Republic of Lebanon – Ministry of Public Health – Epidemiological Surveillance Program
Vibrio surveillance report

LEB-A00-|__|__|__|__|-|__|__|

I. Patient information

1. *Patient ID*

ID	**LEB-A00-|__|__|__|__|-|__|__|**
Patient name	|________________________________|
Date of birth	|__|__|-|__|__|-|__|__|__|__|
Age (years)	|__|__|
Gender	☐ Male ☐ Female
Nationality	|______________________|

2. *Principal place of residence*

Country	
Mohafazat	
Caza	
Locality	
Street	
Building	
Floor	
Phone 1	
Phone 2	

3. *Place of work*

Occupation	
Country	
Mohafazat	
Caza	
Locality	
Address	
Institution	
Phone	

4. *Secondary place of residence*

Country	
Mohafazat	
Caza	
Locality	
Address	
Phone	

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II. LABORATORY FINDINGS

IV. *Specimen*

Date of specimen collection [1]

Specimen ☐ Stool ☐ Blood ☐ Wound ☐ Other

If wound or other, specify:

	Local laboratory	Reference laboratory
Name		
Species	☐ *V. alginolyticus* ☐ *V. cholerae O1* ☐ *V. cholerae O139* ☐ *V. cholerae non-O1, non-O139* ☐ *V. cincinnatiensis* ☐ *V. damsella* ☐ *V. fluvialis* ☐ *V. furnissii* ☐ *V. hollisae* ☐ *V. metschnokovii* ☐ *V. mimicus* ☐ *V. parahaemolyticus* ☐ *V. vulnificus* ☐ *Vibrio species – not identified* ☐ *Other*	☐ *V. alginolyticus* ☐ *V. cholerae O1* ☐ *V. cholerae O139* ☐ *V. cholerae non-O1, non-O139* ☐ *V. cincinnatiensis* ☐ *V. damsella* ☐ *V. fluvialis* ☐ *V. furnissii* ☐ *V. hollisae* ☐ *V. metschnokovii* ☐ *V. mimicus* ☐ *V. parahaemolyticus* ☐ *V. vulnificus* ☐ *Vibrio species – not identified* ☐ *Other*

7. If *Vibrio cholerae* O1 or O139, complete:

Serotype	☐ Inaba ☐ Ogawa ☐ Hikojima ☐ Unsp	☐ Inaba ☐ Ogawa ☐ Hikojima ☐ Unsp
Biotype	☐ El Tor ☐ Classical ☐ Unsp	☐ El Tor ☐ Classical ☐ Unsp
Toxigenic	☐ Yes ☐ No ☐ Unsp	☐ Yes ☐ No ☐ Unsp
Test	☐ ELISA ☐ Latex agglutination ☐ Other	☐ ELISA ☐ Latex agglutination ☐ Other

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8. MicroAntibioResistance

Antibio-susceptibility

	Local laboratory				Reference laboratory			
	S	I	R	Unsp	S	I	R	Unsp
Ampicillin	☐	☐	☐	☐	☐	☐	☐	☐
Chloramphenicol	☐	☐	☐	☐	☐	☐	☐	☐
Furazolidone	☐	☐	☐	☐	☐	☐	☐	☐
Nalidixic acid	☐	☐	☐	☐	☐	☐	☐	☐
Ciprofloxacin	☐	☐	☐	☐	☐	☐	☐	☐
Tetracycline	☐	☐	☐	☐	☐	☐	☐	☐
Trimethoprim-Sulfamethoxazole	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐

9. Other

Were other organisms isolated from the same specimen that yielded Vibrio? ☐ Yes ☐ No ☐ Unsp

If yes, specify: |______________________________|

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III. CLINICAL INFORMATION

10. Onset

Date of onset |__|__|-|__|__|-|__|__|__|__|
Time of onset |__|__| ☐ am / ☐ pm

11. Signs

	Yes	No	Unsp			Yes	No	Unsp
Fever	☐	☐	☐	1	Abdominal cramps	☐	☐	☐
Max: |__|__| °C				2	Headache	☐	☐	☐
Nausea	☐	☐	☐	3	Muscle pain	☐	☐	☐
Vomiting	☐	☐	☐	4	Cellulitis	☐	☐	☐
Diarrhea	☐	☐	☐	5	Bullae	☐	☐	☐
Nb / day: |__|__|				6	Shock	☐	☐	☐
Visible blood in stools	☐	☐	☐	7	Other	☐	☐	☐

12. Hospital, case management

Admitted ☐ Yes ☐ No ☐ Unsp
Hospital name |________________________________|
Date of admission |__|__|-|__|__|-|__|__|__|__|
Antibiotic

13. Issue

	Yes	No	Unsp			Yes	No	Unsp
Death	☐	☐	☐	1	Sequelae	☐	☐	☐
Date of death |__|__|-|__|__|-|__|__|__|__|				2	Specify:			

14. Pre-existing conditions

	Yes	No	Unsp			Yes	No	Unsp
Alcoholism	☐	☐	☐	1	Immunodeficiency	☐	☐	☐
Diabetes	☐	☐	☐	2	Liver disease	☐	☐	☐
Peptic ulcer	☐	☐	☐	3	Malignancy	☐	☐	☐
Gastric surgery	☐	☐	☐	4	Renal disease	☐	☐	☐
Heart disease	☐	☐	☐	5	Other	☐	☐	☐
Hematologic disease	☐	☐	☐	6				

15. Previous medications

	Yes	No	Unsp			Yes	No	Unsp
Antibiotics	☐	☐	☐	1	Immunospppressants	☐	☐	☐
Chemotherapy	☐	☐	☐	2	Antiacids	☐	☐	☐
Radiotherapy	☐	☐	☐	3	H2 blocker/ulcer medication	☐	☐	☐
Systemic steroids	☐	☐	☐	4				

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IV. EPIDEMIOLOGICAL INFORMATION

16. Outbreak: did the case occur as part of an outbreak?

Place	Yes	No	Unsp	Nb
Family	☐	☐	☐	|__|__|
Working place	☐	☐	☐	|__|__|
Informal setting	☐	☐	☐	|__|__|
Other, specify:	☐	☐	☐	|__|__|

17. Travel in the 7 days prior to onset

Country	Date entered	Date left
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|

18. Consumption of seafood in the 7 days prior to onset

	Consumption			Eaten raw		
	Yes	No	Unsp	Yes	No	Unsp
Clams / Praire / بطلينوس	☐	☐	☐	☐	☐	☐
Mussels / Moule / بلح بحري	☐	☐	☐	☐	☐	☐
Oysters / Huitre / محار	☐	☐	☐	☐	☐	☐
Crab / Crabe / سلطعون	☐	☐	☐	☐	☐	☐
Lobster / Homard / سرطان البحري او جراد	☐	☐	☐	☐	☐	☐
Shrimp / Crevettes / قريدس	☐	☐	☐	☐	☐	☐
Crawfish / Ecrevisse / جراد البحري، اربيان	☐	☐	☐	☐	☐	☐
Fish / Poisson / سمك	☐	☐	☐	☐	☐	☐
Other, specify	☐	☐	☐	☐	☐	☐

19. Source of drinking water

	Yes	No	Unsp
Public water system	☐	☐	☐
Shared well	☐	☐	☐
Public well	☐	☐	☐
Individual well	☐	☐	☐

	Yes	No	Unsp
Bottled water	☐	☐	☐
Cittern water	☐	☐	☐
Other	☐	☐	☐

20. Sanitation infrastructure

	Yes	No	Unsp
Sewage network	☐	☐	☐
Septic tanks	☐	☐	☐

	Yes	No	Unsp
Contact with sewage	☐	☐	☐
Contact with human excreta	☐	☐	☐

21. Personal risk

	Yes	No	Unsp
Foreign travel	☐	☐	☐
Street-vended food	☐	☐	☐
Other person(s) with cholera or cholera-like illness	☐	☐	☐
Contact with recent foreign arrival (immigrant, refugee, visitor …)	☐	☐	☐
Refugees setting	☐	☐	☐

22. Exposed skin in the 7 days prior to illness onset

	Yes	No	Unsp	Where
Exposed skin in the 7 days prior to illness onset				
Fresh water	☐	☐	☐	
Salt water	☐	☐	☐	
Water, other:	☐	☐	☐	
Exposure to other marine / freshwater life:	☐	☐	☐	
Drippings from raw or live seafood	☐	☐	☐	
Handling/cleaning seafood	☐	☐	☐	
Swimming /diving/wading	☐	☐	☐	
Walking on beach/shore/	☐	☐	☐	
Fell on rocks/shells	☐	☐	☐	
Boating/skiing/surfing	☐	☐	☐	
Biting/stung	☐	☐	☐	
Wound(s):				
Presence of wound	☐	☐	☐	
New wound	☐	☐	☐	
Old wound	☐	☐	☐	
Specify location:				

23. Family and household members

Name	Relation	Year of birth	Nationality	Ill	Date of illness	Notes
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		

V. Patient information

Date of notification |__|__|-|__|__|-|__|__|__|__|
Date of investigation |__|__|-|__|__|-|__|__|__|__|
Date of specimen sent to reference lab |__|__|-|__|__|-|__|__|__|__|
Investigator |________________________|