HMIS 033B: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE FORM

Date_	For Period (Dat	te)	To) (Da	te)	
Health	unit He	Health Unit Code S		ub-County		
HSD_	Di	istrict				
1. DI	SEASES REPO	ORT Code	Cases this week	+	Deaths this week	
1	Acute Flaccid Paralysis	AF		+		
2	Animal Bites	AB		+		
3	Rabies	RB		+		
4	Cholera	СН		+		
5	Dysentery	DY		+		
6	Guinea Worm	GW		+		
7	Malaria	MA		+		
8	Measles	ME		+		
9	Meningitis (Meningococcal)	MG		+		
10	Neonatal Tetanus	NT		+		
11	Plague	PL		+		
12	Yellow Fever	YF		+		
4.0	Other Viral Hemorrhagic Fevers	VF		+		
13						
14	Other emerging infectious diseases ONFIRMATION OF MALARIA CASE OPD Attendance Attendance Attendance Attendance	ES A cases A cases A cases A cases	ve cases	cases	sitive cases under f	ases 5+ yea
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Submitted on (Date)______ By _____ **Receipt Number** _____