

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Date OCTOBER 01, 1989

NOVEMBER 19, 1989

Principal Investigator Dr. D. Mahalanabis Trainee Investigator (if any) _____

Application No. B9-009 (REVISED) Supporting Agency (if Non-ICDDR,B) _____

Title of Study Prognostic and risk factors for Project status: _____

or prolongation of acute diarrhoea: a () New Study

clinic-based cohort study. () Continuation with change

() No change (do not fill out rest of form)

Circle the appropriate answer to each of the following (if Not Applicable write NA).

Source of Population:

(a) Ill subjects Yes No

(b) Non-ill subjects Yes No

(c) Minors or persons under guardianship Yes No

Does the study involve:

(a) Physical risks to the subjects Yes No

(b) Social Risks Yes No

(c) Psychological risks to subjects Yes No

(d) Discomfort to subjects Yes No

(e) Invasion of privacy Yes No

(f) Disclosure of information damaging to subject or others Yes No

Does the study involve:

(a) Use of records, (hospital, medical, death, birth or other) Yes No

(b) Use of fetal tissue or abortus Yes No

(c) Use of organs or body fluids Yes No

Are subjects clearly informed about:

(a) Nature and purposes of study Yes No

(b) Procedures to be followed including alternatives used Yes No

(c) Physical risks Yes No

(d) Sensitive questions Yes No

(e) Benefits to be derived Yes No

(f) Right to refuse to participate or to withdraw from study Yes No

(g) Confidential handling of data Yes No

(h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

5. Will signed consent form be required:

(a) From subjects Yes No

(b) From parent or guardian (if subjects are minors) Yes No

6. Will precautions be taken to protect anonymity of subjects Yes No

7. Check documents being submitted herewith to Committee:

Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).

Protocol (Required)

Abstract Summary (Required)

Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)

Informed consent form for subjects

Informed consent form for parent or guardian

Procedure for maintaining confidentiality

Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:

1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.

2. Examples of the type of specific questions to be asked in the sensitive areas.

3. An indication as to when the questionnaire will be presented to the Cttee. for review.

(177)

I agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

Dr. Mahalanabis

Principal Investigator

Trainee

Title:

Prognostic and risk factors for
prolongation of acute diarrhoea: a
clinic-based cohort study

P. Investigator

Dilip Mahalanabis

Co-PI's:

Md. Shahadat Hossain, CSD
Abu Faruque, CSD
Saul Tzipori, LSD
Hamidur Rahman, LSD
Mr. Mujibur Rahaman, LSD

Budget

US\$ 114,000


Starting Date:

December 1989

Ending date:

June, 1991

Signature of Division Head:



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Dr. D. Mahalanabis

Clinical Sciences Division

Date: October 03, 1989

Abstract Summary:

1. Prognostic factors that reliably identify a child in whom an acute diarrhoeal episode is likely to become persistent will be sought and used as an indicator of the need for early, appropriate treatment.

2. Risk factors that influence the duration of a diarrhoeal episode or determine severe nutritional impact from persistent diarrhoea will be determined; risk factors that can be modified by specific community or facility-based interventions will be of particular interest.

Review Committees:

Research Review Committee:

Ethical Review Committee:

Director:

1. OBJECTIVES AND RATIONALE

State clearly the objectives of the project and discuss briefly their relevance to the control of diarrhoeal diseases. Summarize, briefly, the present status of scientific knowledge relevant to the proposed project (important references should be cited). Indicate why the project is feasible within the estimated time and with the resources requested.

Objective

1. Prognostic factors that reliably identify a child in whom an acute diarrhoeal episode is likely to become persistent will be sought and used as an indicator of the need for early, appropriate treatment. 2. Risk factors that influence the duration of a diarrhoeal episode or determine severe nutritional impact from persistent diarrhoea will be determined; risk factors that can be modified by specific community or facility based interventions will be of particular interest.

Possible risk/prognostic factors for persistent diarrhoea

a) Host factors:

- young age, especially <12 months
- malnutrition
- impaired cell-mediated immunity

b) Previous Infections:

- recent acute diarrhoea
- previous persistent diarrhoea
- recent viral illness, particularly measles

c) Pre-illness feeding:

- Recent introduction of animal milk

d) Microbial isolates during acute phase:

- enteroadherent E.coli.
- Shigella
- more than one pathogen

e) Treatment/diet used during acute phase:

- antiparasitic drugs, antiperistaltic drugs
- lack of breastfeeding, full strength cow-milk based formula feeding
- type of ORS used (e.g. rice-based ORS vs glucose/sucrose-based ORS)

Risk/Prognostic factors of major interest

a) Type of ORS: It was shown that rice-based ORS reduces diarrhoeal stool and duration of acute diarrhoea compared to glucose-based ORS. A field study

(USE ADDITIONAL PAGES IF NECESSARY - MAXIMUM 4 PAGES)

(Bari et al) showed that children treated with rice-ORS had shorter average duration of diarrhoea, smaller number of children with persistent diarrhoea (as defined by a diarrhoea duration of >14 days) and better weight gain compared with the group treated with glucose ORS. However, serious methodological problems with the study design made the conclusions tentative at best. This factor will be evaluated by direct comparison of the two groups for duration of diarrhoea, weight gain and mid-arm circumference. If rice ORS can be shown to reduce the risk of developing persistent diarrhoea, the finding will have important implications for its prevention.

b) Cell-mediated immunity: An earlier study at ICDDR,B and a recent ongoing study in Lima indicate that the risk of developing persistent diarrhoea can be predicted from the capacity of children to produce normal, delayed-type hypersensitivity reactions to standard skin test antigens. Children with impaired skin test responses were more likely to develop persistent diarrhoea on followup than were children with normal responses. This effect persisted after controlling for both age and initial nutritional status. Impaired skin test reactivity in these children were often transient. Its relation with factors like micronutrient status (zinc, iron, folate, B₁₂) and anaemia, previous illness (e.g. acute respiratory infection, measles), nutritional status, type of pathogens associated with acute illness, etc., is of interest.

c) Recent acute diarrhoea and previous persistent diarrhoea: In Guatemala and India the risk of developing persistent diarrhoea increased two- to four-fold during the two months following an episode of acute diarrhoea. Whether this association reflects the damage inflicted on the gut mucosa during the earlier episode or other alteration in host defenses that in some way predispose to persistent diarrhoea is not clear; nor is it clear if the risk is related to the specific etiology of the preceding acute episode. Two studies in Guatemala have shown that children suffering from one documented episode of persistent diarrhoea have a three- to six-fold increased risk of developing at least one additional episode during the same year. Furthermore, in northeastern Brazil nearly half of all diarrhoeal days documented during the 30 months of active surveillance were experienced by children who suffered at least one episode of persistent diarrhoea.

d) Etiological agents: The association of EPEC and EAEC with persistent diarrhoea is of particular interest and requires further investigation. The entero-adherent strains, some of which are also of EPEC serotypes, are characterised by their capacity to adhere to the intestinal mucosal brush border and to cells in tissue culture. At least 3 patterns of adhesion are recognised: localised adhesion (LA), diffuse adhesion (DA), and autoaggressive adhesion (AA). LA E.coli have been definitely associated with persistent diarrhoea. In India, for example, AA E.coli were isolated from 2% of healthy controls, 9% of children with acute diarrhoea and 26% of children with persistent diarrhoea under 3 years of age.

e) Pre-illness feeding practices: The possibility that pre-illness feeding

practices, especially breast-feeding may affect the risk of developing persistent diarrhoea has been studied in India and Peru. According to preliminary results of these studies, there is no evidence that the risk of developing persistent diarrhoea is related to preillness feeding practices, i.e. exclusive breast-feeding, supplemented breast-feeding, and use of breast-milk substitutes. These results are surprising given the marked protective effect of breast-feeding on the incidence and severity of acute diarrhoea, especially in infants, and further study of this topic is needed. The study in India has shown, however, that the incidence of persistent diarrhoea does increase two- to three-fold during the first month following the introduction of animal milk. There could be several reasons for this (singly or in combination) such as, reduced intake of protective factors in breast-milk, contamination of animal milk proteins and often related intolerance to lactose. A recent study indicated that use of unmodified cow's milk in infants may be associated with prolongation of acute diarrhoea.

f) Etiological agents: Most of the bacteria and parasites that are known to cause acute diarrhoea have also been isolated from patients with persistent diarrhoea. Whether certain pathogens are especially able to cause persistent diarrhoea has however not been extensively studied. Those enteropathogens that are isolated with about equal frequency from episodes of acute and persistent diarrhoea include Shigella, non-typhoid Salmonella, enterotoxigenic E.coli, C. jejuni, A. hydrophila and less frequently G. Lamblia, Y. Enterocolitica, C. difficile, E. histolytica. Those that are isolated with greater frequency from episodes of persistent diarrhoea include enteroadherent E.coli (EAEC), enteropathogenic E.coli and cryptosporidium. Cryptosporidium and possibly Shigella may be particularly important pathogens associated with persistent diarrhoea in children with pre-existing malnutrition. The mechanisms by which these agents cause persistent diarrhoea probably related to their capacity to adhere to or invade the bowel mucosa.

Background

Intestinal Microflora and Persistent Diarrhoea

Most enteropathogens that cause acute diarrhoea have also been associated with persistent diarrhoea, notable exceptions being vibrios and viruses, especially rotavirus. Those organisms that are isolated with about equal frequency from episodes of acute and persistent diarrhoea include non-typhoid Salmonella, enterotoxigenic E.Coli, Campylobacter Jejuni, and aeromonas hydrophila. Their continued presence in episodes of persistent diarrhoea probably reflects an impaired ability of the host to terminate infection. Organisms isolated with greater frequency for episodes of persistent diarrhoea include Shigella, enteroadherent E.Coli (EAEC) enteropathogenic E.Coli

and Cryptosporidium (Black, Penny -- Unpublished; Bhan et al -- Unpublished).

Epidemiological studies at ICDDR,B suggest (Black et al) that 7% of episodes of acute diarrhoea associated with enterotoxigenic E.Coli persisted for longer than 3 weeks compared with 3% of episodes of rotavirus diarrhoea.

The association of EPEC and EAEC with persistent diarrhoea is of particular interest and requires further investigation. Enteroadherent strains, some of which are also of EPEC serotypes are characterised by their capacity to adhere to cells in tissue culture (e.g. HEP-2 cells). E.Coli with localised and autoaggregative types of adhesion are associated with persistent diarrhoea. The latter type which usually does not belong to EPEC serotypes may play an important role in persistent diarrhoea. In India, for example, they were isolated from 2% of healthy controls, 9% of children with acute diarrhoea and 26% of children (under age 3 years) with persistent diarrhoea (Bhan et al -- Unpublished).

