

# MONTHLY SURVEILLANCE REPORT FORM FOR PRIORITY COMMUNICABLE DISEASES (ALL LEVELS)

Health Facility Name \_\_\_\_\_ District \_\_\_\_\_

Province \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Record below the total number of cases and total number of deaths for each disease / condition. Report these totals to the next level. Complete the column for the current month for all disease/conditions.

Diseases	Out-Patient	In Patient		Total Cases
	Cases	Cases	Deaths	
Malaria <5 years				
Malaria 5+ years				
Malaria in Pregnancy				
In-patient malaria with severe anaemia (< 5 yrs)				
Uncomplicated Malaria <5years, lab confirmed				
Uncomplicated malaria 5+ years lab-confirmed				
Uncomplicated malaria in pregnancy Lab confirmed				
Mild Pneumonia (<5 years)				
Severe Pneumonia (< 5 years)				
Diarrhoea with some dehydration (< 5 years)				
Diarrhoea with severe dehydration (<5 years)				
New AIDS cases				
Male Urethral Discharge				
Female Virginal Discharge				
Male non-vesicular Genital Ulcer (GUD)				
Female Non –vesicular Genital Ulcer ( GUD)				
Pelvic Inflammatory disease (PID)				
Diarrhoea with blood				
Total				

Number of sites that reported on time		Number of Out-patient sites that are supposed to report		Number of sites that reported late	
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**Zero reporting for immediately reported, case-based diseases/conditions: Total cases previously reported this month on case forms or line lists**

Disease	A <5	>5	D <5	>5	Disease	A	D	Disease	A	D
AFP					Measles			Plague		
Cholera					Meningitis			Yellow Fever		
Draucunculosis					Neonatal Tetanus			Viral Haemorrhagic Fever		
Typhoid Fever					TB			Rabies/ Animal bites		
Trypanosomiasis					ILI/SARD(I)			Others		

NOTE: Official counts of immediately notified cases come only from case forms or line lists. The counts from the zero-reporting boxes are not official counts.

**Analysis, interpretations, comments, and recommendations on both out-patient and in-patient data:**

**Conclusions, actions taken, and recommendations:**

Reported by Name: \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Received by: \_\_\_\_\_ Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Copy 1 to Next level

Copy 2 to be retained at the reporting level

NB. Districts: Send a copy to DOMU. NB. TB and Leprosy data should be reported monthly on these forms.