## **OUTBREAK ALERT FORM**

Governorate/Province:			District/Area:						
То									
Health Facility:			Agency:						
Da	nte:/								
Name of reporting officer:									
Symptoms and signs:			Suspected disease/syndrome:						
	you can tick several boxes		tick <u>one</u> box only						
	Acute watery diarrhoea		Acute watery diarrhoea						
	Bloody diarrhoea		Bacillary Dysentery/Shigellosis						
	Fever		Cholera						
	Rash		Measles						
	Cough		Meningitis						
	Vomiting		Malaria						
	Neck stiffness		Cutaneous leishmaniasis						
	Muscle weakness		Visceral leishmaniasis						
	Increased secretions (eg. sweating, drooling)		Typhoid fever						
	Other:		Acute jaundice syndrome						
			Acute haemorrhagic fever syndrome						

□ Unknown disease occurring in a cluster

□ Other: \_\_\_\_\_

Serial No.	Age	Sex	Location	Date of onset	Laboratory specimen taken (yes/no)	Treatment given	Outcome <sup>a</sup>	Final classification <sup>b</sup>

<sup>&</sup>lt;sup>a</sup>Outcome: I = currently ill, R = Recovering or recovered, D = died.

**Total number of cases reported:** 

<sup>&</sup>lt;sup>b</sup> Final classification: S = suspected case with clinical diagnosis, C = confirmed case with laboratory diagnosis.