PAPUA NEW GUINEA DISEASE SURVEILLANCE SYSTEM

Health Events Surveillance – Case Notification Form

Facility: _____ District: _____Province: _____

Report date: __ / __ / __ (dd/mm/yy) **Notifier: _____ (First name) _____ (Last name)**

1. CASE IDENTIFICATION

Date of birth: __ / __ / __ (dd/mm/yy) **Age:** (years): _____ **Gender: __** (M/F)

Patient address: _____ (Village) _____ (District) _____ (Province)

2. CLINICAL INFORMATION

Date of onset of symptoms: __ / __ / __ (dd/mm/yy)

Suspected measles and polio have their own case investigation forms

- ☐ Acute watery diarrhoea in a person aged 5 years or more → (suspected cholera) (CPHL)
- ☐ Hemorrhagic fever (suspected dengue HF) → (IMR)
- ☐ Acute fever with cough &/or sore throat (suspected influenza) → (IMR-Goroka)
- ☐ Acute bloody diarrhoea → (CPHL)
- ☐ Other → (CPHL)
- ☐ Outbreak or cluster of disease/death → (CPHL) *(List symptoms):* _____

Death in this case: *(Please circle)* Yes / No / Unknown

Date of death: __ / __ / __ (dd/mm/yy)

3. LABORATORY

Date of specimen collection: __ / __ / __ (dd/mm/yy) **Date specimen sent: __ / __ / __** (dd/mm/yy)

(Please tick all that apply)

☐ Blood ☐ Urine ☐ Stool ☐ Nasal swab/NPS ☐ DBS

☐ Other *(specify):* _____

4. FINAL CLASSIFICATION - (FOR LABORATORY USE ONLY)

Date specimen received: __ / __ / __ (dd/mm/yy) **Specimen result: __ / __ / __** (dd/mm/yy)

Laboratory result: _____ (eg. Dengue) **Y N U** Laboratory confirmed