Republic of Lebanon. Ministry of Public Health. Epidemiological Surveillance Program

YEAR |__|__|__|__|

MENINGITIS Surveillance
LINE LISTING

|_____|

ID	Name	Sex	Age (month/year)	Date onset	Week	Caza	Commune	Form completed	Purpura	CSF appearance	CSF WBC (%PN)	CSF Pro (g/l)	CSF Gram	CSF culture	CSF soluble antigens	Blood Gram	Blood culture	Bacterial	Causative agent if identified	Prophylaxis if Nm ot Hib	Evolution	Hospital
<M##>		<M,F>	<# d/m/y>	<dd/mm/yyyy>	<##>			<Y,N>	<Y,N>	<T,C,B>	<##>	<##>								<Y,N>	<R,D,S>	

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