

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					
4	5	6	7	8	9	10 (4+8)	11 (5+9)	12 (10+11)	13	14	15					
1	2	3														
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	

