

FORM P
(Weekly Reporting Format –IDSP)

Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	____ / ____ / _____	____ / ____ / _____	____ / ____ / _____

S.no	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue / DHF / DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknown Origin (PUO)	
15	Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 Years of Age	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	

FORM L
(Weekly Reporting Format – IDSP)

Name of the Laboratory:			Institution:
State:	District:		Block/Town/City:
Officer-in-Charge:	Name:		Signature:
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	____ / ____ / _____	____ / ____ / _____	____ / ____ / _____

Diseases	No. Samples Tested	No. found Positive
Dengue / DHF / DSS		
Chikungunya		
JE		
Meningococcal Meningitis		
Typhoid Fever		
Diphtheria		
Cholera		
Shigella Dysentery		
Viral Hepatitis A		
Viral Hepatitis E		
Leptospirosis		
Malaria		PV: PF:
Other (Specify)		
Other (Specify)		

Line List of Positive Cases (Except Malaria cases):