Dashboard Event Entry Point

1. Information entry point

Event Capture (by authenticated person only)

1.1. Contact person name with designation
1.2. Contact number
1.3. Description of the event (Open box)
- File upload option here

1.4. Notification Date
1.5. Place of events

a. District (IEDCR/DLS/OHS/BLRI)

b. Upazila / Thana (IEDCR/DLS/OHS/BLRI)

c. Union (IEDCR/DLS/OHS/BLRI)

d. Ward (IEDCR/DLS/OHS/BLRI)

e. Location (open box)/ Address (Order box)

f. Beat (Visible only for Forest Division)

g. Range (Visible only for Forest Division)

h. FD Division (Visible only for Forest Division)

*Need verification

2. Authenticated users (Information entry point and verification)

Source of information ((From whom verification information taken)

2.1. Mode of verification (Checklist)
- Phone call
- Email
- Investigation team visit
- Verified locally and reported
- Whats app/Messenger
- Others (Please specify)

2.2. Date of verification started   (DD/MM/YYYY)
2.3. Date of verification end (DD/MM/YYYY)
2.4. Place of events (One event for one location)
a. District (Multi select dropdown)
b. Upazila / Thana (Multi select dropdown)
c. Union

      d.   Ward

      e.   Address (Order box)

      i.   Beat (Visible only for Forest Division)

      j.   Range (Visible only for Forest Division)

      k.   FD Division (Visible only for Forest Division)

2.5. Necessary document (Radio button)

    a. Yes   b. No

If yes [upload file with hint {related image contain document (Give option for adding multiple box)}] If No (please write a brief report)

2.6. Event Sharing (Organization needs to be informed) (Check box)
    a. One Health Secretariat
    b. IEDCR
    c. CDC, DGHS
    d. DLS
    e. FD
    f. Others (if any)

 (Report or event sharing to definite institution. Then event responding respective sector for investigation)

2.7. Investigation (Drop down)
    a. Yes
    b. No

*May initiate an event which have already been initialized by public users

(Hint from same origin and nearby date of event reporting might help)

2.8. Comment/Note

3. Prior to Event Investigation

3.1. Outbreak title (Time,Place,Person)

3.2. Outbreak Origin
- Human
- Animal
- Wildlife

Need justification??

3.3. Date of outbreak notification

3.4. Date of investigation started

3.5. Information of Index case { Name/Gender/Mobile Number/Location (Address)

3.6.

Human	Animal
Suspected disease / Provisional diagnosis	Suspected disease / Provisional diagnosis
Number of suspected cases	Number of suspected cases
Number of Lab confirmed cases **(Optional)**	Number of Lab confirmed cases **(Optional)**
Number of Death Cases **(Optional)**	Number of Death Cases **(Optional)**
Source of infection	Source of infection

4. Event Investigation

4.1. Date of Investigation Ended

4.2.

Human	Animal
Confirmed diagnosis	Confirmed diagnosis
Number of suspected cases	Number of suspected cases
Number of Lab confirmed cases **(Optional)**	Lab confirmed number of cases (Optional)
Number of Mortality	Number of Mortality
Source of infection	Source of infection

4.3. Event response institute

4.4. Event details (Full report)

4.5. Findings

   a. High risk group
   - Age group
   - Gender
   - Behavior
   - Others (if any)

4.6. Line listing of suspected cases (Optional)

4.7. Intervention
   - Short term measures
   - Long term measures

4.8. Outcome (open box)

4.9. Recommendation

4.10. Limitation