## OUTBREAK ALERT FORM

Governorate/Province:	District/Area:						
Town/Village/Settlement/Camp:							
Health Facility:	Agency:						
Date://							
Name of reporting officer:							

Symptoms and signs: you can tick several boxes	Suspected disease/syndrome: tick <u>one</u> box only			
<ul> <li>Acute watery diarrhoea</li> <li>Bloody diarrhoea</li> <li>Fever</li> <li>Rash</li> <li>Cough</li> <li>Vomiting</li> <li>Neck stiffness</li> <li>Muscle weakness</li> <li>Increased secretions (eg. sweating, drooling)</li> <li>Other:</li></ul>	<ul> <li>Acute watery diarrhoea</li> <li>Bacillary Dysentery/Shigellosis</li> <li>Cholera</li> <li>Measles</li> <li>Meningitis</li> <li>Malaria</li> <li>Cutaneous leishmaniasis</li> <li>Visceral leishmaniasis</li> <li>Typhoid fever</li> <li>Acute jaundice syndrome</li> <li>Acute haemorrhagic fever syndrome</li> <li>Unknown disease occurring in a cluster</li> <li>Other:</li> </ul>			

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

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