signs and symptoms vary; most patients experience fever. Splenomegaly and anemia are common associated signs. Common but non-specific symptoms include otherwise unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting.
- ***Severe malaria*:** Coma, generalized convulsions, hyperparasetemia, normocytic anemia, disturbances in fluid, electrolyte, and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding (disseminated intravascular coagulation) and pulmonary edema.
- ***Laboratory confirmation***: Demonstration of malaria parasites in blood films (mainly asexual forms)

*In areas **WITHOUT** access to laboratory-based diagnosis:*

- ***Probable uncomplicated malaria case:*** A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment.
- ***Probable severe malaria case****:* A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, renal failure, hyperpyrexia, circulatory collapse/shock, spontaneous bleeding, and pulmonary edema) and receives anti-malarial treatment.
- ***Probable malaria death****:* death of a patient diagnosed with probable severe malaria

(continued at the back)

Philippine Integrated Disease Surveillance and Response

Case Report Form

Malaria (ICD 10 Code: B50 - B54)

Patient 's Full Name	Date onset of illness	Type of Parasite	History of Travel (If YES, specify place)	History of Recent Blood Trans-fusion	Case Classification	Outcome
	___/___/___					
	___/___/___					
	___/___/___					
	___/___/___					
	___/___/___					
Response Codes / Instructions	**mm/dd/yy**	**Indicate whether :** ***Plasmodium falciparum*** ***Plasmodium vivax*** ***Plasmodium malariae*** ***Plasmodium ovale*** ***Mi - Mixed (specify)***	**Y = Yes** **N = No** **U = Unknown** ***NOTE*: Travel refers to 2 weeks prior to illness**	**Y = Yes** **N = No** **U = Unknown** ***NOTE*: Blood transfusion 2 weeks prior to illness**	**PU - Probable uncomplicated** **PS - Probable severe** **PD - Probable malaria death** **AS - Asymptomatic malaria** **CU - Confirmed uncomplicated** **CS - Confirmed severe** **CD - Confirmed malaria death** **TF - Treatment failure**	**A - Alive** **D - Died (specify date)** **U - Unknown**

*(In areas **WITH** access to laboratory-based diagnosis)*

- ***Asymptomatic malaria***: A person with no recent history of symptoms and/or signs of malaria who shows laboratory confirmation of parasitemia.
- ***Confirmed uncomplicated malaria case:*** A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment AND with laboratory confirmation of diagnosis.
- ***Confirmed severe malaria case****:* A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbances in fluid, electrolyte, and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding, disseminated intravascular coagulation, and pulmonary edema) and receives anti-malarial treatment AND with laboratory confirmation of diagnosis (microscopy or RDT)
- ***Confirmed malaria death****:* death of a patient classified as confirmed severe malaria.
- ***Malaria treatment failure****:* A patient with uncomplicated malaria without any clear symptoms suggesting another concomitant disease who has taken a correct dosage of anti-malarial treatment, and who presents with clinical deterioration or recurrence of symptoms within 14 days of the start of treatment, in combination with parasitemia (asexual forms).

Philippine Integrated Disease Surveillance and Response

Case Report Form

Non-neonatal Tetanus (ICD 10 Code: A35)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Occupation	Complete Address
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*:F - Female M - Male**		**mm/dd/yy**	**Indicate occupation**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**

Case Definition/classification:

Confirmed Case:

Acute onset of hypertonia and/or painful muscular contractions (usually muscles of the neck and jaw) and generalized muscle spasms without other apparent medical cause as reported by a health care professional.

Philippine Integrated Disease Surveillance and Response

Case Report Form

Non-neonatal Tetanus (ICD 10 Code: A35)

Patient's Full Name	Admit-ted?	Date Admit-ted/seen/ consulted	Date of Onset of Illness	With recent wound?	Wound site	Wound type	Received tetanus toxoid vac-cination?	Received tetanus antitoxin or TIG?	Skin lesions	Out-come
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
		___/___/___	___/___/___							
Response Codes / Instructions	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Y = Yes N = No U = Unknown *NOTE*: Recent wound refers to past 3 months whether healed or not**	**Head & Neck Trunk Upper extremity Lower extremity Unknown**	• Abrasion • Animal bite • Avulsion • Burn • Open fracture • Crash • Dental (caries/ extraction) • Fireworks • Insect bite • Laceration • Puncture • Surgery • Tissue necrosis • Others, specify	**Y - Yes N - No U - Unknown**	**Y - Yes N - No U - Unknown**	**Y - Yes (specify) N - No U - Unknown *NOTE*: Skin lesions for the past 3 months, which may include : abscess, ulcer, blister, gangrene, cellulitis, etc.**	**A - Alive D - Died (specify date) U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Pertussis (ICD 10 Code: A37)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
				___/___/___	
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate D - days M - months Yr. - years *Sex*: F - Female M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**

Case Definition/ classification:

Clinically-confirmed case:

- A case that meets the clinical case definition but is not laboratory confirmed.

Probable case:

- Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.

Laboratory-confirmed case:

- A case of acute cough illness of any duration with a positive culture for B. pertussis; OR
- A case that meets the clinical case definition and is confirmed by PCR; OR

A case that meets the clinical definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.

Laboratory Confirmation:

- Isolation of *Bordetella pertussis*, or detection of genomic sequences by polymerase chain reaction (PCR).

Philippine Integrated Disease Surveillance and Response

Case Report Form

Pertussis (ICD 10 Code: A37)

Patient's Full Name	Admit-ted?	Date Admitted/ seen/consulted	Date of onset of Illness	No. of DPT doses received?	Date of last DPT	Case Classification	Outcome
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
		___/___/___	___/___/___		___/___/___		
Response Codes / Instructions	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**0 1 2 3 Unknown**	**mm/dd/yy**	**S - Suspect C - Confirmed**	**A - Alive D - Died (specify date) U - Unknown**

Philippine Integrated Disease Surveillance and Response

Case Report Form

Typhoid and Paratyphoid Fever (ICD 10 Code: A01)

Region: _____ **Province**: _____ **Municipality/City**: _____

Name of DRU: _____ **Type**: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic

Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
Response Codes / Instructions	**Indicate First name, Middle name, Last name**	***Age*: Indicate** **D - days** **M - months** **Yr. - years** ***Sex*: F - Female** **M - Male**		**mm/dd/yy**	**Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province**

Case Definition/Classification:

- ***Suspected case*:** A person with an illness characterized by insidious onset of sustained fever with headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and non-productive cough.
- ***Probable case*:** A suspected case that is epidemiologically linked to a confirmed case in an outbreak or, a suspected case positive for Typhidot test.
- ***Confirmed case*:** A suspected or probable case that is laboratory confirmed.

Laboratory Confirmation:

- Isolation of *Salmonella enterica* from blood, stool, or other clinical specimen

Philippine Integrated Disease Surveillance and Response

Case Report Form

Typhoid and Paratyphoid Fever (ICD 10 Code: A01)

Patient's Full Name	Admitted?	Date Admitted/seen/ consulted	Date onset of illness	Laboratory Result	Case Classification	Outcome
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
		____/____/____	____/____/____			
Response Codes / Instructions	**Y - Yes N- No**	**mm/dd/yy**	**mm/dd/yy**	**Specify Organism**	**S - Suspect P - Probable C - Confirmed**	**A - Alive D - Died (specify date) U - Unknown**