



Hand, Foot and Mouth Disease and Severe Enteroviral Disease

Name of DRU:	Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport
Address:	

I. PATIENT INFORMATION

Patient Number	Patient's First Name	Middle Name	Last Name
Complete Address			Date of Birth: mm/dd/yy
District:			Age <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
ILHZ:			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Admitted/ Seen/Consult	MM	DD
		YY	Date Onset of Illness
Date of Investigation:	MM	DD	YY
Name of investigator/s:		Contact Nos.:	

II. CLINICAL INFORMATION

Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: ____/____/____ Rash: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: ____/____/____ <input type="checkbox"/> palms <input type="checkbox"/> fingers <input type="checkbox"/> soles of feet <input type="checkbox"/> Buttocks <input type="checkbox"/> Mouth ulcers Painful? <input type="checkbox"/> Y <input type="checkbox"/> N Characteristic: <input type="checkbox"/> maculopapular <input type="checkbox"/> papulovesicular	Other signs/symptoms (please tick) <input type="checkbox"/> Poor/loss of appetite <input type="checkbox"/> Body malaise <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea & vomiting <input type="checkbox"/> Difficulty of breathing <input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Meningeal irritation Others, specify: _____	Are there any complications? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify: _____ Working/Final Diagnosis
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III. EXPOSURE HISTORY

Is there a history of travel within 12 weeks to an area with ongoing epidemic of HFMD or EV Disease?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are there other known cases in the community?	<input type="checkbox"/> Y <input type="checkbox"/> N
Where did exposure probably occur?	
<input type="checkbox"/> Day care	<input type="checkbox"/> Community
<input type="checkbox"/> Home	<input type="checkbox"/> School
<input type="checkbox"/> HealthCare Facilities	<input type="checkbox"/> Dormitory
<input type="checkbox"/> Others, specify _____	

IV. LABORATORY TESTS

Specimen	If YES, Date Collected	Date sent to RITM	Date received at RITM	Result: Positive, Negative, Not Done	Specify organism	Date of result
<input type="checkbox"/> Throat swab	____/____/____	____/____/____	____/____/____			____/____/____
<input type="checkbox"/> Vesicle swab	____/____/____	____/____/____	____/____/____			____/____/____
<input type="checkbox"/> Rectal swab	____/____/____	____/____/____	____/____/____			____/____/____
<input type="checkbox"/> Stool	____/____/____	____/____/____	____/____/____			____/____/____

V. CLASSIFICATION

<input type="checkbox"/> Suspected case of HFMD	<input type="checkbox"/> Suspected case of Severe Enteroviral Disease	<input type="checkbox"/> Alive <input type="checkbox"/> Died Date died: ____/____/____
<input type="checkbox"/> Probable case of HFMD	<input type="checkbox"/> Confirmed case of Severe Enteroviral Disease	
<input type="checkbox"/> Confirmed case of HFMD		

Case Report Form

Hand, Foot and Mouth Disease and Severe Enterovirus Disease

CASE DEFINITION/CLASSIFICATION:

Suspected case of HFMD: Any individual, regardless of age, who develop acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers in the mouth.

Probable case of HFMD: A suspected case that has not been confirmed by a laboratory, but is geographically and temporally related to a laboratory-confirmed case.

Confirmed case of HFMD: A suspected case with positive laboratory result for Human Enteroviruses that cause HFMD.

Suspected case of Severe Enteroviral Disease: Any child less than ten (10) years of age: with fever plus any severe signs and symptoms referable to central nervous system involvement, autonomic nervous system dysregulation or cardiopulmonary failure;

OR a suspect or probable HFMD case with complications

OR who died < 48hours after presenting with fever and CNS involvement;

Confirmed case of Severe Enteroviral Disease: A suspected Severe Enteroviral Disease that has positive laboratory results for Enteroviruses

COMPLICATIONS ASSOCIATED WITH HFMD AND SEVERE ENTEROVIRUSDISEASE:

Aseptic Meningitis	Febrile illness with headache, vomiting and meningism associated with of more than 5-10 white cells per cubic millimeter in cerebrospinal (CSF) fluid, and negative results on CSF bacterial culture.
Brainstem encephalitis	Myoclonus, ataxia, nystagmus, oculomotor palsies, and bulbar palsy in various combinations, with or without MRI. In resource –limited settings, the diagnosis of brainstem encephalitis can be made in children with frequent myoclonic jerks and CSF pleocytosis.
Encephalitis	Impaired consciousness, including lethargy, drowsiness or coma, or seizures or myoclonus.
Encephalomyelitis	Acute onset of hyporeflexic flaccid muscle weakness with myoclonus, ataxia, nystagmus, oculomotor palsies and bulbar palsy in various combinations.
Acute Flaccid Paralysis	Acute onset of flaccid muscle weakness and lack of reflexes.
Autonomic Nervous System (ANS) dysregulation	Presence of cold sweating , mottled skin, tachycardia, tachypnea, and hypertension
Pulmonary oedema/haemorrhage	Respiratory distress with tachycardia, tachypnea, rales, and pink frothy secretion that develops after ANS dysregulation, together with a chest radiograph that shows bilateral pulmonary infiltrates without cardiomegaly.
Cardiorespiratory failure	Cardiorespiratory failure is defined by the presence of tachycardia, respiratory distress, pulmonary oedema, poor peripheral perfusion requiring inotropes, pulmonary congestion on chest radiography and reduced cardiac contractility on echocardiography.