



SAMRC Burden of Disease Research Unit | July 2020





Verbal Autopsy Review Final Home Assignment



Instructions

1. The narratives from 13 verbal autopsy interviews are saved in this document. Each case has a unique study identifier (USID)
2. The responses from the VA interviews for each case are in the document *Final VAdata_home assignment.xlsx* in the dropbox folder named VA home assignment. The VA questions are in the first column on the left. Each column thereafter is one case again identified by the unique study identifier in the second row.
3. The pdfs of the verbal autopsy records are also saved in the dropbox folder and named using the USID.
4. Instructions for accessing Kobotools are attached in a separate document.
5. Read through the narrative and go through the verbal autopsy interview responses for a case.
6. Summarise the sequence of events and salient positive and negative findings from the narrative and the interview responses. A worksheet has been provided in this document to facilitate this – this does not have to be submitted this is for your own use and is optional.
7. Logon to Kobotools as you did for the certification assessment.
8. Open the Verbal autopsy review form and complete the form for the first case. Save the completed form as a draft. (Name the form VA case 1). Open the form again and Submit. Repeat this for all 13 cases naming the forms according to the case number.
9. Please note that the **Underlying cause** should be entered on **the lowest completed line of Part I**. Should your causal sequence consist of less than 4 lines then **line d) Underlying cause** should be left empty. The assumption is that the underlying cause is reported on the lowest completed line even if that is line a).
10. At the end of the form you will be asked to provide the **“evidence”** from the narrative and the interview, that you used to determine the underlying cause of death and causal sequence.

VA Case 1: USID 103030 (for VA interview data see Excel sheet)

U.I.D. 103030 (79)

JANUARY 2018 THE DECEASED
WAS COMPLAINING ABOUT SEVERE
HEADACHE, THAT LED HER TO
 HOSPITAL. ADMITTED
HER FOR 2 WEEKS IN HOSPITAL
THEY TAKE THE DECEASED FOR
SCAN, THE DOCTORS FOUND OUT
SHE HAS A GLAND IN HER HEAD
THAT WOULD CAUSE MENINGITIS.
THE DOCTORS GAVE THE DECEASED
MEDICATION AND THEY ~~AS~~ SEND
HER HOME

On WEDNESDAY 2 WEEK OF FEBRUARY
THE HEADACHE STARTED AGAIN
IT WAS WORSE.
THEY SEND HER BACK TO
HOSPITAL

U.I.D. 103030 (79)

THE DOCTORS DECIDED TO
TRANSFER TO HOSPITAL
FOR OPERATION. WHILE THEY
WAITING FOR AMBULANCE THE
DECEASED PASSED ON

VA Case 1: USID 103030

Notes: (Use of this is optional – may be useful in preparing data for entry into kobotool form)

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

26 yr female. HIV positive x 1 year. History of admission for severe headaches diagnosed as meningitis and treated. Discharged on treatment – a few weeks later headaches recurred and readmitted. Died while waiting for transfer to regional hospital.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Meningitis	4 weeks
b. Antecedent cause	HIV/AIDS	1 year
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions		
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		No
If death was perinatal, state conditions of mother that may have affected the fetus.		
Birth weight (g)		

U I D = 103024 (79)

THE DECEASED HE HAD A SHUNT
AT THE EARLY STAGE THAT STARTED
FROM THE BRAINS TO HIS STOMACH

HE HAD ALSO HEMOPHILIA BLOOD
DISEASE, AND HE ALSO SUFFER FROM
~~EPILEPSY~~ EPILEPSY

LAST DAY HE WENT OUT WITH
FRIENDS FOR SOME FEN DRINKS
AT THE TAVEN. SOME-ONE PUSH
HIM AND HE FELL WITH HIS HEAD
AND THE RESPONDENT TO HIM TO
~~THE~~ HOSPITAL WERE THEY FOUND
OUT HE IS BRAIN DEAD, DOCTORS
TOLD THE RESPONDENT THEY CAN'T
DO NOTHING WITH THE DECEASED
ONLY THING IS TO SWITCHED OFF
THE MACHINES, AND HE PASSED ON

Notes: (Use of this is optional – may be useful in preparing data for entry into kobotool form)