In most studies, less than half the children with persistent diarrhoea have recognised enteric pathogens in their faeces. However, a few studies such as the one in Peru (Penny et al) have shown that patients with persistent diarrhoea have increased number of aerobic and anaerobic fecal bacteria in the small bowel in comparison to findings in healthy controls from developed countries in whom the upper small bowel only contains very small numbers of respiratory-type commensal bacteria. However, studies in children with acute diarrhoea and in locally recruited healthy controls in Lima showed similar results as those in persistent diarrhoea patients, raising doubts as to their significance in relation to the pathogenesis of persistent diarrhoea.

Background

Diarrhoeagenic E.coli and persistent diarrhoea.

Bray and Beaban suggested in 1945 that certain members of E.coli were associated with infectious diarrhoea. However, advances in our understanding of basic mechanisms, made only in the last decade, have finally established this charismatic group of micro organisms as a cause of several diarrhoeal syndromes. Enterotoxigenic, enteropathogenic and enteroadherent E.coli are associated with acute watery diarrhoea and persistent diarrhoea, enteroinvasive E.coli with dysentery and enterohaemorrhagic E.coli with haemorrhagic colitis.

Enterotoxigenic E.coli in persistent diarrhoea

Epidemiological studies (Black et al) have shown a link between episodes of enterotoxigenic E.coli (and Shigella) associated diarrhoea and subsequent poor growth in children. It was also shown that 7% of episodes of diarrhoea associated with enterotoxigenic E.coli persistent no longer than 3 weeks (16% of episodes of Shigellosis) compared with 3% of episodes of rotavirus diarrhoea.

Enteropathogenic E.coli

The term enteropathogenic E.coli was coined in the 1950's to refer to E.coli of O serogroups including O26, O55, O86, O111, O119, O125 and O128 that were isolated more frequently from children with diarrhoea compared with controls. They do not produce CFA's, LT or ST neither do they show Shigella like invasiveness of enteroinvasive E.coli. Examination of electron micrographs of jejunal and colonic biopsies from infants with persistent diarrhoea associated with enteropathogenic E.coli gave insights into mechanisms of pathogenicity. At sites of mucosal attachment of enteropathogenic E.coli the brush border was destroyed (effaced) and the E.coli was closely attached to cup like projections (pedestals) of bare plasma membrane. The bacterial determinants of this pathognomic process have been studied recently using HeP2 and HeLA cells in tissue culture. Typically enteropathogenic E.coli induce acute self limiting watery diarrhoea associated with fever and vomiting in infants. In some the illness may become persistent.

Enteroadherent E.coli

The HeP2 adhesion assay has been exploited to identify strains of E.coli which do not produce LT or ST and whose serotypes may differ from enteropathogenic E.coli. Such strains were first identified in travellers diarrhoea. Unpublished epidemiological data (MK Bhan et al) as stated earlier suggests a role for enteroadherent E.coli in acute and specially persistent diarrhoea. A cross sectional age cohort of 580 children below 3 years of age residing in a village in North India were seen at weekly intervals for 12 months. Faecal samples were available for 346 of 565 diarrhoeal episodes. Seventy of which were persistent. Enteroadherent E.coli were isolated from 2.4% of controls, 9.2% of patients with acute diarrhoea and 26% of children with persistent diarrhoea. The majority had watery or loose stools but 11.6% had bloody stools,

raising the possibility of relationships between some strains of enteroadherent and enterohaemorrhagic E.coli.

2. EXPERIMENTAL DESIGN AND METHODOLOGY

Include all relevant details on experimental design, methodology and statistical methods as well as approximate schedule for each part of the proposed plan of work. This plan and schedule should indicate clearly the logical progression of the work towards the objectives of the project. Please refer to the guidelines.

Study design

- the study will be conducted at the Clinical Research Centre, Dhaka.
- a random sample (cohort 1) of children aged 3 to 35 months attending the treatment centre with acute watery diarrhoea of 5 days or less will be included; the sampling period will cover 12 consecutive months. A second random sample (cohort 2) of children aged 3 months to 35 months with acute bloody diarrhoea of 5 days or less will also be included in the study.
- patients in cohort 1 and 2 will be assigned randomly to either rice ORS or glucose ORS groups. The group in glucose ORS will be treated with glucose ORS; the rest of the treatment will not be interfered with. Rice ORS is routinely used at the Clinical Research Centre and the group assigned to rice ORS group will receive the usual treatment;
- mothers will be interviewed to fill up a pretested questionnaire; admission physical findings will be recorded; stool/RS will be cultured for pathogens (E.coli and Klebsiella strains will be saved); stool microscopy will be carried out for cryptosporidium, G. lamblia, and E. histolytica; duration of hospital stay and condition at discharge recorded.
- A followup examination will be made (and a questionnaire administered) after 7 and 15 days of onset of illness (parents will be compensated for travel cost and wage loss).
- blood test for total leucocytes and lymphocyte count on admission.
- followup at 1 month from the last examination to record if a second attack of diarrhoea occurred and relate to preceding episode and its etiology.
- patients will receive a skin test with multiple antigens (Multitest IMC - Institut Merieux); those negative for tuberculin will receive a BCG vaccination on discharge from hospital and a tuberculin test after 6 weeks of receiving BCG.
- E.coli/klebsiella strains will be tested for adhesion to tissue culture cells and pathogenicity in 'ritard model' of rabbits.
- random sample of the patients in target age group for 12 consecutive months will be enrolled;

Sample size

1. Diarrhoea ceased by day 7 (Bari et al):

For nondysenteric diarrhoea -

| | |
|-------------------|-----|
| glucose ORS group | 80% |
| rice ORS group | 95% |

Sample size to detect this difference is (90% power $\alpha = .05$)

$$2 \times \frac{80 \times 20 + 90 \times 5}{15^2} \times 10.5 = 194 \text{ say } 200$$

with 10% drop out from followup the sample size will be 220.

2. Cellmediated Immunity (CMI)

a) let us assume that 70% of acute diarrhoea patients have a positive response to skin test with multiple antigens and in patients with prolonged diarrhoea only 30% are positive. To detect this difference the sample size (90% power and $\alpha = .05$).

$$2 \times \frac{70 \times 30 + 30 \times 70}{40^2} \times 10.5 = 28$$

+ 10% dropout = 31

Assuming 10% of patients will have prolonged diarrhoea we need 280 patients in the cohort.

b) we assume 90% of the patients will be negative for tuberculin on 'Multitest'. After BCG inoculation we expect a conversion rate of 90%. If we assume that the patients with prolonged diarrhoea are relatively anergic and that 50% only become positive for tuberculin after BCG then the sample size should be

$$2 \times \frac{90 \times 10 + 50 \times 50}{40^2} \times 10.5 = 34, \text{ say } 40.$$

add 10% for tuberculin positive = 44

add 20% for drop outs = 54 patients only.

we assume 10% of the patients will have prolonged diarrhoea. Therefore, the size of the cohort will be 540.

3. Incidence of adherent E.coli (Bhan's data)

Let us assume 20% of acute nondysenteric diarrhoea become persistent. From Bhan's study 2% of nondiarrhoea controls, 9% of acute diarrhoea and 26% of persistent diarrhoea in children under 3 years had enteroadherent E.coli in stool culture. Sample size required to detect this degree of difference between acute and persistent diarrhoea.

No. of persistent diarrhoea patients required:

$$= \frac{26 \times (100 - 26) + 9 \times (100 - 9)}{(26 - 9)^2} \times 10.5 = 95, \text{ say } 100.$$

We assume 12% of patients to have prolonged diarrhoea; therefore the size of the cohort should be 835 + 10% for drop outs = 920

Data Analysis

1. Type of ORS and diarrhoea duration: Group (cohort 1) with acute watery diarrhoea will be used for this analysis. Data will initially be analysed by direct comparison of the two groups using diarrhoea duration as a continuous variable (t-test, equivalent nonparametric test and multiple regression). The groups will be evaluated for comparability. Finally the groups will be compared for the incidence of persistent diarrhoea (diarrhoea persisting beyond 14 days) as a dichotomous variable (χ^2 test and logistic regression).
2. Impaired cell mediated immunity: two types of outcome variables will be evaluated, summary response to 7 antigens for skin test (multitest CMI - Institut Merieux, France) and response to BCG (conversion tested by tuberculin test after 6 weeks). Summary skin test response will be compared with diarrhoea duration by appropriate regression analysis. Response to BCG (dichotomous variable) will be evaluated by multiple logistic regression.
3. EAEC: Its presence and type (of adhesion) will be analysed against diarrhoea duration. Multivariate analysis will be used to control for confounders (c.g. age, nutritional status, breastfeeding, immune status etc.).
4. Recent acute diarrhoea and previous persistent diarrhoea: These will be fitted into a multiple regression model using diarrhoea duration as a dependent variable. Occurrence of persistent diarrhoea will be analysed for the presence or absence of a recent attack of acute diarrhoea and a past attack of persistent diarrhoea by logistic regression.

Procedures

1. A systematic sampling technique will be used. Patients will be selected from a register of children aged 3 to 35 months entering the hospital (at triage area) with diarrhoea (or dysentery) of 5 days or less.
2. Two cohorts will be selected; a systematic sample of acute watery diarrhoea will form cohort 1 and a systematic sample of dysentery syndrome will form cohort 2.
3. A questionnaire form and a physical examination form will be filled. A skin test will be administered and planned laboratory tests (Stool/rectal swab on admission, blood count - Hb, TC, DC after adequate hydration, skin test with multitest on admission) will be performed. Skin test will be read after 48 hours and tuberculin test will be repeated after 6 weeks.

4. Patients in cohort 1 and 2 will be randomised into either rice ORS group or into the glucose ORS group. The rice ORS group will receive routine treatment in the hospital and on discharge will be provided with rice ORS (precooked) packets for home use. Other patients will receive standard glucose ORS in place of rice ORS and the rest of the treatment will be the same as for other patients in the hospital; these patients on discharge will be supplied with glucose ORS packets for home use. Home treatment advice will be standardised and will be the same for both groups.

5. Patients will be asked to return on day 7 and day 15 of illness. If they do not return, they will be visited at home and a questionnaire and physical examination form will be filled in.

6. Patients will be asked to return on day 45 of illness for repeat questionnaire and physical examination.

Test for Cell Mediated Immunity (CMI) (Skin test for delayed type hypersensitivity)

A skin test for evaluation of cell-mediated immunity developed by Institut Merieux will be used (Multitest CMI)^R. This test is carried out by a multiple head applicator loaded with several antigens. The disposable unit has 8 heads and 9 tines on each head linked by the support and loaded with 7 different antigens and a glycerine control. The following antigens are used - tetanus, diphtheria, streptococcus (group C), tuberculin, candida (albicans), trichophyton (mentagrophytes) and proteus (mirabilis). In addition one head contains glycerine control. Each multitest CMI head numbered from 1 to 8 carries a drop of antigen in a glycerine solution at 70% weight for volume. The test will be applied on the forearms of the infants under study; because there is insufficient space for all the 8 heads to be applied on the same arm in small infants four heads in a row will be applied on one arm and the other four heads in a row will be applied on the other arm. Reading will be carried out after 48 hours. Positivity is defined only by induration. If a reaction is oval then two diameters are averaged. Diameter of induration is measured on each antigen site. A reaction is positive if the average diameter expressed in millimeter is equal to or greater than 2 millimeter. A reaction of less than 2 mm is considered to be 0 and therefore negative. A summary score will be used i.e. the score is the sum of average diameters of the positive reactions. A compound score is the sum of average diameters and the number of antigens with a positive response. Tuberculin test will be carried out by a skin test by multipuncture for the detection of tuberculin allergy. Monotest^R produced by Institut Merieux will be used for this purpose. In this test multipuncture applicator is loaded with 300,000 international unit per ml of PPD (purified protein derivative). Readings of reaction will be read after 48 hours to make it comparable with the multitest.

Microbiology (stool samples)

For routine isolation of pathogens, methods described in "Manual for laboratory investigations of acute enteric infections" WHO CDD/83.3 will generally be followed. Rotavirus antigen will be detected by ELISA.

Four strains of each E.coli and a single strain of Klebsiella isolated will be stored on both Dorsett egg media and frozen in trypticase soy broth at -70°C to attempt maximum preservation of plasmids and virulence factors.

E.coli: all of the four strains isolated will be tested for serogroup by commercial grouping sera. Hemolytic ability will be noted after growth on blood agar.

Secretory toxins LT and ST will be identified by Y1 adrenal cell assay and infant mouse assay. Adherent E.coli will be identified by examination in tissue culture (HeLa and HeP2 cells) adherence assay, looking for localised, diffuse or aggregative adherence. The presence of cytotoxin will be noted; a cell-free supernatant of broth culture will be inoculated into HeLa cell monolayers and toxic effects determined after 48 hours.

Any Klebsiella isolated from small bowel will be examined in tissue culture for adherence. The effects of cell free supernatants will also be examined on tissue culture (CHO or Y1 adrenal) cells for evidence of secretory toxins.

3. RESEARCH TRAINING OPPORTUNITIES OFFERED BY THE PROJECT

Describe how performance of this project will provide training for persons who work on the project. Be specific with regard to the persons who will acquire new or improved skills, their position in the institution, their role in the project, the skills which will be acquired or improved, and how this will enhance institutional capability for future research on diarrhoeal diseases. In addition, specify whether it will be necessary to train some workers in special areas prior to commencement of the project.

Two investigators (Drs. Md. Shahdat Hossain and Abu Faruque) will receive training in study design, conduct, analysis and reporting.

(USE ADDITIONAL PAGES IF NECESSARY)

PROGNOSTIC AND RISK FACTORS FOR PROLONGATION OF ACUTE
DIARRHOEA: A CLINIC-BASED COHORT STUDY

Patient's name : _____

Father's name : _____

Detailed address
and location : _____

Name of the interviewer : _____

Date : _____

Time : _____

MEDICAL HISTORY FORM

PART A

| Variable name | Column | Code |
|--|--------|----------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| 4. Date of attendance | 7-12 | ___/___/___/___/___/ |
| 5. Time of attendance (h/min) | 13-14 | ___/___/___/ |
| 6. How old is your child (months)? | 15-16 | ___/___/ |
| 7. What is the sex of your child? Male=1, Female=2 | 17 | ___/ |
| 8. What was the date you have observed that your child having diarrhoea ? | 18 | ___/___/___/___/___/ |
| 9. For how many hours the child has been suffering from diarrhoea? | 19-23 | ___/___/___/___/ |
| 10. For how many hours the child has been suffering from vomiting? (Not applicable=99999) | 24-28 | ___/___/___/___/ |
| 11. Has your child had any sickness in last one month (before onset of present diarrhea)? | | |
| None [Yes=1, No=2] | 29 | ___/ |
| Cough [Yes=1, No=2] | 30 | ___/ |
| Fever [Yes=1, No=2] | 31 | ___/ |

| | | |
|---|----|------|
| Cough & fever [Yes=1, No=2] | 32 | ___/ |
| Fever, sneezing and running [Yes=1, No=2] | 33 | ___/ |
| Frequent cough, fever and respiration [Yes=1, No=2] | 34 | ___/ |
| Mumps [Yes=1, No=2] | 35 | ___/ |
| Measles [Yes=1, No=2] | 36 | ___/ |
| Ear discharge [Yes=1, No=2] | 37 | ___/ |
| Scabies [Yes=1, No=2] | 38 | ___/ |
| Conjunctivitis [Yes=1, No=2] | 39 | ___/ |
| Boils/skin infection [Yes=1, No=2] | 40 | ___/ |
| Angular stomatitis [Yes=1, No=2] | 41 | ___/ |
| Other [Yes=1, No=2] | 42 | ___/ |
| 12. Had your child had any diarrhoea in last one month (other than the present one)? [Yes=1, No=2] | 43 | ___/ |
| 13. If yes, what was the nature of the stool at the onset? Watery/loose=1, Bloody or bloody mucoid=2, Mucoid=3 Not applicable=9 | 44 | ___/ |
| 14. Did the child receive any outside treatment at home for the new episode of diarrhoea? [Yes=1, No=2] | 45 | ___/ |
| 15. If yes : | | |
| antibacterial drugs [Yes=1, No=2 not applicable=9] | 46 | ___/ |
| name of the drugs _____ | | |
| anthelmintic drugs [Yes=1, No=2 not applicable=9] | 47 | ___/ |
| name of the drugs _____ | | |

antiprtozoal drugs 48 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 49 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 50 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

16. Did the child get any 51 ___/
 .ORS for the present
 episode of diarrhoea ?
 [Yes=1, No=2]

17. If yes, what were the 52 ___/
 ingredients ?
 Prepackaged=1
 Home-made=2

PHYSICAL FINDINGS

PART B

| | | |
|--|----|------------------|
| 18. Dehydration none=1, mild=2, moderate=3, severe=4 | 53 | ___/ |
| 19. Signs of vitamin A deficiency | | |
| Normal [Yes=1, No=2] | 54 | ___/ |
| Night blindness (XN) [Yes=1, No=2] | 55 | ___/ |
| Conjunctival xerosis (X1A) [Yes=1, No=2] | 56 | ___/ |
| Bitot's spot (X1B) [Yes=1, No=2] | 57 | ___/ |
| Corneal ulcer <1/3 (X3A) [Yes=1, No=2] | 58 | ___/ |
| Corneal ulcer >1/3 (X3B) [Yes=1, No=2] | 59 | ___/ |
| Xerophthalmia scar (XS) [Yes=1, No=2] | 60 | ___/ |
| Xerophthalmia fundus (XF) [Yes=1, No=2] | 61 | ___/ |
| 20. Otitis media [Yes=1, No=2] | 62 | ___/ |
| 21. Throat | | |
| normal [Yes=1, No=2] | 63 | ___/ |
| inflamed/tonsillitis [Yes=1, No=2] | 64 | ___/ |
| 22. Lungs | | |
| clear [Yes=1, No=2] | 65 | ___/ |
| rhonchi [Yes=1, No=2] | 66 | ___/ |
| crepitations [Yes=1, No=2] | 67 | ___/ |
| 23. Admission weight (kg) | 68 | ___/___/___/___/ |
| 24. Length (cm) | 69 | ___/___/___/___/ |
| 25. Mid arm circumference (cm) | 70 | ___/ |

26. Skin fold thickness (mm)

Triceps 71-73 ___/___/___/

Subscapular 74-76 ___/___/___/

27. Rectal temperature (c) 77-79 ___/___/___/

28. Duration of stay in hospital 80-82 ___/___/___/

29. Outcome 83 ___/

- Discharged with diarrhoea=1
- Discharged after recovery=2
- Absconded=3
- DAMA=4
- Referred=5
- Died=6
- Other=7

30. Treatment received

ORS 84 ___/

[Yes=1, No=2]

ORS + IV 85 ___/

[Yes=1, No=2]

Antibiotics 86 ___/

[Yes=1, No=2]

Other drugs 87 ___/

[Yes=1, No=2]

Other 88 ___/

[Yes=1, No=2]

31. Time of starting of ORS at hospital 89-92 ___/___/___/___/

32. Type of ORS: 93 ___/

- Glucose=1,
- Rice-ORS=2

INTAKE OUTPUT CHART

Stool volume (ml)

A. (8 hourly) ___/___/___/___/ at _____ dt _____

B. (8 hourly) ___/___/___/___/ at _____ dt _____

C. (8 hourly) ___/___/___/___/ at _____ dt _____

Urine volume (ml)

A. (8 hourly) ___/___/___/___/ at _____ dt _____

B. (8 hourly) ___/___/___/___/ at _____ dt _____

C. (8 hourly) ___/___/___/___/ at _____ dt _____

34.Total at 24 Hours 98-101 ___/___/___/___/

ORS intake (ml)

A. Total volume given (ml) _____

Total volume leftover (ml) _____

Total volume taken (ml) _____

B. Total volume given (ml) _____

Total volume leftover (ml) _____

Total volume taken (ml) _____

C. Total volume given (ml) _____

Total volume leftover (ml) _____

Total volume taken (ml) _____

A. (8 hourly) ___/___/___/___/ at _____ dt _____

B. (8 hourly) ___/___/___/___/ at _____ dt _____

C. (8 hourly) ___/___/___/___/ at _____ dt _____

35.Total at 24 Hours 102-105 ___/___/___/___/

36.Frequency of vomiting for:

1st 8 hours 106-107 ___/___/

2nd 8 hours 108-109 ___/___/

3rd 8 hours 110-111 ___/___/

37. Frequency of feed for:

1st 8 hours

| | | |
|------------|---------|----------|
| BM | 112-113 | ___/___/ |
| FM | 114-115 | ___/___/ |
| Water | 116-117 | ___/___/ |
| Semi-solid | 118-119 | ___/___/ |
| Other | 120-121 | ___/___/ |

2nd 8 hours

| | | |
|------------|---------|----------|
| BM | 122-123 | ___/___/ |
| FM | 124-125 | ___/___/ |
| Water | 126-127 | ___/___/ |
| Semi-solid | 128-129 | ___/___/ |
| Other | 130-131 | ___/___/ |

3rd 8 hours

| | | |
|------------|---------|----------|
| BM | 132-133 | ___/___/ |
| FM | 134-135 | ___/___/ |
| Water | 136-137 | ___/___/ |
| Semi-solid | 138-139 | ___/___/ |
| Other | 140-141 | ___/___/ |

UNSCHEDULED IV THERAPY
(Not applicable=99999)

| | | |
|----------------------|---------|------------------|
| 38. Weight before IV | 142-145 | ___/___/___/___/ |
|----------------------|---------|------------------|

| | | |
|-------------------------------------|-----|------|
| 39. Dehydration status before IV | 146 | ___/ |
|-------------------------------------|-----|------|

