Appendix Table1.

Web-based Clinical reporting form(CRF)

Name:	Family member's Name:	Date of birth:	Age:	Gender:	Marital status:	Family address:
ID number:		Telephone number:		Occupation:		
Degree of education:		Nationality:		Report disease name:		
Classification of disease:		i: Clinical diagnosis				
		ii: Laboratory confirmationdiagnosis				
		iii: Suspected cases				
		iv: Pathogen carriers				
Dates of onset:	Date of being diagnosed:		Methods of diagnose:		Date of death:	
Date of completing the CRF:			Name of reporting doctor:			Department: