**Post Earthquake Disease Surveillance System (Govt. of Gujarat and WHO) - Weekly Reporing Form for Taluka/Urban Area**

Please fill out this form on every Tuesday and send it to the District HQ on the same day

Name of Taluka/Urban area: _____ District: _____

Period included in this report: Monday _____ to Sunday _____

Expected no. of reports from Reporting Units: _____ Reports received on time (Monday): _____

| Diseases/ Syndromes | Bloody Diarrhoea | | Watery Diarrhoea | | Severe Diarrhoea/ vomit./ dehydration | | Suspected Malaria | | Confirmed Malaria | | URTI | | LRTI | | Measles | | Chickenpox | | Suspected Meningitis | | Acute Jaundice Syndrome | | AFP < 15 years | Tetanus | | Scabies | | Fever (unknown) | | STD | Infected Wounds | | Other Communicable Disease | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Reporting Unit | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | | < 5 | > 5 | < 5 | > 5 | < 5 | > 5 | | < 5 | > 5 | < 5 | > 5 |
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| Total Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deaths | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Significant change in water & sanitation/ food & shelter/ vector situation:

Any other comments:

Name_____Signature_____ and telephone no. of the Taluka Nodal Officer: _____

Suspected Cholera, AFP, Plague, Neonatal Tetanus, Diptheria, Pertusis (Whooping Cough), Leptospirosis and Haemorrhagic Fever cases must be reported immediately to the District Health Authorities (Disease Surveillance Unit, Civil Hosp. Compound, Bhuj - Tel: 02832 - 52166, 22307)
Dr D P Solanki, Chief District Health Officer, Kutch - Mobile - 9825015282