Moderate=1

Moderate-severe=2

Severe=3

Not applicable=9

| | | |
|--|---------|--------------------------|
| 40. Weight at 24 hrs | 147-148 | ___/___/___/___/ |
| 41. Weight at 48 hrs | 149-152 | ___/___/___/___/ |
| 42. Duration of stay in hospital | 153-157 | ___/___/___/___/___/ |
| 43. Outcome | 158 | ___/ |
| Discharged with diarrhoea=1 Discharged after recovery=2 Absconded=3 DAMA=4 Referred=5 Died=6 Other=7 | | |
| 44. Treatment received | | |
| ORS | 159 | ___/ |
| [Yes=1, No=2] | | |
| ORS + IV | 160 | ___/ |
| [Yes=1, No=2] | | |
| Antibiotics | 161 | ___/ |
| [Yes=1, No=2] | | |
| Other drugs | 162 | ___/ |
| [Yes=1, No=2] | | |
| Other | 163 | ___/ |
| [Yes=1, No=2] | | |
| 45. Weight at discharge | 164-167 | ___/___/___/___/ |
| 46. Date of discharge | 168-173 | ___/___/___/___/___/___/ |

SOCIO-ECONOMIC-DEMOGRAPHIC HISTORY

47. What is your (mother) age?
(year) 174-175 ___/___/
48. What class did you reach in
educational institute?
No education=00 176-177 ___/___/
49. What class did your husband
reach in educational institute?
No education=00 178-179 ___/___/
50. What is the primary occupation
of your husband? 180-181 ___/___/
Farmer=01, Day labourer=02,
Rickshaw/pushcart puller=03,
Taxi/bus/truck driver=04,
Mill worker=05, Non-executive=06,
Office executive=07,
Petty business=08, Big business=09,
Overseas employment=10, Boatman=11,
Other=88
51. How much does your family earn
on an average per month? (Taka) 182-186 ___/___/___/___/___/
52. Number of sleeping room for
the family 187 ___/
53. Floor of the house 188 ___/
Cemented=1,
Non-cemented=2
54. Re ID No. 189-192 ___/___/___/___/

FEEDING PRACTICES

| Variable name | Column | Code |
|--|--------|------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| A. DURING ILLNESS | | |
| 4. What did you feed your child after onset of diarrhoea? | | |
| Breast-milk [Yes=1, No=2] | 7 | ___/ |
| Formula milk [Yes=1, No=2] | 8 | ___/ |
| Cow's milk [Yes=1, No=2] | 9 | ___/ |
| Semi-solid [Yes=1, No=2] | 10 | ___/ |
| Solid [Yes=1, No=2] | 11 | ___/ |
| Other [Yes=1, No=2] | 12 | ___/ |
| 5. How often did you feed your child during previous 24 hour period ? Not applicable=99 | | |
| breast-milk | 13-14 | ___/___/ |
| unbranded powder milk | 15-16 | ___/___/ |
| Commercial baby food | 17-18 | ___/___/ |
| cow's milk | 19-20 | ___/___/ |
| Goat's milk | 21-22 | ___/___/ |
| Buffalo's milk | 23-24 | ___/___/ |
| Rice gruel | 25-26 | ___/___/ |

| | | |
|------------------------|-------|----------|
| Barley water | 27-28 | ___/___/ |
| semi-solid | 29-30 | ___/___/ |
| solid [Yes=1, No=2] | 31-32 | ___/___/ |
| other | 33-34 | ___/___/ |

B. PRIOR TO DIARRHEAL ILLNESS

| | | |
|--|----|------|
| 6. If breast-fed is that exclusive=1 partial=2 not applicable=9 | 35 | ___/ |
|--|----|------|

7. If partially breast-fed, how many weeks before this episode did you start formula milk [not applicable=99]

| | | |
|-----------------------|-------|----------|
| Unbranded powder milk | 36-37 | ___/___/ |
| Commercial baby food | 38-39 | ___/___/ |
| Cow's milk | 40-41 | ___/___/ |
| Goat's milk | 42-43 | ___/___/ |
| Buffalo's milk | 44-45 | ___/___/ |
| Barley water | 46-47 | ___/___/ |
| Rice gruel | 48-49 | ___/___/ |
| Other | 50-51 | ___/___/ |

| | | |
|--|----|------|
| 8. If formula fed, what was the quality of milk before illness diluted=1, Undiluted=2, not applicable=9 | 52 | ___/ |
|--|----|------|

9. If formula-fed what did you give your child before diarrhoeal illness :
[Not applicable=9]

| | | |
|--------------------------------------|----|------|
| Unbranded powder milk + rice suli | 53 | ___/ |
|--------------------------------------|----|------|

| | | |
|---|-------|------------------|
| Unbranded powder milk + wheat suji [Yes=1, No=2] | 54 | ___/ |
| Commercial baby food + rice suji [Yes=1, No=2] | 55 | ___/ |
| Commercial baby food + wheat suji [Yes=1, No=2] | 56 | ___/ |
| Cow's milk + rice suji [Yes=1, No=2] | 57 | ___/ |
| Cow's milk + wheat suji [Yes=1, No=2] | 58 | ___/ |
| Goat's milk + rice suji [Yes=1, No=2] | 59 | ___/ |
| Goat's milk + wheat suji [Yes=1, No=2] | 60 | ___/ |
| Buffalo's milk + rice suji [Yes=1, No=2] | 61 | ___/ |
| Buffalo's milk + wheat suji [Yes=1, No=2] | 62 | ___/ |
| C. DISTANT PAST | | |
| 10. Did your child receive breast milk after birth ? [Yes=1, No=2, Don't know=3] | 63 | ___/ |
| 11. What did you do with the first milk of the breast (colostrum) ? Thrown away=1, Given to the child=2, Don't know=3 [Yes=1, No=2] | 64 | ___/ |
| 12. Re ID NO. | 65-68 | ___/___/___/___/ |

LABORATORY DATA

| Variable name | Column | Code |
|--|--------|--------------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| STOOL MICROSCOPICAL EXAMINATION | | |
| 4. Date of specimen received | 7-12 | ___/___/___/___/___/___/ |
| 5. Color yellow=1, brown=2, green=3, greenish=4, pale yellow=5, rice watery=6, creamy=7, other=8, not done=9 | 13 | ___/ |
| 6. Stool consistency liquid=1, watery=2, mucoid=3, bloody=4, bloody-mucoid=5, loose=6, soft=7, other=8, not done=9 | 14 | ___/ |
| 7. Blood none=0, trace=1, moderate=2, heavy=3 | 15 | ___/ |
| 8. Mucus (same as above) | 16 | ___/ |
| 9. Worm [Yes=1, No=2] | 17 | ___/ |
| 10. pH [Acidic=1, Alkaline=2] | 18 | ___/ |
| 11. RBC none=1, 1-10=2, 11-20=3, 21-50=4, 51+=5 | 19 | ___/ |
| 12. Pus cells less 10=2, 11-20=3, 21-50=4, 51+=5 | 20 | ___/ |
| 13. Macrophage none=2, 1-5=3, 6-10=4, 11+=5 | 21 | ___/ |
| 14. Neutral fat none=2, few=3, mod=4, many=5 | 22 | ___/ |

| | | |
|---|----|------|
| 15. Yeast none=2, few=3, mod=4, many=5 | 23 | ___/ |
| 16. Giardia none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | 24 | ___/ |
| 17. E.H. none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | 25 | ___/ |
| 18. Ascaris none=0, few=1, mod=2, many=3 | 26 | ___/ |
| 19. Trichuris none=0, few=1, mod=2, many=3 | 27 | ___/ |
| 20. Hookworm none=0, few=1, mod=2, many=3 | 28 | ___/ |
| 21. S. Stercoralis none=0, few=1, mod=2, many=3 | 29 | ___/ |
| 22. Trichomonas hominis none=0, few=1, mod=2, many=3 | 30 | ___/ |
| 23. Other [Yes=1, No=2] | 31 | ___/ |
| 24. Cryptosporidium [Yes=1, No=2] | 32 | ___/ |

STOOL BACTERIOLOGICAL EXAMINATION

| | | |
|---|-------|------------------------------|
| 25. Date of specimen sent | 33-38 | ___/___/___/___/___/___/___/ |
| 26. Vibrio cholerae [Yes=1, No=2] | 39 | ___/ |
| 28. Vibrio cholerae biotype El Tor=1, Classical=2 | 40 | ___/ |
| 29. Vibrio cholerae serotype Inaba=1, Ogawa=2 | 41 | ___/ |
| 30. Other vibrios [Yes=1, No=2] | 42 | ___/ |
| 31. Other vibrios type VP=1, VF=2, VM=3, PS=4, AS=5, AH=6, AC=7, other=8, not applicable=9 | 43 | ___/ |
| 32. EPEC [Yes=1, No=2] | 44 | ___/ |
| 33. ETEC [Yes=1, No=2] | 45 | ___/ |
| 34. ETEC type ST=1, LT=2, LT/ST=3 | 46 | ___/ |
| 35. EIEC | 47 | ___/ |

| | | |
|-----------------------------|-------|----------|
| 36.EAEC | 48 | ___/ |
| [Yes=1, No=2] | | |
| 37.EAEC type | 49 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 38.EHEC | 50 | ___/ |
| [Yes=1, No=2] | | |
| 39.Klebsiella | 51 | ___/ |
| [Yes=1, No=2] | | |
| 40.Klebsiella type | 52 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 41.Rotavirus | 53 | ___/ |
| [Yes=1, No=2] | | |
| 42.Campylobacter | 54 | ___/ |
| [Yes=1, No=2] | | |
| 43.Campylobacter type | 55 | ___/ |
| jejuni=1, coli=2, other=3 | | |
| 44.Salmonellae | 56 | ___/ |
| [Yes=1, No=2] | | |
| 45.Salmonellae type | 57 | ___/ |
| salm. typhi=1 | | |
| salm. other=2 | | |
| 46.Shigellae | 58 | ___/ |
| [Yes=1, No=2] | | |
| 47.Shigellae type | 59 | ___/ |
| sh. dyst I=1, sh. flex=2, | | |
| sh. boydii=3, sh. sonnei=4, | | |
| sh. dyst 2=5, | | |
| sh. dyst (3-10)=6 | | |
| 48.Sensitivity pattern of: | 60-61 | ___/___/ |

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

49.Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 62 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 63 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 64 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 65 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 66 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 67 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|---|-------|----------|
| Nalidixic acid | 68 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 69 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 70 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 71 | ___/ |
| [Sen=1, Res=2] | | |
| 50.Sensitivity pattern of: | 72-73 | ___/___/ |
| VC 01=01, VP=02, VF=03, VM=04, PS=05, AH=06, AS=07, AC=08, ETEC=09, Campy=10, Salm. typhi=11, Salm. other=12, Sh. dyst I=13, Sh. flex=14, Sh. sonnei=15, Sh. boydii=16, Sh. dyst 2=17, Sh. dyst (3-10)=18, Other=19, Not done=88, Not applicable=99 | | |
| 51.Sensitive to : | | |
| Tetra | 74 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 75 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 76 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 77 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 78 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 79 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 80 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 81 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 82 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 83 | ___/ |
| [Sen=1, Res=2] | | |

BLOOD EXAMINATION

| | | |
|--------------------------|-------|--------------------------|
| 52.Date of specimen sent | 84-89 | ___/___/___/___/___/___/ |
| | | Y Y M M D D |
| 53.Total WBC | | |
| % Polys | 90-91 | ___/___/ |
| % Bands | 92-93 | ___/___/ |

| | | |
|----------------------|---------|----------------------|
| % Monocyte | 96-97 | ___/___/ |
| % Eosinophil | 98-99 | ___/___/ |
| % Basophil | 100-101 | ___/___/ |
| 54. % HCT | 102-103 | ___/___/ |
| 55. Total Protein | 104-106 | ___/___/___/ |
| 56. Specific gravity | 107-111 | ___/___/___/___/___/ |

MULTITEST CMI REACTION RESULTS

57. TETANUS

| | | |
|-----------------------|---------|----------|
| diameter (a) _____ mm | 112-113 | ___/___/ |
| diameter (b) _____ mm | 114-115 | ___/___/ |
| average _____ mm | 116-117 | ___/___/ |
| positivity | 118 | ___/ |
| [Yes=1, No=2] | | |

58. DIPHTHERIA

| | | |
|-----------------------|---------|----------|
| diameter (a) _____ mm | 119-120 | ___/___/ |
| diameter (b) _____ mm | 121-122 | ___/___/ |
| average _____ mm | 123-124 | ___/___/ |
| positivity | 125 | ___/ |
| [Yes=1, No=2] | | |

59. STREPTOCOCCUS

| | | |
|-----------------------|---------|----------|
| diameter (a) _____ mm | 126-127 | ___/___/ |
| diameter (b) _____ mm | 128-129 | ___/___/ |
| average _____ mm | 130-131 | ___/___/ |
| positivity | 132 | ___/ |
| [Yes=1, No=2] | | |

60. TUBERCULIN

| | | |
|-----------------------|---------|----------|
| diameter (a) _____ mm | 133-134 | ___/___/ |
| diameter (b) _____ mm | 135-136 | ___/___/ |
| average _____ mm | 137-138 | ___/___/ |
| positivity | 139 | ___/ |
| [Yes=1, No=2] | | |

61. CONTROL

| | | |
|-----------------------|---------|----------|
| diameter (a) _____ mm | 140-141 | ___/___/ |
| diameter (b) _____ mm | 142-143 | ___/___/ |
| average _____ mm | 144-145 | ___/___/ |
| positivity | 146 | ___/ |
| [Yes=1, No=2] | | |

62. CANDIDINE

| | | | |
|---------------|----------|---------|----------|
| diameter (a) | _____ mm | 147-148 | ___/___/ |
| diameter (b) | _____ mm | 149-150 | ___/___/ |
| average | _____ mm | 151-152 | ___/___/ |
| positivity | | 153 | ___/ |
| [Yes=1, No=2] | | | |

63. TRICOPHYTON

| | | | |
|---------------|----------|---------|----------|
| diameter (a) | _____ mm | 154-155 | ___/___/ |
| diameter (b) | _____ mm | 156-157 | ___/___/ |
| average | _____ mm | 158-159 | ___/___/ |
| positivity | | 160 | ___/ |
| [Yes=1, No=2] | | | |

64. PROTEUS

| | | | |
|---------------|----------|---------|----------|
| diameter (a) | _____ mm | 161-162 | ___/___/ |
| diameter (b) | _____ mm | 163-164 | ___/___/ |
| average | _____ mm | 165-166 | ___/___/ |
| positivity | | 167 | ___/ |
| [Yes=1, No=2] | | | |

65. Re ID No.

| | |
|---------|------------------|
| 168-171 | ___/___/___/___/ |
|---------|------------------|

FIRST FOLLOW-UP VISIT
(Day 8 of illness)

PART A : MEDICAL HISTORY

- | | | |
|---|-------|----------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| 4. If recovered, what was the duration of illness (days)? not applicable=99 | 7-8 | ___/___/ |
| 5. If the child has diarrhoea, is the episode: Still continuing=1, New episode=2, Not applicable=9 | 9 | ___/ |
| 6. If new episode, what is the duration of diarrhoea (hrs) not applicable=99999 | 10-14 | ___/___/___/___/___/ |
| 7. If new episode, what is the duration of vomiting (hrs) not applicable=99999 | 15-19 | ___/___/___/___/___/ |
| 8. If new episode, what is the character of stool? watery/loose=1, bloody or bloody-mucoid=2, mucoid=3, not applicable=9 | 20 | ___/ |
| 9. Did your child take ORS that were given at the time of discharge? [Yes=1, No=2] | 21 | ___/ |
| 10. Did the child receive any outside treatment at home after discharge? [Yes=1, No=2] | 22 | ___/ |

11.If yes :

antibacterial drugs 23 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 24 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 25 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

12.Did the child receive any 25 ___/
 outside treatment at home
 for the new episode ?
 [Yes=1, No=2]

13.If yes :

antibacterial drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 28
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 29
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 30
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

PART B: PHYSICAL FINDINGS

14. Dehydration 31
 none=1, mild=2,
 moderate=3, severe=4
 not applicable=9

15. Rectal temperature 32-34

16. Signs of vitamin A deficiency

Normal 35
 [Yes=1, No=2]

Night blindness (XN) 36
 [Yes=1, No=2]

Conjunctival xerosis (X1A) 37
 [Yes=1, No=2]

Bitot's spot (X1B) 38
 [Yes=1, NO=2]

Corneal ulcer <1/3 (X3A) 39
 [Yes=1, NO=2]

Corneal ulcer >1/3 (X3B) 40
 [Yes=1, No=2]

Xerophthalmia scar (XS) 41
 [Yes=1, No=2]

Xerophthalmia fundus (XF) 42
 [Yes=1, No=2]

17. Otitis media 43
 [Yes=1, No=2]

| | | |
|--------------------------------|-------|------------------|
| 18. Throat | | |
| normal | 44 | ___/ |
| [Yes=1, No=2] | | |
| inflamed/tonsillitis | 45 | ___/ |
| [Yes=1, No=2] | | |
| 19. Lungs | | |
| clear | 46 | ___/ |
| [Yes=1, No=2] | | |
| rhonchi | 47 | ___/ |
| [Yes=1, No=2] | | |
| crepitations | 48 | ___/ |
| [Yes=1, No=2] | | |
| 20. Weight (kg) | 49-52 | ___/___/___/___/ |
| 21. Length (cm) | 53-55 | ___/___/___/ |
| 22. Mid arm circumference (cm) | 56-58 | ___/___/___/ |
| 23. Skin fold thickness (mm) | | |
| Triceps | 59-61 | ___/___/___/ |
| Subscapular | 62-64 | ___/___/___/ |

LABORATORY DATA
(In case of diarrhoea)

| | | |
|---------------------------------|------|--------------------------|
| 1. Cohort No. | 1 | ___/ |
| Cohort I (watery diarrhoea)=1 | | |
| Cohort II (bloody diarrhoea)=2 | | |
| 2. Randomization | 2 | ___/ |
| WHO-ORS=1, | | |
| Rice-ORS=2 | | |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| STOOL MICROSCOPICAL EXAMINATION | | |
| 4. Date of specimen received | 7-12 | ___/___/___/___/___/___/ |
| 5. Color | 13 | ___/ |
| yellow=1, brown=2, green=3, | | |
| greenish=4, pale yellow=5, | | |
| rice watery=6, creamy=7, | | |
| other=8, not done=9 | | |
| 6. Stool consistency | 14 | ___/ |
| liquid=1, watery=2, mucoid=3, | | |
| bloody=4, bloody-mucoid=5, | | |
| loose=6, soft=7, other=8, | | |
| not done=9 | | |
| 7. Blood | 15 | ___/ |
| none=0, trace=1, moderate=2, | | |
| heavy=3 | | |
| 8. Mucus | 16 | ___/ |
| (same as above) | | |
| 9. Worm | 17 | ___/ |
| [Yes=1, No=2] | | |
| 10. pH | 18 | ___/ |
| [Acidic=1, Alkaline=2] | | |
| 11. RBC | 19 | ___/ |
| none=1, 1-10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 12. Pus cells | 20 | ___/ |
| less 10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 13. Macrophage | 21 | ___/ |
| none=2, 1-5=3, 6-10=4, | | |
| 11+=5 | | |
| 14. Neutral fat | 22 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |
| 15. Yeast | 23 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |

| | | |
|---|-------|----------------------------------|
| 16. Giardia | 24 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 17. E.H. | 25 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 18. Ascaris | 26 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 19. Trichuris | 27 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 20. Hookworm | 28 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 21. S. Stercoralis | 29 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 22. Trichomonas hominis | 30 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 23. Other | 31 | ___/ |
| [Yes=1, No=2] | | |
| 24. Cryptosporidium | 32 | ___/ |
| [Yes=1, No=2] | | |
| STOOL BACTERIOLOGICAL EXAMINATION | | |
| 25. Date of specimen sent | 33-38 | ___/___/___/___/___/___/___/___/ |
| 26. Vibrio cholerae | 39 | ___/ |
| [Yes=1, No=2] | | |
| 28. Vibrio cholerae biotype | 40 | ___/ |
| El Tor=1, Classical=2 | | |
| 29. Vibrio cholerae serotype | 41 | ___/ |
| Inaba=1, Ogawa=2 | | |
| 30. Other vibrios | 42 | ___/ |
| [Yes=1, No=2] | | |
| 31. Other vibrios type | 43 | ___/ |
| VP=1, VF=2, VM=3, PS=4, AS=5, AH=6, AC=7, other=8, not applicable=9 | | |
| 32. EPEC | 44 | ___/ |
| [Yes=1, No=2] | | |
| 33. ETEC | 45 | ___/ |
| [Yes=1, No=2] | | |
| 34. ETEC type | 46 | ___/ |
| ST=1, LT=2, LT/ST=3 | | |
| 35. EIEC | 47 | ___/ |
| [Yes=1, No=2] | | |
| 36. EAEC | 48 | ___/ |
| [Yes=1, No=2] | | |
| 37. EAEC type | 49 | ___/ |

| | | |
|---------------------------------|-------|----------|
| 38.EHEC | 50 | ___/ |
| [Yes=1, No=2] | | |
| 39.Klebsiella | 51 | ___/ |
| [Yes=1, No=2] | | |
| 40.Klebsiella type | 52 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 41.Rotavirus | 53 | ___/ |
| [Yes=1, No=2] | | |
| 42.Campylobacter | 54 | ___/ |
| [Yes=1, No=2] | | |
| 43.Campylobacter type | 55 | ___/ |
| jejuni=1, coli=2, other=3 | | |
| 44.Salmonellae | 56 | ___/ |
| [Yes=1, No=2] | | |
| 45.Salmonellae type | 57 | ___/ |
| salm. typhi=1 | | |
| salm. other=2 | | |
| 46.Shigellae | 58 | ___/ |
| [Yes=1, No=2] | | |
| 47.Shigellae type | 59 | ___/ |
| sh. dyst I=1, sh. flex=2, | | |
| sh. boydii=3, sh. sonnei=4, | | |
| sh. dyst 2=5, | | |
| sh. dyst (3-10)=6 | | |
| 48.Sensitivity pattern of: | 60-61 | ___/___/ |
| VC 01=01, VP=02, VF=03, | | |
| VM=04, PS=05, AH=06, AS=07, | | |
| AC=08, ETEC=09, Campy=10, | | |
| Salm. typhi=11, Salm. other=12, | | |
| Sh. dyst I=13, Sh. flex=14, | | |
| Sh. sonnei=15, Sh. boydii=16, | | |
| Sh. dyst 2=17, | | |
| Sh. dyst (3-10)=18, Other=19, | | |
| Not done=88, Not applicable=99 | | |
| 49.Sensitive to : | | |
| Tetra | 62 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 63 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 64 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 65 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 66 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 67 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 68 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 69 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|----------------|----|------|
| Pivmecillinum | 70 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 71 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|-----------------------------|-------|----------|
| 50. Sensitivity pattern of: | 72-73 | ___/___/ |
|-----------------------------|-------|----------|

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

51. Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 74 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 75 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 76 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 77 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 78 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 79 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 80 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 81 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 82 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 83 | ___/ |
| [Sen=1, Res=2] | | |

BLOOD EXAMINATION

| | | |
|----------------------------|-------|--------------------------|
| 52. Date of specimen sent. | 84-89 | ___/___/___/___/___/___/ |
| | | Y Y M M D D |

| | | |
|---------------|-------|----------|
| 53. Total WBC | | |
| % Polys | 90-91 | ___/___/ |
| % Bands | 92-93 | ___/___/ |
| % Lymphocyte | 94-95 | ___/___/ |
| % Monocyte | 96-97 | ___/___/ |

| | | |
|----------------------|---------|----------------------|
| % Basophil | 100-101 | ___/___/ |
| 54. % HCT | 102-103 | ___/___/ |
| 55. Total Protein | 104-106 | ___/___/___/ |
| 56. Specific gravity | 107-111 | ___/___/___/___/___/ |
| 57. Re ID No. | 112-115 | ___/___/___/___/ |

SECOND FOLLOW-UP VISIT
(Day 16 of illness)

PART A : MEDICAL HISTORY

- | | | |
|---|-------|----------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| 4. If recovered, what was the duration of illness (days)? not applicable=99 | 7-8 | ___/___/ |
| 5. If the child has diarrhoea, is the episode: Still continuing=1, New episode=2, Not applicable=9 | 9 | ___/ |
| 6. If new episode, what is the duration of diarrhoea (hrs) not applicable=99999 | 10-14 | ___/___/___/___/___/ |
| 7. If new episode, what is the duration of vomiting (hrs) not applicable=99999 | 15-19 | ___/___/___/___/___/ |
| 8. If new episode, what is the character of stool? watery/loose=1, bloody or bloody-mucoid=2, mucoid=3, not applicable=9 | 20 | ___/ |
| 9. Did your child take ORS that were given at the time of discharge? [Yes=1, No=2] | 21 | ___/ |
| 10. Did the child receive any outside treatment at home after discharge? [Yes=1, No=2] | 22 | ___/ |

11.If yes :

antibacterial drugs 23 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 24 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 25 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

12.Did the child receive any 25 ___/
 outside treatment at home
 for the new episode ?
 [Yes=1, No=2]

13.If yes :

antibacterial drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 28 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 29 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 30 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

PART B: PHYSICAL FINDINGS

14. Dehydration 31 ___/
 none=1, mild=2,
 moderate=3, severe=4
 not applicable=9

15. Rectal temperature 32-34 ___/___/___/

16. Signs of vitamin A deficiency

Normal 35 ___/
 [Yes=1, No=2]

Night blindness (XN) 36 ___/
 [Yes=1, No=2]

Conjunctival xerosis (X1A) 37 ___/
 [Yes=1, No=2]

Bitot's spot (X1B) 38 ___/
 [Yes=1, NO=2]

Corneal ulcer <1/3 (X3A) 39 ___/
 [Yes=1, NO=2]

Corneal ulcer >1/3 (X3B) 40 ___/
 [Yes=1, No=2]

Xerophthalmia scar (XS) 41 ___/
 [Yes=1, No=2]

Xerophthalmia fundus (XF) 42 ___/
 [Yes=1, No=2]

17. Otitis media 43 ___/
 [Yes=1, No=2]

| | | |
|--------------------------------|-------|------------------|
| 18. Throat | | |
| normal | 44 | ___/ |
| [Yes=1, No=2] | | |
| inflamed/tonsillitis | 45 | ___/ |
| [Yes=1, No=2] | | |
| 19. Lungs | | |
| clear | 46 | ___/ |
| [Yes=1, No=2] | | |
| rhonchi | 47 | ___/ |
| [Yes=1, No=2] | | |
| crepitations | 48 | ___/ |
| [Yes=1, No=2] | | |
| 20. Weight (kg) | 19-52 | ___/___/___/___/ |
| 21. Length (cm) | 53-55 | ___/___/___/ |
| 22. Mid arm circumference (cm) | 56-58 | ___/___/___/ |
| 23. Skin fold thickness (mm) | | |
| Triceps | 59-61 | ___/___/___/ |
| Subscapular | 62-64 | ___/___/___/ |

LABORATORY DATA
(In case of diarrhoea)

| | | |
|---------------------------------|------|--------------------------|
| 1. Cohort No. | 1 | ___/ |
| Cohort I (watery diarrhoea)=1 | | |
| Cohort II (bloody diarrhoea)=2 | | |
| 2. Randomization | 2 | ___/ |
| WHO-ORS=1, | | |
| Rice-ORS=2 | | |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| STOOL MICROSCOPICAL EXAMINATION | | |
| 4. Date of specimen received | 7-12 | ___/___/___/___/___/___/ |
| 5. Color | 13 | ___/ |
| yellow=1, brown=2, green=3, | | |
| greenish=4, pale yellow=5, | | |
| rice watery=6, creamy=7, | | |
| other=8, not done=9 | | |
| 6. Stool consistency | 14 | ___/ |
| liquid=1, watery=2, mucoid=3, | | |
| bloody=4, bloody-mucoid=5, | | |
| loose=6, soft=7, other=8, | | |
| not done=9 | | |
| 7. Blood | 15 | ___/ |
| none=0, trace=1, moderate=2, | | |
| heavy=3 | | |
| 8. Mucus | 16 | ___/ |
| (same as above) | | |
| 9. Worm | 17 | ___/ |
| [Yes=1, No=2] | | |
| 10. pH | 18 | ___/ |
| [Acidic=1, Alkaline=2] | | |
| 11. RBC | 19 | ___/ |
| none=1, 1-10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 12. Pus cells | 20 | ___/ |
| less 10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 13. Macrophage | 21 | ___/ |
| none=2, 1-5=3, 6-10=4, | | |
| 11+=5 | | |
| 14. Neutral fat | 22 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |
| 15. Yeast | 23 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |

| | | |
|---|----|------|
| 16. Giardia none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | 24 | ___/ |
| 17. E.H. none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | 25 | ___/ |
| 18. Ascaris none=0, few=1, mod=2, many=3 | 26 | ___/ |
| 19. Trichuris none=0, few=1, mod=2, many=3 | 27 | ___/ |
| 20. Hookworm none=0, few=1, mod=2, many=3 | 28 | ___/ |
| 21. S. Stercoralis none=0, few=1, mod=2, many=3 | 29 | ___/ |
| 22. Trichomonas hominis none=0, few=1, mod=2, many=3 | 30 | ___/ |
| 23. Other [Yes=1, No=2] | 31 | ___/ |
| 24. Cryptosporidium [Yes=1, No=2] | 32 | ___/ |

STOOL BACTERIOLOGICAL EXAMINATION

| | | |
|---|-------|--------------------------|
| 25. Date of specimen sent | 33-38 | ___/___/___/___/___/___/ |
| 26. Vibrio cholerae [Yes=1, No=2] | 39 | ___/ |
| 28. Vibrio cholerae biotype El Tor=1, Classical=2 | 40 | ___/ |
| 29. Vibrio cholerae serotype Inaba=1, Ogawa=2 | 41 | ___/ |
| 30. Other vibrios [Yes=1, No=2] | 42 | ___/ |
| 31. Other vibrios type VP=1, VF=2, VM=3, PS=4, AS=5, AH=6, AC=7, other=8, not applicable=9 | 43 | ___/ |
| 32. EPEC [Yes=1, No=2] | 44 | ___/ |
| 33. ETEC [Yes=1, No=2] | 45 | ___/ |
| 34. ETEC type ST=1, LT=2, LT/ST=3 | 46 | ___/ |
| 35. EIEC [Yes=1, No=2] | 47 | ___/ |
| 36. EAEC [Yes=1, No=2] | 48 | ___/ |
| 37. EAEC type | 49 | ___/ |

| | | |
|-----------------------------|-------|----------|
| 38.EHEC | 50 | ___/ |
| [Yes=1, No=2] | | |
| 39.Klebsiella | 51 | ___/ |
| [Yes=1, No=2] | | |
| 40.Klebsiella type | 52 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 41.Rotavirus | 53 | ___/ |
| [Yes=1, No=2] | | |
| 42.Campylobacter | 54 | ___/ |
| [Yes=1, No=2] | | |
| 43.Campylobacter type | 55 | ___/ |
| jejuni=1, coli=2, other=3 | | |
| 44.Salmonellae | 56 | ___/ |
| [Yes=1, No=2] | | |
| 45.Salmonellae type | 57 | ___/ |
| salm. typhi=1 | | |
| salm. other=2 | | |
| 46.Shigellae | 58 | ___/ |
| [Yes=1, No=2] | | |
| 47.Shigellae type | 59 | ___/ |
| sh. dyst I=1, sh. flex=2, | | |
| sh. boydii=3, sh. sonnei=4, | | |
| sh. dyst 2=5, | | |
| sh. dyst (3-10)=6 | | |
| 48.Sensitivity pattern of: | 60-61 | ___/___/ |

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

49.Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 62 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 63 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 64 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 65 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 66 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 67 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 68 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 69 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|----------------|----|------|
| Pivmecillinum | 70 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 71 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|-----------------------------|-------|----------|
| 50. Sensitivity pattern of: | 72-73 | ___/___/ |
|-----------------------------|-------|----------|

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

51. Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 74 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 75 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 76 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 77 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 78 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 79 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 80 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 81 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 82 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 83 | ___/ |
| [Sen=1, Res=2] | | |

BLOOD EXAMINATION

| | | |
|---------------------------|-------|--------------------------|
| 52. Date of specimen sent | 84-89 | ___/___/___/___/___/___/ |
| | | Y Y M M D D |

