

SA ACUTE FLACCID PARALYSIS (AFP) CASE INVESTIGATION FORM (CIF) (Nov 03)
 (NB! All Dates dd-mm-yy. Use dark black ink & print legibly please)

Epid number: SOA - - - - - Date
(Will be assigned at Provincial Office) Country Prov Code District Code Year Onset Case number Province Received CIF: / /
 EPI (SA) Received CIF: / /

Surveillance Type (Active, Routine, Retrospective)

IDENTIFICATION
 Health District: Province: Nearest Health Facility to Patient home:
 Surname & Name: Father/Mother:
 Address: Town/City
 Date of Birth: / / Age: years months Gender M=Male F=Female
(If DOB unknown / not entered) (only if < 1 yr old)

CLINICAL HISTORY

Date Onset of Paralysis / / Fever at onset of paralysis Paralysis progressed <=3 days
1=Y, 2=N 1=Y, 2=N

Medical Diagnosis: Flaccid & sudden paralysis Asymmetrical
 Site of Paralysis

Left Arm	<input type="checkbox"/>	<input type="checkbox"/>	Right Arm
Left Leg	<input type="checkbox"/>	<input type="checkbox"/>	Right Leg
<small>1 = Y, 2 = N</small>			

VACCINATION HISTORY:

Total OPV doses Exclude Birth dose OPV doses Birth / / 2nd / / 4th / /
99=unknown 1st / / 3rd / / If >4, last OPV / /

NOTIFICATION/INVESTIGATION

Notified by: Tel Date Notified: / / Date Case Investigated: / /

HOSPITALIZATION

Admitted to hospital: 1=Yes 2=No Date of Admission: / /
 Medical Record No. Facility Name:

STOOL SPECIMENS

	Date Collected	Days after onset	Date Sent to Lab	Date Received by Lab	Lab Ref No	Stool Condition 1 = Adequate 2 = Not Adeq	P1	P2	P3	NP-Ent	W1	W2	W3	V1	V2	V3	Date Lab result to Prov & EPI (SA)	Date result Received at EPI (SA) or Province
Stool 1																		
Stool 2																		

60 DAY FOLLOW UP EXAMINATION

Date follow up Examination: / / Residual Paralysis? 1=Residual paralysis
 Left Arm Right Arm Findings at follow-up: 2=No residual paralysis
 Left Leg Right Leg 3=Lost to follow-up
1=Y, 2=N Date Died: / /
 4=Death before follow-up

INVESTIGATOR

Name: Title: Facility: Phone:

PEC - FINAL CLASSIFICATION: [To be completed by EPI (SA)]

EPI (SA) Classification: True AFP? 1 = Confirmed 2 = Compatible
 3 = Discarded 6 = Not an AFP
 PEC Classification: Date PEC: / / 1=Yes, 2=No

Remarks:

AFP CASES TO BE NOTIFIED BY PHONE: CONTACT PERSON: Phone:

IMEDIATELY SEND A COPY OF THIS COMPLETED FORM TO: Fax:

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: Phone:

Expanded Program on Immunization National Office 012 312 0069 / 012 312 0095 / 012 312 0032 / 012 312 0033