Global Clinical Data Platform

CHOLERA CASE REPORT FORM (CRF)

MODULE 1

INTRODUCTION

The CRF is designed to collect data obtained direct from patient examination and interview, and from review of hospital or clinical notes of people with suspected, probable or confirmed cholera.

The CRF captures data from patients being managed as inpatients in cholera treatment centre (CTC), cholera treatment unit (CTU) or dedicated inpatient wards. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission, or first visit, to discharge from care, transfer or death.

This CRF has three modules:

Module 1:	To be completed on the first day of presentation or admission to the CTC, CTU or ward.
Module 2:	Daily form: to be completed daily on inpatient days.
Module 3:	To be completed at either hospital discharge, transfer or death.

GENERAL GUIDANCE

Participant identification numbers consist of a site code and a participant number.

Please e-mail the data management team at globalclinicaldataplatform@who.int and they will provide instructions for data entry and will assign you a 5-digit site code at that time.

Cholera Case Report Form(CRF): module 1, 17 February 2023

WHO reference number: WHO/Cholera/Clinical_CRF/Module_1/2023.2

I. CASE IDENTIFICATION/ DEMOGRAPHIC DETAILS

ID number:[_____]	Site/facility name: [_____]
EPI ID:	
Sex: ☐Male ☐ Female ☐ Unknown	
Date of birth: (dd/ mm/ yyyy) [__][__] /[__][__] / [__][__][__][__]	If date of birth unavailable, please indicate age in days or months or years (*mark an X by one*): Age: [__][__] ☐ Years ☐ Months ☐ Days
Date of admission: (dd/mm/yyyy) [__][__] /[__][__] / 20 [__][__] Hour of admission (HH:MM) [__][__]:[__][__]	Was patient referred or transferred from another facility? ☐ Yes ☐ No ☐ Unknown. If yes, name of facility [_____]

II. VITAL SIGNS AT TRIAGE

Temperature (°C): [__][__] . [__]	Heart rate (bpm) [__][__][__]	Respiratory rate (/min): [__][__]
BP (mmHg): [__][__][__] (systolic) [__][__][__] (diastolic)	O_2 saturation room air (%): [__][__][__] on ☐Room air ☐ Oxygen therapy	Level of consciousness: A / V / P / U Pain score [__][__] /10
Capillary refill ≥ 3 sec? ☐ Yes ☐ No Absent or weak pulse ☐ Yes ☐ No	Weight (kg): [__][__][__] . [__] Height (cm): [__][__][__]	Mid-upper arm circumference (MUAC) (mm) [__][__][__] Oedema ☐ Yes ☐ No Location:_____ ☐ + ☐++ ☐+++ Malnutrition ☐ Yes ☐ No Z-Score[1] ☐ ≥ -2☐ ≥ -3 and < -2 ☐ < -3
Sunken eyes ☐ Yes ☐ No Slow skin pinch (> 2 secs) ☐ Yes ☐ No Passed urine in past 12 hours ☐ Yes ☐ No	Drinking ☐ Able ☐ Not able Eating ☐ Able ☐ Not able Route ☐ PO ☐ NG ☐ Breastfeeding	Mobility on arrival: ☐ Independent ☐ Walks with help ☐ Unable to mobilize
Episodes of vomiting in last 24 hours: [__][__] Episodes of diarrhoea in last 24 hours: [__][__]	**Clinical dehydration assessment** ☐ None/mild ☐ Moderate ☐ Severe	**Random blood glucose** [__][__] . [__] mmol/L [__][__][__] mg/dL

