

**Surveillance Reporting Form Morbidity (disease) and Mortality (death) FORM
BRING TO WHO OFFICE EVERY Saturday**

Province: _____ **District:** _____ **Sub district/Tehsil:** _____
Town/Village/Camp: _____ **Population:** _____ **Population <5** _____
Date: ____/____/____
Epidemiological Week ____ **from Saturday:** ____/____/2005 **to Friday** ____/____/2005

Agency/ NGOs **Health Facility** **Name & phone of contact Officer**

Events Under Surveillance		Less than 5 years old		Equal or more than 5 Years old	
		Cases	Deaths	Cases	Deaths
1	TOTAL CONSULTATIONS				
2	TOTAL DEATHS				
3	Pregnancy related deaths				
4	Neonatal deaths (<28 days)				
5	Acute Diarrhoea				
6	Bloody Diarrhoea				
7	Acute Flaccid Paralysis				
8	Suspected Malaria				
9	Acute Respiratory Infection				
10	Suspected Measles				
11	Suspected Meningitis				
12	Suspected Acute Viral Hepatitis				
13	Tetanus				
14	Suspected Hemorrhagic Fever				
15	Unexplained Fever >38.5 ⁰				
16	Injuries/wounds				
17	Others				

- Please include only those cases that were examined / admitted during the surveillance week. Each case should be counted only once.
- Write "0" (zero) if you had no case or death of one of the Health Events listed in the form.
- Be careful to report only the cases and deaths that occurred during the week.
- Deaths should be reported only in the mortality section, NOT in the morbidity section. And please fill the following **table for each reported death**.
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No	Name	Age	Sex.	Cause	Résidence/ address
1					
2					
3					

South Asia Earthquake/ Pakistan. Disease Early Warning System

Province: -----

District: -----

Sub District/ Tehsil: -----

Date: / /

Reporting Unit or Agency: -----

IDNO	Name/father's name	Age	Sex	Complete address	Onset date	Vaccination Status (If Applicable)	Suspected Diagnosis	Outcome
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

OUTBREAK ALERT

At any time **you suspect** any of the following diseases, you should alert the Surveillance Coordination by Calling PTCL wireless: _____ phone, or District Surveillance Officer _____ or sending an e-mail to: Health@whopak.org. Also send CC to: _____ with maximum information on time, place, number, and age of cases and deaths as shown in the table.

Cholera Increase in bloody diarrhoea Measles Increase in malaria Meningitis Whooping Cough Diphtheria AFP
 Tetanus Hepatitis Hemorrhagic Fever Unexplained Fever with Death Any suspected outbreaks

WHO RECOMMENDED CASE DEFINITIONS

ACUTE DIARRHOEA Three or more abnormally loose or fluid stools in the past 24 hours with or without dehydration.

Suspected cases of cholera: Person aged over 5 years with severe dehydration or death from acute watery diarrhoea with or without vomiting. **Confirmed case of cholera:** Isolation of *Vibrio cholera* O1 or O139 from diarrhoeal stool sample.

BLOODY DIARRHOEA: Acute Diarrhoea with visible blood in the stool

To confirm case of epidemic bacillary dysentery:

Take stool specimen for culture. Isolation of *Shigella dysenteriae* type 1.

ACUTE FLACCID PARALYSIS in a child aged < 15 years, including Guillain Barré syndrome or any acute paralytic illness in a person of any age.

SUSPECTED MALARIA

Person with fever or history of fever >38°C within the last 48 hours with one or more of the following symptoms: such as nausea, vomiting and diarrhoea, headache, back joint pain, chills, myalgia.

ACUTE RESPIRATORY TRACT INFECTION

Acute onset of cough, cold, coryza, pharyngitis, laryngitis, otitis, tonsillitis, bronchitis, bronchiolitis, or pneumonia. Note: Suspected diphtheria and Pertussis are reportable immediately.

Probable Diphtheria: An acute illness characterized by an adherent membrane on the tonsils, pharynx and/ or nose and any one of the following: laryngitis, pharyngitis or tonsillitis.

Suspected Pertussis: A person with a cough lasting at least two weeks with one of the following: Paroxysms (i.e. fits) of coughing: or Inspiratory “whoop”, or post-tussive vomiting (i.e. vomiting immediately after coughing AND without other apparent cause.)

SUSPECTED MEASLES

Maculopapular rash for at least 3 days, with fever and cough, runny nose or conjunctivitis. Confirm with blood sample for serology.

SUSPECTED MENINGITIS

Suspected case: Sudden onset of fever (>38.5) with stiff neck, and altered consciousness, other meningeal sign or petechial or purpurial rash. In patients under one year of age, a suspected case of meningitis occurs when fever is accompanied by a bulging fontanelle.

SUSPECTED ACUTE VIRAL HEPATITIS

Illness with acute onset of yellow skin and conjunctiva, dark urine, and fatigue.

NEONATAL TETANUS:

Suspected case: Any neonatal death between 3-28 days of age in which the cause of death is unknown or suffered from neonatal tetanus not investigated.

Confirmed case: Any neonate with a normal ability to suck and cry during the first two days of life, and who between 3 and 28 days of age cannot suck normally and become stiff and/or has convulsions.

TETANUS IN ADULTS

One or more of the following signs: Trismus of the facial muscles (masseter and neck)/risus sardonicus, Painful muscular contractions.

ACUTE HAEMORRHAGIC FEVER SYNDROME

Acute febrile illness of more than 72 hours and less than 10 days duration and any two of the following Thrombocytopenia less than 100,000 / mm³, Petechial or purpuric rash, Epistaxis, Haematemesis, Haemoptysis, Blood in stools, Ecchymosis, Gum bleeding, Other haemorrhagic symptom AND No known predisposing host factors for haemorrhagic manifestations.

UNEXPLAINED FEVER: Fever (> 38.5°C) for more than 48 hours and not meeting the above case definitions.

INJURIES Any person with wounds from any cause which is the primary reason for the consultation

OTHERS: All other medical conditions not meeting the above case definitions. This category is used to compute Total Attendance