



Integrated Health Information Platform
Integrated Disease Surveillance Programme
Ministry of Health and Family Welfare

Facility Information

1.1 Facility Name:

1.2 Facility Type:

1.3 Facility Official ID:

1.4 Facility NIN:

1.5 Officer in Charge:

1.6 Contact Number:

1.7 Data Entry Personnel:

1.8 Official ID

1.9 Contact Number:

1.10 Village:

1.11 Sub District:

1.12 District:

1.13 State:

1.14 Reporting Date:

1.16 State Surveillance Officer

1.17 Contact Number

1.18 District Surveillance

1.19 Contact Number

1.20 Sub District Surveillance

1.21 Contact Number

Syndromes:							
	Number of cases						Grand Total
	Male			Female			
	<= 5 Yr	> 5 Yr	Total	<= 5 Yr	> 5 Yr	Total	
2.1 Only Fever >= 7 days duration							
2.2 Only Fever < 7 days duration							
2.3 Fever with Rash							
2.4 Fever with Bleeding							
2.5 Fever with Altered sensorium							
2.6.1 Cough with fever <= 2 weeks duration							
2.6.2 Cough without fever <= 2 weeks duration							
2.7.1 Cough with fever > 2 weeks duration							
2.7.2 Cough without fever > 2 weeks duration							
2.8.1 Loose watery stools with blood < 2 weeks							
2.8.2 Loose watery stools without blood < 2 weeks							
2.9 Jaundice of < 4 weeks duration							
2.10 Acute Flaccid Paralysis							
2.11.1 Malaria Vivax RDT Positive							
2.11.2 Malaria Falciparum RDT positive							
2.11.3 Malaria Mixed RTD Postive							
2.12 Animal Bite							
2.13 Snake Bite							
Other unusual state specific health condition							
Acute Encephalitic Syndrome							
Acute Hepatitis							
Dysentery (Blood in Stool)							

Other unusual state specific syndrome							
ARI/Severe Acute Respiratory Infection (SARI)							
ARI/Influenza Like Illness(ILI)							

Diseases:

	Number of cases						Grand Total
	Male			Female			
	<= 5 Yr	> 5 Yr	Total	<= 5 Yr	> 5 Yr	Total	
Anthrax							
Chickenpox							
Chikungunya							
Cholera							
Congo Crimean Haemorrhagic Fever							
Dengue							
Diphtheria							
Human Rabies							
Japanese Encephalitis							
Kyasunur Forest Disease							
Leptospiroses							
Malaria							
Malaria Plasmodium vivax							
Measles							
Meningitis							
Meningococcal Meningitis							
Mumps							
Non typhoidal salmonellosis							
Pertussis							
Rubella							
Scrub Typhus							
Shigellosis							

Typhoid							
Viral Hepatitis A							
Viral Hepatitis E							

Line Listing:

Sl#	Name	Id Type/Id No	Phone No	Date Of Birth	Sex	Address	Village	Sub District	District	State	Provisional Diagnosis	Test Requested	Date of Onset	Sample Collection Date	Type of Sample	Specimen Id
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