III. CLINICAL DETAILS (on admission)

Date of onset of first symptoms (dd/mm/yyyy)	[__][__] /[__][__] / 20 [__][__]
Oral cholera vaccination (OCV) status	OCV received ☐ Yes ☐ No ☐ Unknown If yes, name of vaccine (enter other if not known): ☐ Dukoral ☐ ShanChol ☐ Euvichol-Plus ☐ Other Number of doses received: [__] Date vaccinated: (dd/mm/yyyy) Dose 1: [__][__] /[__][__] / 20 [__][__] Dose 2: [__][__] /[__][__] / 20 [__][__]
Pregnancy/breastfeeding status	Pregnant: ☐ Yes ☐ No ☐ Unknown If yes, gestational age: [__][__] weeks Gravidity: [__][__] Parity: [__][__] Breastfeeding: ☐ Yes ☐ No ☐ Unknown Postpartum (< 42 days since delivery): ☐ Yes ☐ No ☐ Unknown
For infants and children < 12 months	Born prematurely (< 37 weeks' gestation): ☐ Yes ☐ No ☐ Unknown Born at low birth weight (< 2.5 kg): ☐ Yes ☐ No ☐ Unknown

[1] Child growth standards (who.int)

WHO reference number: WHO/Cholera/Clinical_CRF/Module_1/2023.2

Comorbid conditions								
Hepatitis	☐ Yes	☐ No	☐ Unknown	Chronic kidney disease	☐ Yes	☐ No	☐ Unknown
Diabetes	☐ Yes	☐ No	☐ Unknown	Chronic heart failure (include congenital)	☐ Yes	☐ No	☐ Unknown
HIV	☐ Positive	☐ Negative	☐ Unknown	Chronic pulmonary disease	☐ Yes	☐ No	☐ Unknown
On ART	☐ Yes	☐ No	☐ Unknown	Chronic liver disease	☐ Yes	☐ No	☐ Unknown
on Cotrimoxazole	☐ Yes	☐ No	☐ Unknown	Chronic neurologic condition	☐ Yes	☐ No	☐ Unknown
TB	☐ Yes _____ site	☐ No	☐ Unknown				
If yes, on ATB	☐ Yes	☐ No	☐ Unknown				

Current medications			
Beta blockers	☐ Yes	☐ No	☐ Unknown
Ace inhibitors	☐ Yes	☐ No	☐ Unknown
Diuretics	☐ Yes	☐ No	☐ Unknown
Insulin	☐ Yes	☐ No	☐ Unknown
Oral hypoglycaemics	☐ Yes	☐ No	☐ Unknown

Symptoms (at time of review)							
Confusion/irritability	☐ Yes	☐ No	☐ Unknown	Anorexia	☐ Yes	☐ No	☐ Unknown
Shortness of breath	☐ Yes	☐ No	☐ Unknown	Nausea	☐ Yes	☐ No	☐ Unknown
Weakness	☐ Yes	☐ No	☐ Unknown	Diarrhoea	☐ Yes	☐ No	☐ Unknown
Myalgia	☐ Yes	☐ No	☐ Unknown	Vomiting	☐ Yes	☐ No	☐ Unknown
Abdominal pain	☐ Yes	☐ No	☐ Unknown	Muscle cramps	☐ Yes	☐ No	☐ Unknown
				Tetany	☐ Yes	☐ No	☐ Unknown
				Thirst	☐ Yes	☐ No	☐ Unknown

IV. PREGNANCY STATUS

Pregnancy/breastfeeding status:	Pregnant: ☐ Yes☐ No☐ Unknown If yes, Gestational age: [__][__] weeks Gravidity: [__][__] Parity: [__][__] Breastfeeding:☐ Yes ☐ No☐ Unknown Post-partum (< 42 days since delivery):☐ Yes☐ No☐ Unknown
For infants and children < 12 months	Born prematurely (< 37 weeks' gestation) ☐ Yes ☐ No☐ Unknown Born at low birth weight (< 2.5 kg)¨☐ Yes☐ No☐ Unknown

Admission details:

☐ Admitted to CTC, CTU or ward

If admitted to inpatient care, specify service at intake*:*

☐ Admitted to CTU/CTC ward isolation bed

☐ Admitted to ICU or high-dependency isolation bed

☐ Other, specify:

**If not admitted or if deceased after arrival fill discharge form*

WHO reference number: WHO/Cholera/Clinical_CRF/Module_1/2023.2