

HMIS 033B: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE FORM

Date _____ For Period (Date) _____ To (Date) _____

Health Unit _____ Health Unit Code _____ Sub-County _____

HSD _____ District _____

1. DISEASES

	REPORT	Code	Cases this week	+	Deaths this week
1	Acute Flaccid Paralysis	AF		+	
2	Animal Bites	AB		+	
3	Rabies	RB		+	
4	Cholera	CH		+	
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		+	
13	Other Viral Hemorrhagic Fevers	VF		+	
14	Other emerging infectious diseases	EI		+	

2. CONFIRMATION OF MALARIA CASES

TEST	Total OPD Attendance	Suspected malaria cases	RDT tested cases	RDT positive cases	Microscopy tested cases	Microscopy positive cases	Positive cases under 5 years	Positive cases 5+ years

3. SUMMARY OF MALARIA CASES TREATED

TREAT	RDT negative cases treated	RDT positive cases treated	4+ months to 3 years	3+ to 7 years	7+ to 12 years	12+ years

4. ACT STOCK DATA

ACT	Yellow dispensed	Balance on hand	Blue dispensed	Balance on hand	Brown dispensed	Balance on hand	Green dispensed	Balance on hand	Other ACT dispensed	Balance on hand

Submitted on (Date) _____ By _____ Receipt Number _____