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/**Unnatural**/Unknown

If Unnatural: Homicide/Suicide/Road accident/**Other accident**/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Intracranial bleed	Hours
b. Antecedent cause	Head injury	hours
c. Antecedent cause	Fall (?accidental or intentional)	hours
d. Underlying cause		
Part II: Contributing conditions	Haemophilia, VP shunt for hydrocephalus (29 years); epilepsy	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

VA Case 3: USID 703063

703063

Around April 2017 my brother started short breathing after he was burnt with fire in October 2016 and again around February 2018 he started swollen legs and chest pain and he was admitted to ~~_____~~ hospital and discharged from the hospital because his condition was much better before discharged doctor said he had lot of water on his body and they drain it

Toward the end of February he started to get sick again and admitted at ~~_____~~ and the doctor diagnosed with kidney failure, heart problem and he was vomiting blood, difficult in breathing and diarrhoea. The blood transfusion was done many times. On his final illness he was unable to eat and then on 01 March 2018 passed away

VA Case 3: USID 703063

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Heart failure	
b. Antecedent cause	Renal failure	
c. Antecedent cause	Hypertensive heart and renal disease	
d. Underlying cause		
Part II: Contributing conditions		Chronic diarrhoea
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

VA Case 4: USID 701112

701112

The decedent ~~was~~ died a sudden death. The ~~re~~ respondent divulged that the decedent did not show ~~any~~ any sign of illness the morning of the day he passed on. The respondent told me that the decedent came back from work and performed activities i.e washed his work uniform, cooked, cleaning.

After they had supper, the decedent started complained about stomach pains. In less than 10 minutes after he started complaining about stomach pains, he ~~tot~~ lost a great deal of strength. It is at this point the respondent called an ambulance as they ~~was~~ waited for ~~an~~ the ambulance, the decedent lost ~~consciousness~~ consciousness and he thinks

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701112

that is when the decedent died. Due to the fact that the respondent and a few people who were ~~present~~ at the time had not received any training in dealing with the situation they were faced with, they were not sure if indeed the decedent had died. They proceeded to taking the decedent to a local ~~et~~ clinic where the health workers ~~congrimed~~ confirmed that the decedent had indeed died. However the health workers said they could not help them any further as the decedent had died of 'natural causes' before arriving at the health facility. They were also told that if they wanted to have an autopsy performed on the

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they 701112

decedent, ~~they~~ should go to a private ~~for~~ forensic pathological facility. They couldn't afford to take the body to a ~~private~~ private FPS. They decided to take the body to a mortuary for a burial. So the ~~re~~ respondent told me that the family does not know what killed the decedent as no autopsy was conducted.

VA Case 4: USID 701112

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/**Unknown**

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death	
Part I: Cause of death sequence	Duration
a. Immediate cause	Unknown
b. Antecedent cause	
c. Antecedent cause	
d. Underlying cause	
Part II: Contributing conditions	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)	
If death was perinatal, state conditions of mother that may have affected the fetus.	

VA Case 5: USID 801209

VA Unique Number: 801209

The deceased did not get ill at all. A couple of days, he had a fight with his girlfriend. They fought again, on a Friday, attended a party with friends on Saturday night. It is suspected that from the party Saturday night, he came home and hung himself on a tree behind the family house. He was discovered dead on a Sunday morning around 05:00 A.M.

VA Case 5: USID 801209

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/**Unnatural**/Unknown

If Unnatural: Homicide/**Suicide**/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Suicide by hanging	
b. Antecedent cause		
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions		
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

VA 703179

In 2015 the deceased while pregnant developed kidney problems. She went to the clinic, got treatment but did not respond well to the treatment.

During 2016 she went on and off to the ~~hospital~~ hospital frequently. In 2017 she began bleeding vaginally. The bleeding was excessive. She was admitted to the ~~hospital~~ hospital, where she got several blood transfusions, and drips.

She got tested and was diagnosed with womb cancer. She started treatment and was sent home. Her condition worsened although she went for

VA 703179

In January 2018 she started chemotherapy, but was getting worse. She lost appetite, was dizzy afterwards and complained about pain in lower abdomen.

The week before death she was complaining about a sharp pain in the under belly area. The respondent called an ambulance but didn't pick up, so they used a taxi. She was very weak, and was admitted to hospital where she passed away.

