World Health Organization

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Global Clinical Data Platform

CHOLERA CASE REPORT FORM (CRF)

MODULE 3

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 ward. 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 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.

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I. CASE IDENTIFICATION/DEMOGRAPHIC DETAILS

ID number: [_____]	Site/facility name: [_____]

II. TREATMENT SUMMARY OVER ADMISSION

Over the course of admission, did the patient receive any of the following?

Antibiotic: ☐ Yes ☐ No ☐ Unknown

If yes, specify all that apply:

☐ Penicillin/ampicillin/amoxycillin
☐ Ceftriaxone/cefalexin/other *cephalosporin*
☐ Erythromycin/azithromycin/other *macrolide*
☐ Ciprofloxacin/*other quinolone*
☐ Cotrimoxazole/*other sulfonamide*
☐ Doxycycline/*other tetracycline*
☐ Meropenem/*other carbapenem*

Enteral feeding:

☐ Yes, total duration (days) [__][__]
☐ No ☐ Unknown

Electrolyte replacement:

Potassium (K+) ☐ Yes ☐ No ☐ Unknown
50% Glucose ☐ Yes ☐ No ☐ Unknown
Zinc (Zn++) ☐ Yes ☐ No ☐ Unknown

**If patient on F75/F100/RUTF then no zinc*

Oral rehydration solution:

☐ Yes ☐ No ☐ Unknown

Treatment of fluid overload:

Furosemide ☐ Yes ☐No ☐ Unknown

Intravenous fluids:

☐ Yes ☐No ☐ Unknown

Total intravenous fluids given over admission

[__][__] . [__] L

Access type (check all that apply)

☐ Peripheral IV ☐ Intra-osseous ☐ CVC

Vasopressors (epinephrine, norepinephrine or dopamine):

☐ Yes ☐ No ☐ Unknown

If yes, total duration (days): [__][__]

Oxygen therapy: ☐ None given

☐ Nasal cannula ☐ Face mask without reservoir ☐ Face mask with reservoir bag

☐ High-flow nasal oxygen (HFNO). For HFNO specify total duration (days): [__][__]

If any of the above oxygen devices, give maximum rate used (L/min): [__][__]

End of life care ☐ Yes ☐No ☐ Unknown

III. CHOLERA TESTING

Cholera stool specimen collection done?

☐ Yes ☐ No ☐ Unknown

Tests ordered on admission:	**Collection date:** (dd/mm/yyyy)	
Cholera RDT: ☐ Yes ☐ No ☐ Unknown ☐ Crystal VC ☐ Other: [_____]	[__][__] /[__][__] / 20 [__][__]	☐ Positive ☐ Negative ☐ Indeterminate
Rectal Swab: ☐ Yes ☐ No ☐ Unknown If yes, specify: [_____]	[__][__] /[__][__] / 20 [__][__]	☐ Positive ☐ Negative ☐ Indeterminate
Cholera stool O1 / O139 culture (admission): ☐ Yes ☐ No ☐ Unknown If yes, specify: [_____]	[__][__] /[__][__] / 20 [__][__]	**Stool culture** ☐ Positive ☐Negative ☐Indeterminate If positive, *V. cholerae* strain [_____]
Pregnancy test ☐ Yes ☐ No ☐ Unknown If yes, specify: ☐ Urine ☐ Serum	[__][__] /[__][__] / 20 [__][__]	☐ Positive ☐Negative
COVID-19 ☐ Yes ☐ No ☐ Unknown	[__][__] /[__][__] / 20 [__][__]	☐ RDT ☐ PCR ☐ Positive ☐ Negative ☐ Indeterminate

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IV. LABORATORY TEST RESULTS

Please enter the most abnormal test result during admission for each below.

Test	**Collection date** (dd/mm/yyyy)	**Result**	**Normal range**
Haemoglobin (Hb)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] g/dL	11.0–13.5
Haematocrit	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] %	36–50
Platelets	[__][__] /[__][__] / 20 [__][__]	[__][__][__][__] x10^9/L	150–400
Sodium	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	135–145
Potassium (K^+)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	3.5–5.0
Urea	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L OR [__][__] [__][__] mg/dL	1.2–3.0
Creatinine	[__][__] /[__][__] / 20 [__][__]	[__][__] [__][__] mg/dL OR [__][__][__][__] µmol/L	0.74–1.35 65–120
Chloride	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	95–105
Bicarbonate (HCO_3)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	2–29
Lactate	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	< 2.0
Magnesium	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L	1.5–2.0

V. PREGNANCY AND NEONATAL OUTCOMES – *must complete at discharge for ALL pregnant patients*

Is the patient pregnant (or experienced pregnancy during admission)? ☐ Yes☐ No☐ Unknown

Foetal Movements felt by mother?
☐ Yes ☐ No ☐ Unknown
Foetal heartbeat heard?
☐ Yes ☐Reduced ☐ No ☐Not Examined ☐ Unknown

Delivery:

Outcome of delivery: ☐ Live birth ☐ Miscarriage (< 22 weeks' gestation) ☐ Stillbirth (> 22 weeks' gestation/> 500 g WHO definition)
☐ Did not deliver (discharged with intact pregnancy)

In case of birth: Number of neonates:☐ One☐ Two☐ More than two
Mode of delivery:☐ Vaginal birth☐ Vacuum☐ Caesarean section
If caesarean section, specify indication [_____]

Neonatal information	**Neonate 1**	**Neonate 2**
Weight:	[__][__] . [__] kg	[__][__] . [__] kg
Apgar:	_____1 min _____5 min_____10 min	_____1 min _____5 min_____10 min
NICU admission:	☐ Yes, on which day after birth [__][__] ☐ No	☐ Yes, on which day after birth [__][__] ☐ No
Infant feeding:	☐ Breastmilk☐ Expressed breast milk ☐ Breast milk substitute☐ Mixed feeding	☐ Breastmilk☐ Expressed breast milk ☐ Breast milk substitute☐ Mixed feeding
Neonatal death:	☐ Yes, on which day after birth [__][__] ☐ No	☐ Yes, on which day after birth [__][__] ☐ No
Neonatal discharge Status and date:	☐ Discharge ☐ Referral ☐ Death Date of discharge/referral/death (dd/mm/yy): [__][__]/[__][__]/ 20[__][__]	☐ Discharge ☐ Referral ☐ Death Date of discharge/referral/ death (dd/mm/yy): [__][__]/[__][__]/ 20[__][__]

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VI. DISCHARGE DETAILS

Date of discharge/transfer/death (dd/mm/yyyy): [__][__]/[__][__]/ 20[__][__] Discharge time [__][__] : [__][__]

Final diagnosis:

☐ Confirmed cholera
☐ Probable cholera
☐ Suspected cholera
☐ Not a case (specify other diagnosis): [_____]

Outcome at discharge:

☐ Full recovery withOUT sequelae at time of discharge
☐ Full recovery WITH sequelae
If yes, specify:
☐ Malaise
☐ Other, specify: [_____]
☐ Dead, if yes, specify date of death: [__][__]/[__][__]/ 20[__][__]
☐ Referred to another facility. If yes, which facility: [_____]
☐ Left against medical advice

Post discharge care:

Discharge kit provided (oral rehydration solution, soap, hygiene kit) ☐ Yes ☐ No ☐ Unknown

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