## 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 belowIf **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |