

Monthly

MONTHLY REPORT ON INSTITUTIONAL CASES AND DEATHS IN THE STATE / UT DUE TO COMMUNICABLE DISEASES NOT COVERED UNDER ANY NATIONAL HEALTH PROGRAMME

NAME OF THE STATE / UT

REPORTING MONTH & YEAR

Total No. of Health/Medical Care Institutions in the State/UT^s

No. of Health/Medical Care Institutions Reported During the Month

Sl. No.	Name of Disease as per standard definition of case	ICD - 10 Code	Patients Reported/Treated During the Month									Total Deaths During the Reporting Month		
			Out-Patient (OPD) Cases		In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		IPD Cases Reported Direct		Total Cases			M	F	Total
			M	F	M	F	M	F	M	F	Total			
1	2	3	4	5	6	7	8	9	10 (4+8)	11 (5+9)	12 (10+11)	13	14	15
1	Cholera(Lab. confirmed)	A00												
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09												
3	Diphtheria	A36												
4	Tetanus other than Neonatal	A35												
5	Neonatal Tetanus	A33												
6	Whooping Cough	A37												
7	Measles	B05												
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06, J10-11, J20-22												
9	Pneumonia	J12-18												
10	Enteric Fever	A01												
11	Viral Hepatitis - A	B15.9												
12	Viral Hepatitis - B	B16.9												
13	Viral Hepatitis - C, D, E	B17.8												
14	Meningococcal Meningitis	A39.0												
15	Rabies ***	A82												
16	Syphilis	A50-A53												
17	Gonococcal Infection	A54												
18	Chicken Pox	B01												
19	Encephalitis	G04.9												
20	Viral Meningitis	G03.9												
21	Others(Specify) :-													
21.1														
21.2														
	TOTAL													

M - Male, F - Female, T - Total

NOTES:

\$ All the health/medical institutions i.e. Hospitals, Dispensaries, Clinics, PHCs, CHCs, Sanatoria etc. to be covered.

The cases and deaths due to various diseases other than those treated in Medical/ Health Institutions, whenever reported / recorded should also be included in this report.

** Acute diarrhoeal disease should include all Gastro Enteritis Cases i.e. cases with three or more loose watery motions in a day, irrespective of aetiology / causation, except Cholera to be reported separately.

*** Only confirmed cases of Rabies i.e. Hydrophobia, should be included and not the simple dog-bite/animal bite cases

Data on vaccine preventable disease should tally with Universal Immunization Program (UIP) data being furnished by State EPI (Extended Program of Immunisation) officer to Min. of Health & FW/GOI.

This Monthly Report should be communicated Online <http://www.cbhidghs.nic.in/> to CBHI positively by 20th of the succeeding month. In case it is not at all possible for Online data transmission, then send through e-mail- dircbhi@nic.in OR Fax 011 -23061529/ 23063175 to CBHI by 20th of succeeding month only by Dte.HS HQ.

Signature	
Name & Designation	
Address with Tel/Fax & E-Mail	