53. Total WBC

| | | |
|--------------|-------|----------|
| % Polys | 90-91 | ___/___/ |
| % Bands | 92-93 | ___/___/ |
| % Lymphocyte | 94-95 | ___/___/ |
| % Monocyte | 96-97 | ___/___/ |

| | | |
|----------------------|---------|----------------------|
| % Basophil | 100-101 | ___/___/ |
| 54. % HCT | 102-103 | ___/___/ |
| 55. Total Protein | 104-106 | ___/___/___/ |
| 56. Specific gravity | 107-111 | ___/___/___/___/___/ |
| 57. Re ID No. | 112-115 | ___/___/___/___/ |

THIRD FOLLOW-UP VISIT
(Day 32 of illness)

PART A : MEDICAL HISTORY

- | | | |
|---|-------|----------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| 4. If recovered, what was the duration of illness (days)? not applicable=99 | 7-8 | ___/___/___/___/ |
| 5. If the child has diarrhoea, is the episode: Still continuing=1, New episode=2, Not applicable=9 | 9 | ___/ |
| 6. If new episode, what is the duration of diarrhoea (hrs) not applicable=99999 | 10-14 | ___/___/___/___/___/ |
| 7. If new episode, what is the duration of vomiting (hrs) not applicable=99999 | 15-19 | ___/___/___/___/___/ |
| 8. If new episode, what is the character of stool? watery/loose=1, bloody or bloody-mucoid=2, mucoid=3, not applicable=9 | 20 | ___/ |
| 9. Did your child take ORS that were given at the time of discharge? [Yes=1, No=2] | 21 | ___/ |
| 10. Did the child receive any outside treatment at home after discharge? [Yes=1, No=2] | 22 | ___/ |

11.If yes :

antibacterial drugs 23 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 24 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 25 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 26 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 27 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

12.Did the child receive any 25 /
 outside treatment at home
 for the new episode ?
 [Yes=1, No=2]

13.If yes :

antibacterial drugs 26 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 27 /
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 28 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 29 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 30 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

PART B: PHYSICAL FINDINGS

14. Dehydration 31 ___/
 none=1, mild=2,
 moderate=3, severe=4
 not applicable=9

15. Rectal temperature 32-34 ___/___/___/

16. Signs of vitamin A deficiency

Normal 35 ___/
 [Yes=1, No=2]

Night blindness (XN) 36 ___/
 [Yes=1, No=2]

Conjunctival xerosis (X1A) 37 ___/
 [Yes=1, No=2]

Bitot's spot (X1B) 38 ___/
 [Yes=1, NO=2]

Corneal ulcer <1/3 (X3A) 39 ___/
 [Yes=1, NO=2]

Corneal ulcer >1/3 (X3B) 40 ___/
 [Yes=1, No=2]

Xerophthalmia scar (XS) 41 ___/
 [Yes=1, No=2]

Xerophthalmia fundus (XF) 42 ___/
 [Yes=1, No=2]

17. Otitis media 43 ___/
 [Yes=1, No=2]

18. Throat

| | | |
|----------------------|----|------|
| normal | 44 | ___/ |
| [Yes=1, No=2] | | |
| inflamed/tonsillitis | 45 | ___/ |
| [Yes=1, No=2] | | |

19. Lungs

| | | |
|---------------|----|------|
| clear | 46 | ___/ |
| [Yes=1, No=2] | | |
| rhonchi | 47 | ___/ |
| [Yes=1, No=2] | | |
| crepitations | 48 | ___/ |
| [Yes=1, No=2] | | |

| | | |
|-----------------|-------|------------------|
| 20. Weight (kg) | 49-52 | ___/___/___/___/ |
|-----------------|-------|------------------|

| | | |
|-----------------|-------|--------------|
| 21. Length (cm) | 53-55 | ___/___/___/ |
|-----------------|-------|--------------|

| | | |
|--------------------------------|-------|--------------|
| 22. Mid arm circumference (cm) | 56-58 | ___/___/___/ |
|--------------------------------|-------|--------------|

23. Skin fold thickness (mm)

| | | |
|---------|-------|--------------|
| Triceps | 59-61 | ___/___/___/ |
|---------|-------|--------------|

| | | |
|-------------|-------|--------------|
| Subscapular | 62-64 | ___/___/___/ |
|-------------|-------|--------------|

LABORATORY DATA
(In case of diarrhoea)

| | | |
|---------------------------------|------|--------------------------|
| 1. Cohort No. | 1 | ___/ |
| Cohort I (watery diarrhoea)=1 | | |
| Cohort II (bloody diarrhoea)=2 | | |
| 2. Randomization | 2 | ___/ |
| WHO-ORS=1, | | |
| Rice-ORS=2 | | |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| STOOL MICROSCOPICAL EXAMINATION | | |
| 4. Date of specimen received | 7-12 | ___/___/___/___/___/___/ |
| 5. Color | 13 | ___/ |
| yellow=1, brown=2, green=3, | | |
| greenish=4, pale yellow=5, | | |
| rice watery=6, creamy=7, | | |
| other=8, not done=9 | | |
| 6. Stool consistency | 14 | ___/ |
| liquid=1, watery=2, mucoid=3, | | |
| bloody=4, bloody-mucoid=5, | | |
| loose=6, soft=7, other=8, | | |
| not done=9 | | |
| 7. Blood | 15 | ___/ |
| none=0, trace=1, moderate=2, | | |
| heavy=3 | | |
| 8. Mucus | 16 | ___/ |
| (same as above) | | |
| 9. Worm | 17 | ___/ |
| [Yes=1, No=2] | | |
| 10. pH | 18 | ___/ |
| [Acidic=1, Alkaline=2] | | |
| 11. RBC | 19 | ___/ |
| none=1, 1-10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 12. Pus cells | 20 | ___/ |
| less 10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 13. Macrophage | 21 | ___/ |
| none=2, 1-5=3, 6-10=4, | | |
| 11+=5 | | |
| 14. Neutral fat | 22 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |
| 15. Yeast | 23 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |

| | | |
|--|----|------|
| 16. Giardia | 24 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 17. E.H. | 25 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 18. Ascaris | 26 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 19. Trichuris | 27 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 20. Hookworm | 28 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 21. S. Stercoralis | 29 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 22. Trichomonas hominis | 30 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 23. Other | 31 | ___/ |
| [Yes=1, No=2] | | |
| 24. Cryptosporidium | 32 | ___/ |
| [Yes=1, No=2] | | |

STOOL BACTERIOLOGICAL EXAMINATION

| | | |
|---|-------|------------------------------|
| 25. Date of specimen sent | 33-38 | ___/___/___/___/___/___/___/ |
| 26. Vibrio cholerae | 39 | ___/ |
| [Yes=1, No=2] | | |
| 28. Vibrio cholerae biotype | 40 | ___/ |
| El Tor=1, Classical=2 | | |
| 29. Vibrio cholerae serotype | 41 | ___/ |
| Inaba=1, Ogawa=2 | | |
| 30. Other vibrios | 42 | ___/ |
| [Yes=1, No=2] | | |
| 31. Other vibrios type | 43 | ___/ |
| VP=1, VF=2, VM=3, PS=4, AS=5, AH=6, AC=7, other=8, not applicable=9 | | |
| 32. EPEC | 44 | ___/ |
| [Yes=1, No=2] | | |
| 33. ETEC | 45 | ___/ |
| [Yes=1, No=2] | | |
| 34. ETEC type | 46 | ___/ |
| ST=1, LT=2, LT/ST=3 | | |
| 35. EIEC | 47 | ___/ |
| [Yes=1, No=2] | | |
| 36. EAEC | 48 | ___/ |
| [Yes=1, No=2] | | |
| 37. EAEC type | 49 | ___/ |

| | | |
|-----------------------------|-------|----------|
| 38.EHEC | 50 | ___/ |
| [Yes=1, No=2] | | |
| 39.Klebsiella | 51 | ___/ |
| [Yes=1, No=2] | | |
| 40.Klebsiella type | 52 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 41.Rotavirus | 53 | ___/ |
| [Yes=1, No=2] | | |
| 42.Campylobacter | 54 | ___/ |
| [Yes=1, No=2] | | |
| 43.Campylobacter type | 55 | ___/ |
| jejuni=1, coli=2, other=3 | | |
| 44.Salmonellae | 56 | ___/ |
| [Yes=1, No=2] | | |
| 45.Salmonellae type | 57 | ___/ |
| salm. typhi=1 | | |
| salm. other=2 | | |
| 46.Shigellae | 58 | ___/ |
| [Yes=1, No=2] | | |
| 47.Shigellae type | 59 | ___/ |
| sh. dysc I=1, sh. flex=2, | | |
| sh. boydii=3, sh. sonnei=4, | | |
| sh. dysc 2=5, | | |
| sh. dysc (3-10)=6 | | |
| 48.Sensitivity pattern of: | 60-61 | ___/___/ |

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dysc I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dysc 2=17,
 Sh. dysc (3-10)=18, Other=19,
 Not done=88, Not applicable=99

49.Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 62 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 63 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 64 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 65 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 66 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 67 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 68 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 69 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|----------------|----|------|
| Pivmecillinum | 70 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 71 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|-----------------------------|-------|----------|
| 50. Sensitivity pattern of: | 72-73 | ___/___/ |
|-----------------------------|-------|----------|

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

51. Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 74 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 75 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 76 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 77 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 78 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 79 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 80 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 81 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 82 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 83 | ___/ |
| [Sen=1, Res=2] | | |

BLOOD EXAMINATION

| | | |
|---------------------------|-------|--------------------------|
| 52. Date of specimen sent | 84-89 | ___/___/___/___/___/___/ |
| | | Y Y M M D D |

| | | |
|---------------|-------|----------|
| 53. Total WBC | | |
| % Polys | 90-91 | ___/___/ |
| % Bands | 92-93 | ___/___/ |
| % Lymphocyte | 94-95 | ___/___/ |
| % Monocyte | 96-97 | ___/___/ |

| | | |
|----------------------|---------|----------------------|
| % Basophil | 100-101 | ___/___/ |
| 54. % HCT | 102-103 | ___/___/ |
| 55. Total Protein | 104-106 | ___/___/___/ |
| 56. Specific gravity | 107-111 | ___/___/___/___/___/ |
| 57. Re ID No. | 112-115 | ___/___/___/___/ |

FOURTH FOLLOW-UP VISIT
(Day 48 of illness)

PART A : MEDICAL HISTORY

- | | | |
|---|-------|----------------------|
| 1. Cohort No. Cohort I (watery diarrhoea)=1 Cohort II (bloody diarrhoea)=2 | 1 | ___/ |
| 2. Randomization WHO-ORS=1, Rice-ORS=2 | 2 | ___/ |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| 4. If recovered, what was the duration of illness (days)? not applicable=99 | 7-8 | ___/___/ |
| 5. If the child has diarrhoea, is the episode: Still continuing=1, New episode=2, Not applicable=9 | 9 | ___/ |
| 6. If new episode, what is the duration of diarrhoea (hrs) not applicable=99999 | 10-14 | ___/___/___/___/___/ |
| 7. If new episode, what is the duration of vomiting (hrs) not applicable=99999 | 15-19 | ___/___/___/___/___/ |
| 8. If new episode, what is the character of stool? watery/loose=1, bloody or bloody-mucoid=2, mucoid=3, not applicable=9 | 20 | ___/ |
| 9. Did your child take ORS that were given at the time of discharge? [Yes=1, No=2] | 21 | ___/ |
| 10. Did the child receive any outside treatment at home after discharge? [Yes=1, No=2] | 22 | ___/ |

