

Weekly Notifiable Disease Report Form

Health facility: _____ Sub-district: _____ District: _____ Region: _____

Week beginning Sunday ____/____/____

Week ending Saturday ____/____/____ Year: _____

Reporting site (Health Facility/ District/Region)	CHOLERA		MEASLES		MENINGITIS	
	Cases*	Deaths	Cases*	Deaths	Cases*	Deaths
Total						

* Report zero (0) when no cases of disease are seen in reporting period.

Name of person reporting: _____

Signature: _____

Date: ____/____/____



Monthly Communicable Disease Surveillance Report Form

Record by patient's outpatient/inpatient status the total number of cases and total number of deaths for each disease/condition diagnosed during the reporting month. Record zero (0) when no cases of the disease/condition are seen during the month. Report these totals to the next level.

Year: _____ Month: _____

Health facility: _____ Sub-district: _____ District: _____ Region: _____

Total Number of Patients Seen			
Disease/Condition	Outpatient Cases*	Inpatient	
		Cases*	Deaths
Uncomplicated malaria < 5yrs clinical			
Uncomplicated malaria 5yrs and above clinical			
Uncomplicated malaria < 5yrs lab-confirmed			
Uncomplicated malaria 5yrs and above, lab-confirmed			
Severe malaria < 5yrs			
Severe malaria 5 yrs and above			
Inpatient malaria with severe anaemia (<5 years) Hb < 5g/dl			
Malaria in pregnant women clinical			
Malaria in pregnant women lab-confirmed			
Pneumonia (<5 years)			
Severe pneumonia (< 5 years)			
Diarrhoea with some dehydration (<5 years)			
Diarrhoea with severe dehydration (<5 years)			
HIV/AIDS			
Male urethral discharge			
Male genital ulcer			
Female genital ulcer			
Diarrhoea with blood			
Viral hepatitis			
Trachoma < 10yrs			
Trachoma 10+yrs			
Urinary schistosomiasis			
Infectious yaws < 15yrs			
Infectious yaws 15+yrs			
Lymphatic filariasis-Lymphoedema (Elephantiasis)			
Lymphatic filariasis-Hydrocele			
Onchocerciasis			

* Report zero (0) when no cases of disease are seen in reporting period.

No. of health facilities supposed to report: ___ No. of sites that reported on time: ___ No. of sites that reported late: ___

**Total immediately reportable cases previously reported this month
on case-based forms or line lists**

Disease	No. of cases*	No. of deaths	Disease	No. of cases*	No. of deaths	Disease	No. of cases*	No. of deaths
AFP			Measles			Yellow fever		
Cholera			Meningitis			Viral hemorrhagic fever		
Dracunculiasis (guinea worm)			Neonatal tetanus					
Other disease (specify)			Other disease (specify)			Other disease (specify)		

* Report zero (0) when no cases of disease are seen in reporting period.

Analysis, interpretations, comments and recommendations on both outpatient and inpatient data

Other information:

Look at the trends in the District Analysis Book. Comments on observed trends? Abnormal increase in cases, deaths or case fatality ratios? Lack of decrease of previous increasing trends? Improving trends?

Conclusions, actions taken and recommendations:

Date sent: _____

Date received: _____

Person reporting: _____

Person receiving: _____

Some dehydration, severe dehydration, pneumonia and severe pneumonia are defined according to WHO Integrated Management of Childhood Infections (IMCI) definitions. TB, leprosy and Buruli ulcer data reported quarterly on separate forms.

