## A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case

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| Community Based Surveillance for AFP cases, South Sudan | | | |
| **Section A:**  **Reporting by Key Informant**  **(filled by PA)** | Date of reporting by Key Informant: \_\_/\_\_\_/\_\_\_\_  Name of the informant who reported the case to the PA:  Date Payam Assistant visited the case: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Is the reported case a suspect AFP case? Yes 🞎 No 🞎  If **No** then stop here and sign below  If **Yes** then continue to section B. | | |
| **Section B:**  **Visit by Payam Assistant**  **(filled by PA)** | Date of Onset of Paralysis: \_\_/\_\_\_/\_\_\_\_\_ | | |
| Child’s Name: | Sex: | Date of birth or Age in months: |
| Father’s name: | State: | County: |
| Chief/Gol leader/Headman: | Payam: | Boma/village: |
| Date case reported to County Supervisor: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| Name of the Payam Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Section C:**  **Visit by County Supervisor**  **(filled by CS)** | Date County Supervisor visited the case: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ | | |
| Decision by County Supervisor on the reported case   * Old paralysis case (onset is more than six month ago) 🞎 * Recent paralysis case (onset is less than six month ago) 🞎   If **Old Case** then stop here and sign below  If **Recent Case** then continue to section D | | |
| **Section D:**  **WHO case validation**  **(filled by CS)** | Date reported to WHO: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  Is the case validated to be AFP case: Yes 🞎 No 🞎  If Yes, EPID Number: RSS/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  If No, indicate reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of the County Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |