

**MONTHLY REPORT ON INSTITUTIONAL CASES AND DEATHS DUE TO
PRINCIPAL COMMUNICABLE DISEASES IN THE STATE/UT**

NAME OF THE STATE/UT

REPORTING MONTH & YEAR

Total No. of Medical Care Institutions in the State/UT^s

Total No. of Medical Care Institution reported during the month

Sl. No.	Name of Disease as per standard definition of case	ICD - 10 code	Patients Treated						Deaths			
			OPD*		IPD*		Total		(IPD Only)			
			M	F	M	F	M	F	M	F	T	
1	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09										
2	Diphtheria	A36										
3	Acute Poliomyelitis (New listed cases)	A80										
4	Tetanus other than Neonatal	A35										
5	NeoNatal Tetanus	A33										
6	Whooping Cough	A37										
7	Measels	B05										
8	Acute Respiratory Infection (including Influenza and excluding Pneumonia)	J22										
9	Pneumonia	J18										
10	Enteric Fever	A01										
11	Viral Hepatitis - A	B15.9										
12	Viral Hepatitis - B	B16.9										
13	Viral Hepatitis - C, D, E	B17.8										
14	Meningococcal Meningitis	A39.0										
15	Rabies ***	A82										
16	AIDS (as reported to NACO)	B24										
17	Syphilis	A50-A53										
18	Gonococcal Infection	A54										
19	Other STD Diseases	A63-A64										
20	Pulmonary Tuberculosis	A16.2										
	TOTAL											

*IPD-In-Patient OPD-Out-Patient

M-Male, F - Female, T-Total

The report for every month should be dispatched to CBHI by 20th of the succeeding month through e-mail dircbhi@nb.nic.in

NOTES:

§ All the medical institutions i.e. Hospitals, Dispensaries, Clinics, PHCs, CHCs, Sanatoria etc. to be covered
The cases and deaths due to various diseases other than those treated in Medical Institutions, whenever reported / recorded should also be included in this report

** Acute diarrhoeal disease should include all Gastro Enteritis cases i.e. cases with three or more loose watery motions in a day, irrespective of aetiology / causation

*** Only confirmed cases of Rabies i.e. Hydrophobia should be included and not the simple dog-bite/animal bite cas
Data on vaccine preventable disease should tally with Universal Immunization Program (UIP) data being furnished by State EPI (Extended Program of Immunisation) officer to Min. of Health & FW

To
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Signature	
Name & Designation	
Address with Tel/Fax & E-Mail	