Republic of Lebanon
Ministry of Public Health
Epidemiology Surveillance Program

Case |_____|

CJD surveillance reporting form

I. Information on the person reporting			
Name of person reporting			
Date of reporting	|__|__| (dd) |__|__| (mm) |__|__|__|__| (yyyy)		
Name of institution			
Address			
Telephone			
Fax number			
Email address			
II. Patient detail			
Serial number (filled by MOPH)	(Country-Province-Year-##) |__|__|__|-|__|__|-|__|__|__|__|-|__|__|		
Date of birth	|__|__| (dd) |__|__| (mm) |__|__|__|__| (yyyy)		
Sex			
Country of birth			
Town of residence			
District of residence			
Occupation			
Date of onset	|__|__| (dd) |__|__| (mm) |__|__|__|__| (yyyy)		
Date of hospital admission	|__|__| (dd) |__|__| (mm) |__|__|__|__| (yyyy)		
Age of onset			
Current status	☐ Alive	☐Dead	☐Unknown
Date of death	|__|__| (dd) |__|__| (mm) |__|__|__|__| (yyyy)		
III. Classification of CJD case			
CJD Subtype	☐Sporadic ☐Iatrogenic	☐Familial ☐New Variant	☐Unknown
Level of diagnostic confirmation	☐Definite ☐Probable	☐Possible ☐Suspect	☐Not known
IV. If Iatrogenic			
If Iatrogenic	☐Growth hormone ☐Neurosurgery	☐Gonadotropin ☐Dura mater graft	☐Corneal transplant ☐Other
If other Iatrogenic, specify			
V. If Familial			
Has blood been taken for genetic analysis?	☐Yes If yes, Mutation found: _ _ _ _ _ _ _ _ _ _ _ Or ☐Result awaited	☐No ☐Unknown	☐Not known ☐No mutation found
Is there a 1st degree relative with definite or probable CJD or GSS or FFI?	☐Yes If Yes, does the relative have? ☐CJD	☐No ☐GSS	☐Not known ☐FFI

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VI. Clinical Features			
Rapidly progressive dementia	☐Yes	☐No	☐Unknown
Cerebella signs	☐Yes	☐No	☐Unknown
Myoclonus	☐Yes	☐No	☐Unknown
Chorea	☐Yes	☐No	☐Unknown
Visual disturbance	☐Yes	☐No	☐Unknown
Pyramidal signs	☐Yes	☐No	☐Unknown
Extrapyramidal signs	☐Yes	☐No	☐Unknown
Rigidity	☐Yes	☐No	☐Unknown
Primitive reflexes	☐Yes	☐No	☐Unknown
Gait disturbance	☐Yes	☐No	☐Unknown
Dysarthria	☐Yes	☐No	☐Unknown
Dysphasia	☐Yes	☐No	☐Unknown
Dysphagia	☐Yes	☐No	☐Unknown
Akinetic mutism	☐Yes	☐No	☐Unknown
Seizures	☐Yes	☐No	☐Unknown
Paraesthesia/dysaesthesia	☐Yes	☐No	☐Unknown
Visual/auditory hallucinations	☐Yes	☐No	☐Unknown
Depression	☐Yes	☐No	☐Unknown
Delusions	☐Yes	☐No	☐Unknown
Others, specify			

VII. Diagnostic investigations				
EEG	☐Yes	☐No	☐Not done	☐Unknown
If yes, typical CJD tracing	☐Yes	☐No	☐Not done	☐Unknown
Lumbar punction	☐Yes	☐No	☐Not done	☐Unknown
Elevated CSF protein	☐Yes	☐No	☐Not done	☐Unknown
Elevated CSF white cells	☐Yes	☐No	☐Not done	☐Unknown
Positive CSF 14-3-3 protein	☐Yes	☐No	☐Not done	☐Unknown
Neuroimaging	☐Yes	☐No	☐Not done	☐Unknown
Atrophy on CT	☐Yes	☐No	☐Not done	☐Unknown
Basal ganglia or thalamic abnormalities on MRI	☐Yes	☐No	☐Not done	☐Unknown
PrP gene analysis	☐Yes	☐No	☐Not done	☐Unknown
Mutation found	☐Yes	☐No	☐Not done	☐Unknown
Codon 129 genotype known	☐Yes	☐No	☐Not done	☐Unknown
If yes, specify:	☐MM	☐MV	☐VV	

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VIII. Neuropathology				
Was a necropsy performed?	☐Yes	☐No		☐Unknown
Histology considered typical (spongiform change, neuronal loss, and astrocytosis)	☐Yes	☐No	☐Not done	☐Unknown
Other neuropathological features	☐Yes	☐No	☐Not done	☐Unknown
Immunocytochemistry	☐Yes	☐No	☐Not done	☐Unknown
Western Blott	☐Yes	☐No	☐Not done	☐Unknown
Presence of scrapie associated fibrills	☐Yes	☐No	☐Not done	☐Unknown
Was samples referred to a specialist center?	☐Yes	☐No	☐Not done	☐Unknown
Where?				
Comments				
Was a brain biopsy performed during life?	☐Yes	☐No	☐Not done	☐Unknown
Histology considered typical (spongiform change, neuronal loss, and astrocytosis)	☐Yes	☐No	☐Not done	☐Unknown
Other neuropathological features	☐Yes	☐No	☐Not done	☐Unknown
Immunocytochemistry	☐Yes	☐No	☐Not done	☐Unknown
Western Blott	☐Yes	☐No	☐Not done	☐Unknown
Presence of scrapie associated fibrills	☐Yes	☐No	☐Not done	☐Unknown
Was samples referred to specialist center?	☐Yes	☐No	☐Not done	☐Unknown
Where?				
Comments				
IX. Blood donation				
Is the patient a blood donor?	☐Yes	☐No	☐Not done	☐Unknown
If yes, date and place of last donation				
X. Other comments				