

2012

MINISTRY OF PUBLIC HEALTH & SANITATION
IDSR Weekly Epidemic Monitoring Form

MOH 505

County _____ District _____ Health Facility _____ Epi Week _____ Week ending _____ Month _____ Year _____

No. of Health Facilities/Sites that reported _____

No. of Health Facilities/Sites expected to report _____

Diseases, Conditions or Events	< 5 years		≥ 5 years		Total		Diseases, Conditions or Events	< 5 years		≥ 5 years		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
AEFI*							Measles						
Acute Jaundice							Meningococcal Meningitis						
Acute Malnutrition							Neonatal deaths						
AFP**							Neonatal Tetanus						
Anthrax							Plague						
Cholera							Rabies						
Dengue							Suspected MDR/XDR TB						
Dracunculiasis (GWD)***							Typhoid						
Dysentery (Bacillary)							VHF****						
HIV (new cases)							Yellow Fever						
Malaria							Others (Specify) ¹						
Maternal deaths													
Laboratory	< 5 years		≥ 5 years		Total		Remarks:						
Malaria tested													
Malaria positive													

*Adverse Events Following Immunization

**Acute Flaccid Paralysis

***Guinea Worm Disease

***** Viral Haemorrhagic Fever: May be due to Ebola, Marburg, Rift Valley Fever, Crimean Congo haemorrhagic Fever

¹Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition (Specify)

Reported by: _____ Designation _____ Sign _____ Date _____

Reporting Instructions

Health Facility Level: Send a copy to DMOH or DDSC every Monday and file a copy

District Level: Summarize all health facility reports; send copies to the PMO and the Division of Disease Surveillance & Response (DDSR) by Wednesday. File a copy

Surveillance week: A week starts on Monday and ends on Sunday