



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 Officer

1.19 Contact Number

1.20 Sub District Surveillance Officer

1.21 Contact Number

Summary			
Diseases	Test Performed	Total Number of Sample Tested	Total Number of Positives
2.1 Only Fever \geq 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 \leq 2 weeks duration			
2.6.2 Cough without fever \leq 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			
Malaria Plasmodium vivax			
Measles			
Meningitis			
Meningococcal Meningitis			

Diseases	Test Performed	Total Number of Sample Tested	Total Number of Positives
Mumps			
Non typhoidal salmonellosis			
Other unusual state specific health condition			
Other unusual state specific syndrome			
Pertussis			
Rubella			
Scrub Typhus			
Shigellosis			
Typhoid			
Viral Hepatitis A			
Viral Hepatitis E			
Acute Encephalitic Syndrome			
Acute Hepatitis			
Anthrax			
ARI/Influenza Like Illness (ILI)			
ARI/Severe Acute Respiratory Infection (SARI)			
Chickenpox			
Chikungunya			
Cholera			
Congo Crimean Haemorrhagic Fever			
Dengue			
Diphtheria			
Dysentery (Blood in Stool)			

Diseases	Test Performed	Total Number of Sample Tested	Total Number of Positives
Human Rabies			
Japanese Encephalitis			
Kyasunur Forest Disease			
Leptospiroses			
Malaria			

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 Collected Date	Type of Sample	Specimen Id	Date of Test Perfor	Results
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