The respondent said that a health worker at hospital told her that the cancer was in the last stage and was the cause of death.

VA Case 6: USID 703179

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: **Natural**/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death	
Part I: Cause of death sequence	Duration
a. Immediate cause	Cervical cancer (? Uterine cancer)
b. Antecedent cause	
c. Antecedent cause	
d. Underlying cause	
Part II: Contributing conditions	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)	
If death was perinatal, state conditions of mother that may have affected the fetus.	

VA Case 7: USID 801298

UNIQUE ID: 801298

The deceased defaulted treatment (ARVs) three years before his death. Since then he got seriously ill and he was diagnosed of TB and he was admitted in hospital several times, but he became very weak each day and lost weight.

Then in two months that lead to his death, his illness became worse and uncontrollable, he was admitted to ~~_____~~ Hospital in ~~_____~~, ~~_____~~, that's where he died of severe running stomach that lead him being paralysed in his lower part of his body.

VA Case 7: USID 801298

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Diarrhoea	2 months
b. Antecedent cause	HIV/AIDS	3 years
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions		
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

801101

The deceased was healthy 3 weeks prior to his death but drank alcohol a lot and smoked illegal cigarette. He started complaining about the whole body being painful and was sent to hospital. At ~~Constatlin~~ Hospital he was put on a drip and discharged the same day and also given pills to take. Noting no improvement he was again sent to hospital within the 3 weeks prior to his death. Blood samples were taken but there was no diagnosis then. In a week prior to his death he was coughing a lot with sputum but there was no blood. He lost a lot of weight within that 3 weeks and had no appetite but drank a lot of water. He passed away at home, the day the blood results came

back diagnosing TB. He had no prior history of TB.

VA Case 8: USID 801101

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death	
Part I: Cause of death sequence	Duration
a. Immediate cause	Pulmonary TB
b. Antecedent cause	
c. Antecedent cause	
d. Underlying cause	
Part II: Contributing conditions	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)	
If death was perinatal, state conditions of mother that may have affected the fetus.	

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The deceased complain about severe headache for a month, after two month he started to have yellow eye which they took him to the hospital "Forest" where they only put drip and discharge him, he was still not feeling well, after a week went to [REDACTED] Clinic and they refered him to the same hospital Forest, where he was admitted for 3 months, weeks, in the last week he lost weight and complain about abdominal in his belly and died in hospital.

VA Case 9: USID 702015

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Acute Liver failure	
b. Antecedent cause	Hepatitis	
c. Antecedent cause	HIV/AIDS	
d. Underlying cause		
Part II: Contributing conditions		
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

501059

The deceased was diagnosed with high blood pressure and he had kidney problems. He was taking his medication properly and travelling for his treatment at ~~XXXXXX~~ hospital. He had a lot of fever a week before he passed on which did not stop till he died. Days before he passed on he had fast breathing. He complained a lot ~~also~~ with abdominal pains before he passed on. The deceased had a problem with controlling his urine because of weak kidney until the day he passed on after being admitted for a week there. He had a problem with eating food because always after trying to eat he then vomit those food. He passed on peacefully at ~~XXXXXX~~ Hospital.

VA Case 10: USID 501059

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Renal failure	
b. Antecedent cause	Hypertension	
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions		
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

VA Case 11: USID 303096

Unique Study ID 303096
Lena was on medication for high blood-
pressure and diabetes. She wasn't sick
at all. On the Tuesday her ~~boyfriend~~
found her on the toilet. She suffered
from a stroke. She couldn't speak
at all. They phone the ambulance.
The ambulance arrive, he stabilize
her and took her to ~~the hospital~~
Hospital. She was admitted and stay
there for 4 days. She passed away on
the Saturday.

VA Case 11: USID 303096

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Cerebrovascular accident	
b. Antecedent cause		
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions	Diabetes; hypertension	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		

USD 501304

The deceased was left with the neighborhood and was not sick but on the day that he die, he vomitted and was weak, and was rushed to his mother, they try to call for help but Ambulance didn't come. He passed on after 4 hours of waiting at home.

WELL CHILD VISITS – RECORDING SHEET FOR CHILDREN

Record the following information for each visit on the spaces that are not shaded. Refer to the page numbers given in this booklet and complete the relevant section.

Remember to check the following. Tick it done, and record details on the relevant page

Date of next visit

Age	Date	Growth (IMCI) (page 14)	PMCT, HIV status (IMCI) (page 18)	TB status (IMCI)	Feeding (see page 19) (check feeding for best practice)	Immunizations (page 6)	Vitamin A (page 7)	Severing (page 8)	Disinfection (page 13)	Oral Health (page 20)	Date of next visit
3-6 days	10/02/17		Unlikely								18 Dec 17
6 wks	04/10/17	NAM	unlikely		EBF	L					07/11/17
10 wks	07/11/17	NAM	unlikely		EBF	✓					07/12/17
14 wks											
4 mths											
5 mths											
6 mths	13/01/18	overweight	Highly unlikely	unlikely							08/05/18
7 mths											
8 mths											
9 mths											
10 mths											

ROAD TO HEALTH

Date of birth: 07/08/2017
 Child's residential address: [Redacted] Hospital
 Mother's name: [Redacted] near High School
 Mother's birth date: 01/11/12
 Who does the child live with? Mother
 How many children has the mother had (including this child)?
 Number born (including stillbirths): 04
 Reason(s) for death(s):
 Number alive now: 04
 Date information given: 08/07/17
 Child in need of special care (mark with X)
 Is the baby a twin, triplet, etc? Yes No
 Does the mother need additional support to care for the child? Yes No
 Any disability present (including birth defects)? Yes No
 Other (Specify): Child suffers from

Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature
Birth	90109	BCG	Right arm	08/08/17	EX/...
	M0424	OPV0	Oral	08/08/17	PR/...
	N3004	OPV1	Oral	3/10/17	PD
6 weeks		RV1	Oral	3/10/17	PD
		DTaP-IPV-Ha1	Left thigh	3/10/17	PD
		Hep B1	Right thigh		
	81850	PCV1	Right thigh	3/10/17	PD
10 weeks	M003	DTaP-IPV-Ha2	Left thigh	7/11/17	PD
		Hep B2	Right thigh		
14 weeks	M005	DTaP-IPV-Ha3	Left thigh	9/12/17	PD
		Hep B3	Right thigh		
	81850	PCV2	Right thigh	9/12/17	PD
9 months	M001/A01/A	RV2	Oral	5/20/17	PD
	25316/16	Measles1	Left thigh	13/02/18	PD
	81850	PCV3	Right thigh		
18 months		DTaP-IPV-Ha4	Left arm		
		Measles2	Right arm		
5 years		Td	Left arm		
12 years		Td	Left arm		

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS
 14 Weeks: _____ (Range: 36 - 43 cm) 12 Months: _____ (Range: 43.5 - 45.5)
 REFER if head circumference is outside range

NEONATAL INFORMATION
 Birth weight: 3.4 kg
 Birth length: 49cm
 Head circumference at birth: 30cm
 Gestational age (weeks): 38/40
 Rh factor: Pos
 Mother's RPR: NR
 Antenatal (Maternal history): Gravida Para 04
 Intrapartum (including mode of delivery): NVD
 APGAR: 1 min 9/10, 5 min 10/10
 Neonatal problems: (Identify high risk problems):
 Neonatal Feeding: Exclusive breast, Exclusive formula
 Special care plan / input required (e.g. Kangaroo Mother Care):
 Specify: Health education education about importance of breastfeeding, immunization and kangaroo mother care given to mother.
 Post-discharge plan (if baby was admitted in a neonatal ward/premature):

PMTCT/HIV INFORMATION
 Child's first name and surname: [Redacted]
 Child's ID Number: [Redacted]
 Signature of consent: _____
 Date: 05/08/2017
 Fill in this section on discharge from Midwife Obstetric Unit (MOU) or obstetric ward or at first subsequent visit if not yet done
 Mother's latest HIV test result: Positive Negative To be done
 When did mother have the test? Before pregnancy, During pregnancy, At delivery
 Is the mother on life-long ART? Yes No
 If yes, duration of life-long ART: < 4 weeks, > 4 weeks, Before pregnancy
 Document ARVs the mother received:
 Did the mother receive infant feeding counseling? Yes No
 Decision about infant feeding: Exclusive breast, Exclusive formula
 Documented Nevirapine given:
 All HIV exposed infants should receive Nevirapine for a minimum of 6 weeks
 Has the mother disclosed to anyone in the household? Yes No
 Has the mother's partner been tested? Yes No
 Remember to offer testing for all the mother's other children if not yet done
 Offer a mother with unknown HIV status a rapid HIV test
 If mother's HIV rapid test is positive, perform an HIV DNA PCR test on infant if > 6/52

VITAMIN A SUPPLEMENTATION

	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
100 000 IU	6 mths	13/02/18	<i>[Signature]</i>			
200 000 IU every 6 months	12 mths	/ /		42 mths	/ /	
	18 mths	/ /		48 mths	/ /	
	24 mths	/ /		54 mths	/ /	
	30 mths	/ /		60 mths	/ /	
	36 mths	/ /				

ADDITIONAL DOSES:

For conditions such as measles, severe malnutrition, xerophthalmia and persistent diarrhoea. Omit if dose has been given in last month.
 Measles and xerophthalmia: Give one dose daily for two consecutive days. Record the reason and dose given below.

Date	Dose given	Reason	Signature	Date	Dose given	Reason	Signature

DEWORMING TREATMENT (Mebendazole or Albendazole)

Dose	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
	12 mths	/ /		18 mths	/ /	
	24 mths	/ /		48 mths	/ /	
	30 mths	/ /		54 mths	/ /	
	36 mths	/ /		60 mths	/ /	
	42 mths	/ /				

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat
08/08/17	ECG given in 12 lead ECG blebs found: inc. pleth. drops given daily. Healed. arthralgia absent importance of breastfeeding, immunization and hygiene never use given to mother	
10/02/17	09/14 (3) Days Post nazne LOKO Clean AND Dry NO Discharging eye, NO Swim pustules NO General Danger Signs. Missing adequate soaps AND urine. Attaching well to breast. Importance of exclusive breastfeeding discussed and frequency	
09/10/17	For immunization	Polio Pol A+B+ 10x1000

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat
07.11.17	Immunization NAM	HLAR 2 Hy ¹⁰⁰
05.12.17	Immunization NAM	Rx Hexa 3 RV 2 RV 3 j ¹⁰⁰
05/01/18	09/4 45	
13/02/18	WT 8.4kg	- 1800gles ①
10/4/18	HT 65cm WITZ on 12 line C/pts Overweight For 6/12 OPI	VIT A 100 000 IU
08/04/18	pt hx. skin rash No danger signs	Rx - Zinc + Calceol Appl Calamine lotion - Merga 5ml VDS 100

VA Case 12: USID 501304

Notes: *(Use of this is optional – may be useful in preparing data for entry into kobotool form)*

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
(There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death	
Part I: Cause of death sequence	Duration
a. Immediate cause	Unknown
b. Antecedent cause	
c. Antecedent cause	
d. Underlying cause	
Part II: Contributing conditions	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)	
If death was perinatal, state conditions of mother that may have affected the fetus.	
Birth weight (g)	

701147
[redacted] was born 2 months prematurely. His mother [redacted] gave birth during the 7th month of her pregnancy. At birth Mpilo was put inside an incubator and was given oxygen to assist him breathing. Born 29 April 2017 he weighed 1.2kg at birth. He remained at ~~the~~ Hospital ~~for~~ June. After being discharged in June 2017 he went home to stay with his mother in ~~K~~ when his head started to swell up rapidly. He was taken back to ~~the~~ Hospital in June where he remained until August 2017. His mother said she received bad treatment so she decided to take him to ~~the~~ ~~hospital~~. At ~~the~~ ~~hospital~~ they said to her that her son has water in his head which is causing the swelling. She was also told by a Nigerian doctor that nothing can be done to help

701147

her sick son. He was discharged in late September 2017 and given an oxygen machine to take home. During the following months he was in and out of hospital and also taken to ~~XXXX~~ Clinic. Whilst at home he was also checked on once per week by a local nurse from ~~XXXX~~ clinic/~~XXXX~~ clinic. He developed a skin rash in November 2017 which lasted until he died. He was also constipated through out until his death. He became seriously ill on 01/03/2018 and taken to ~~XXXX~~ Hospital where he spent 7 days. During this time another doctor said that they will operate to TAB him. This meant that water will be drained from his head to ease the swelling. Following successful surgery he was discharged on 07/03/2018 only to spend one night at home before being rushed back to hospital on 08/03/2018.