11. If yes :

antibacterial drugs 23 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 24 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 25 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

12. Did the child receive any 25 ___/
 outside treatment at home
 for the new episode ?
 [Yes=1, No=2]

13. If yes :

antibacterial drugs 26 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

anthelmintic drugs 27 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiprotozoal drugs 28 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

antiperistaltic drugs 29 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

other drugs 30 ___/
 [Yes=1, No=2
 not applicable=9]

name of the drugs _____

PART B: PHYSICAL FINDINGS

14. Dehydration 31 ___/
 none=1, mild=2,
 moderate=3, severe=4
 not applicable=9

15. Rectal temperature 32-34 ___/___/___/

16. Signs of vitamin A deficiency

Normal 35 ___/

[Yes=1, No=2]

Night blindness (XN) 36 ___/

[Yes=1, No=2]

Conjunctival xerosis (X1A) 37 ___/

[Yes=1, No=2]

Bitot's spot (X1B) 38 ___/

[Yes=1, NO=2]

Corneal ulcer <1/3 (X3A) 39 ___/

[Yes=1, NO=2]

Corneal ulcer >1/3 (X3B) 40 ___/

[Yes=1, No=2]

Xerophthalmia scar (XS) 41 ___/

[Yes=1, No=2]

Xerophthalmia fundus (XF) 42 ___/

[Yes=1, No=2]

17. Otitis media 43 ___/

[Yes=1, No=2]

18. Throat

| | | |
|----------------------|----|------|
| normal | 44 | ___/ |
| [Yes=1, No=2] | | |
| inflamed/tonsillitis | 45 | ___/ |
| [Yes=1, No=2] | | |

19. Lungs

| | | |
|---------------|----|------|
| clear | 46 | ___/ |
| [Yes=1, No=2] | | |
| rhonchi | 47 | ___/ |
| [Yes=1, No=2] | | |
| crepitations | 48 | ___/ |
| [Yes=1, No=2] | | |

| | | |
|-----------------|-------|------------------|
| 20. Weight (kg) | 49-52 | ___/___/___/___/ |
|-----------------|-------|------------------|

| | | |
|-----------------|-------|--------------|
| 21. Length (cm) | 53-55 | ___/___/___/ |
|-----------------|-------|--------------|

| | | |
|--------------------------------|-------|--------------|
| 22. Mid arm circumference (cm) | 56-58 | ___/___/___/ |
|--------------------------------|-------|--------------|

| | | |
|------------------------------|--|--|
| 23. Skin fold thickness (mm) | | |
|------------------------------|--|--|

| | | |
|---------|-------|--------------|
| Triceps | 59-61 | ___/___/___/ |
|---------|-------|--------------|

| | | |
|-------------|-------|--------------|
| Subscapular | 62-64 | ___/___/___/ |
|-------------|-------|--------------|

LABORATORY DATA
(In case of diarrhoea)

- | | | |
|---------------------------------|------|--------------------------|
| 1. Cohort No. | 1 | ___/ |
| Cohort I (watery diarrhoea)=1 | | |
| Cohort II (bloody diarrhoea)=2 | | |
| 2. Randomization | 2 | ___/ |
| WHO-ORS=1, | | |
| Rice-ORS=2 | | |
| 3. Study No. | 3-6 | ___/___/___/___/ |
| STOOL MICROSCOPICAL EXAMINATION | | |
| 4. Date of specimen received | 7-12 | ___/___/___/___/___/___/ |
| 5. Color | 13 | ___/ |
| yellow=1, brown=2, green=3, | | |
| greenish=4, pale yellow=5, | | |
| rice watery=6, creamy=7, | | |
| other=8, not done=9 | | |
| 6. Stool consistency | 14 | ___/ |
| liquid=1, watery=2, mucoid=3, | | |
| bloody=4, bloody-mucoid=5, | | |
| loose=6, soft=7, other=8, | | |
| not done=9 | | |
| 7. Blood | 15 | ___/ |
| none=0, trace=1, moderate=2, | | |
| heavy=3 | | |
| 8. Mucus | 16 | ___/ |
| (same as above) | | |
| 9. Worm | 17 | ___/ |
| [Yes=1, No=2] | | |
| 10. pH | 18 | ___/ |
| [Acidic=1, Alkaline=2] | | |
| 11. RBC | 19 | ___/ |
| none=1, 1-10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 12. Pus cells | 20 | ___/ |
| less 10=2, 11-20=3, | | |
| 21-50=4, 51+=5 | | |
| 13. Macrophage | 21 | ___/ |
| none=2, 1-5=3, 6-10=4, | | |
| 11+=5 | | |
| 14. Neutral fat | 22 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |
| 15. Yeast | 23 | ___/ |
| none=2, few=3, mod=4, | | |
| many=5 | | |

| | | |
|--|----|------|
| 16. Giardia | 24 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 17. E.H. | 25 | ___/ |
| none=0, cyst=1, trophozoite=2, cyst + trophozoite=3 | | |
| 18. Ascaris | 26 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 19. Trichuris | 27 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 20. Hookworm | 28 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 21. S. Stercoralis | 29 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 22. Trichomonas Hominis | 30 | ___/ |
| none=0, few=1, mod=2, many=3 | | |
| 23. Other | 31 | ___/ |
| [Yes=1, No=2] | | |
| 24. Cryptosporidium | 32 | ___/ |
| [Yes=1, No=2] | | |

STOOL BACTERIOLOGICAL EXAMINATION

| | | |
|---|-------|------------------------------|
| 25. Date of specimen sent | 33-38 | ___/___/___/___/___/___/___/ |
| 26. Vibrio cholerae | 39 | ___/ |
| [Yes=1, No=2] | | |
| 28. Vibrio cholerae biotype | 40 | ___/ |
| El Tor=1, Classical=2 | | |
| 29. Vibrio cholerae serotype | 41 | ___/ |
| Inaba=1, Ogawa=2 | | |
| 30. Other vibrios | 42 | ___/ |
| [Yes=1, No=2] | | |
| 31. Other vibrios type | 43 | ___/ |
| VP=1, VF=2, VM=3, PS=4, AS=5, AH=6, AC=7, other=8, not applicable=9 | | |
| 32. EPEC | 44 | ___/ |
| [Yes=1, No=2] | | |
| 33. ETEC | 45 | ___/ |
| [Yes=1, No=2] | | |
| 34. ETEC type | 46 | ___/ |
| ST=1, LT=2, LT/ST=3 | | |
| 35. EIEC | 47 | ___/ |
| [Yes=1, No=2] | | |
| 36. EAIEC | 48 | ___/ |
| [Yes=1, No=2] | | |
| 37. EAIEC type | 49 | ___/ |

| | | |
|-----------------------------|-------|----------|
| 38.EHEC | 50 | ___/ |
| [Yes=1, No=2] | | |
| 39.Klebsiella | 51 | ___/ |
| [Yes=1, No=2] | | |
| 40.Klebsiella type | 52 | ___/ |
| LA=1, DA=2, AA=3 | | |
| 41.Rotavirus | 53 | ___/ |
| [Yes=1, No=2] | | |
| 42.Campylobacter | 54 | ___/ |
| [Yes=1, No=2] | | |
| 43.Campylobacter type | 55 | ___/ |
| jejuni=1, coli=2, other=3 | | |
| 44.Salmonellae | 56 | ___/ |
| [Yes=1, No=2] | | |
| 45.Salmonellae type | 57 | ___/ |
| salm. typhi=1 | | |
| salm. other=2 | | |
| 46.Shigellae | 58 | ___/ |
| [Yes=1, No=2] | | |
| 47.Shigellae type | 59 | ___/ |
| sh. dyst I=1, sh. flex=2, | | |
| sh. boydii=3, sh. sonnei=4, | | |
| sh. dyst 2=5, | | |
| sh. dyst (3-10)=6 | | |
| 48.Sensitivity pattern of: | 60-61 | ___/___/ |

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dyst I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dyst 2=17,
 Sh. dyst (3-10)=18, Other=19,
 Not done=88, Not applicable=99

49.Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 62 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 63 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 64 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 65 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 66 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 67 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 68 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 69 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|----------------|----|------|
| Pivmecillinum | 70 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 71 | ___/ |
| [Sen=1, Res=2] | | |

| | | |
|----------------------------|-------|----------|
| 50.Sensitivity pattern of: | 72-73 | ___/___/ |
|----------------------------|-------|----------|

VC 01=01, VP=02, VF=03,
 VM=04, PS=05, AH=06, AS=07,
 AC=08, ETEC=09, Campy=10,
 Salm. typhi=11, Salm. other=12,
 Sh. dysc I=13, Sh. flex=14,
 Sh. sonnei=15, Sh. boydii=16,
 Sh. dysc 2=17,
 Sh. dysc (3-10)=18, Other=19,
 Not done=88, Not applicable=99

51.Sensitive to :

| | | |
|----------------|----|------|
| Tetra | 74 | ___/ |
| [Sen=1, Res=2] | | |
| Ampi | 75 | ___/ |
| [Sen=1, Res=2] | | |
| TMP-SMX | 76 | ___/ |
| [Sen=1, Res=2] | | |
| Furox | 77 | ___/ |
| [Sen=1, No=2] | | |
| Chlor | 78 | ___/ |
| [Sen=1, Res=2] | | |
| Genta | 79 | ___/ |
| [Sen=1, Res=2] | | |
| Nalidixic acid | 80 | ___/ |
| [Sen=1, Res=2] | | |
| Sulpha | 81 | ___/ |
| [Sen=1, Res=2] | | |
| Pivmecillinum | 82 | ___/ |
| [Sen=1, Res=2] | | |
| Other | 83 | ___/ |
| [Sen=1, Res=2] | | |

BLOOD EXAMINATION

| | | |
|--------------------------|-------|--------------------------|
| 52.Date of specimen sent | 84-89 | ___/___/___/___/___/___/ |
| | | Y Y M M D D |

53.Total WBC

| | | |
|--------------|-------|----------|
| % Polys | 90-91 | ___/___/ |
| % Bands | 92-93 | ___/___/ |
| % Lymphocyte | 94-95 | ___/___/ |
| % Monocyte | 96-97 | ___/___/ |

| | | |
|----------------------|---------|----------------------|
| % Basophil | 100-101 | ___/___/ |
| 54. % HCT | 102-103 | ___/___/ |
| 55. Total Protein | 104-106 | ___/___/___/ |
| 56. Specific gravity | 107-111 | ___/___/___/___/___/ |
| 57. Re ID No. | 112-115 | ___/___/___/___/ |