701147
He remained there until 14/03/2018
where he was discharged. He then
passed away two days later at
home on 16/03/2018. His mother
says cause of death was Hydrocephalus.

NEONATAL INFORMATION

Birth weight: <i>1000</i>	Birth length: <i>32</i>	Head circumference at birth: <i>29</i>
Gestational age (weeks): <i>38 weeks</i>	Rh factor: <i>negative</i>	Mother's RPR: <i>Unknown</i>
Antenatal (Maternal history): <i>P2 M1 G3</i>		Intrapartum (including mode of delivery): <i>Cesarean Section</i>
APGAR	1 min <i>5/10</i>	5 min <i>6/10</i>
		<i>10/10 at 9/10</i>

Neonatal problems: (identify high risk problems):

Hydrocephalus

Neonatal Feeding: Exclusive breast Exclusive formula

Special care plan / input required (e.g. Kangaroo Mother Care)

Specify:

Post-discharge plan (if baby was admitted in a neonatal ward/premature):

TCB 04/10/17

CLINICAL NOTES	
Date	Assess and classify
20/9/17	Head circumference - 64 cm unable to weigh. left distal of 1.0 ✓
24/10/17	Head circumference - 72 cm area distal of 1.0 ✓

IMMUNISATIONS

Name and surname:	ID number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature
Birth	MSB022	BCG	Right arm	14/09/17	[Signature]
	MSB021	OPV0	Oral	14/09/17	[Signature]
6 weeks	MSB59	OPV1	Oral	20/09/17	[Signature]
		OPV2	Oral	20/09/17	[Signature]
	Batch No: N3D201V	4-Hib1	Left thigh	20/09/17	[Signature]
	Exp/Verval: 2/2018	31	Right thigh		
10 weeks	MSB601	PCV 1	Right thigh	14/09/17	[Signature]
		IPV-Hib2	Left thigh		
	Exp/Verval: 03/2018	Iep B2	Right thigh	25/10/17	[Signature]
14 weeks		DTaP-IPV-Hib3	Left thigh		
	MSB04V	Hep B3	Right thigh	14/12/17	[Signature]
	MSB360	PCV2	Right thigh	14/12/17	[Signature]
9 months	MSB91A	RV2	Oral	18/12/17	[Signature]
		Measles1	Left thigh		
18 months		PCV3	Right thigh		
		DTaP-IPV-Hib4	Left arm		
6 years		Measles2	Right arm		
12 years		Td	Left arm		
		Td	Left arm		

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: _____ (Range: 36 - 43 cm) 12 Months: _____ (Range: 43.5 - 48.5)

REFER if head circumference is outside range

VA Case 13: USID 701147

Notes: (Use of this is optional – may be useful in preparing data for entry into kobotool form)

Date of birth: _____ **Date of death:** _____ **Age if DOB unknown:** _____

Sex: Male /Female/Unknown _____

After reading narrative and reviewing the VA interview answers provide a **brief description of events leading to death in chronological sequence**. Include relevant history, diagnoses, investigation results (if mentioned) and salient positive and negative findings from VA interview.

Based upon the evidence reported in the narrative or VA interview certify the cause of death.
 (There will be cases where it might be very difficult to identify the underlying cause of death. Try hard to assign a cause of death but do not make things up.)

Manner of death: Natural/Unnatural/Unknown

If Unnatural: Homicide/Suicide/Road accident/Other accident/

Medical certificate of cause of death		
Part I: Cause of death sequence		Duration
a. Immediate cause	Hydrocephalus	
b. Antecedent cause		
c. Antecedent cause		
d. Underlying cause		
Part II: Contributing conditions	LBW due to prematurity 28 weeks	
If female was she pregnant at the time of death or up to 42 days prior to death? (Yes/No/Unknown)		
If death was perinatal, state conditions of mother that may have affected the fetus.		
Birth weight (g) 1000g		