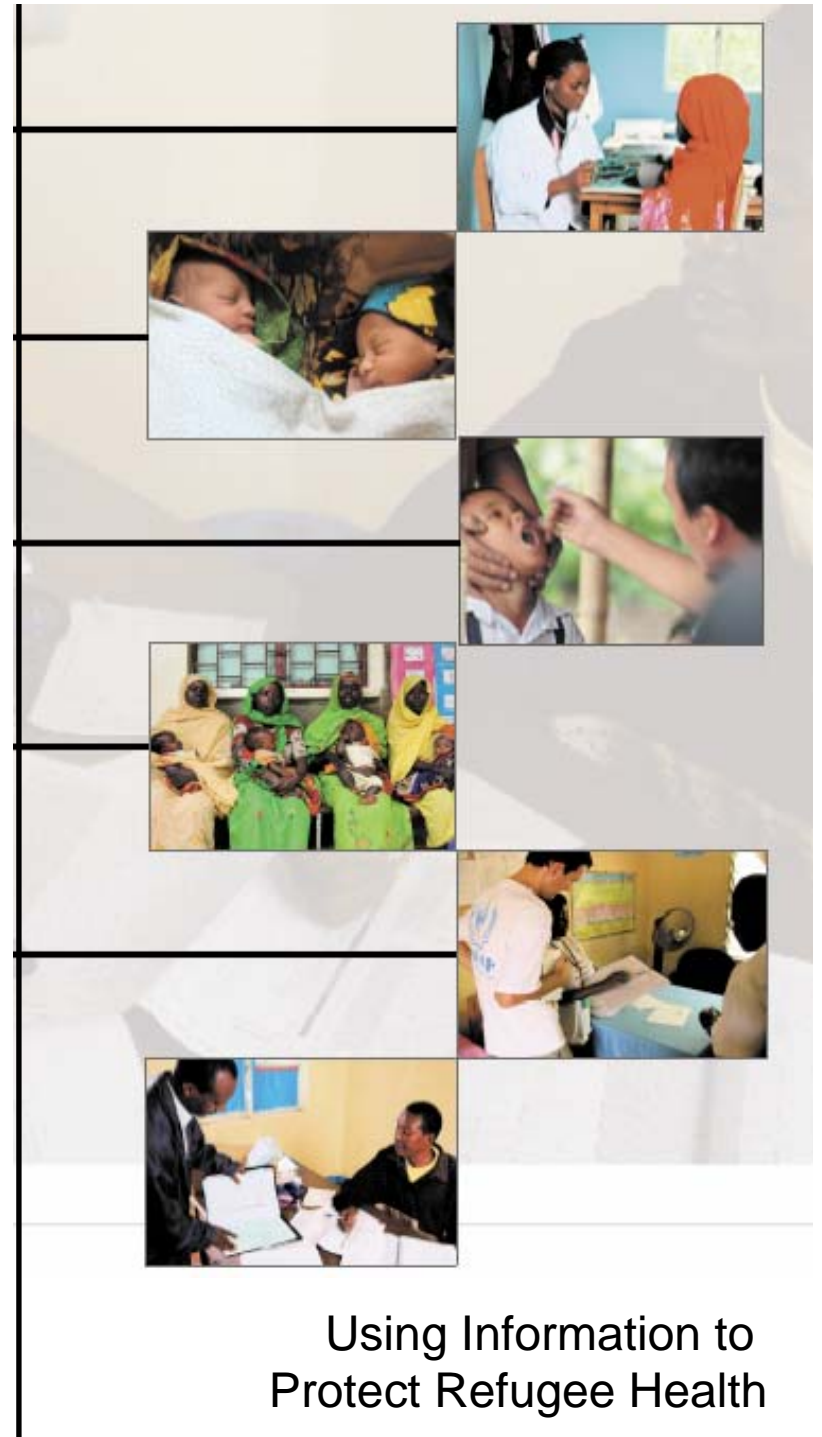


# Health Information System (HIS)

## Module 3 - Morbidity



Using Information to  
Protect Refugee Health



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# Learning Objectives

At the end of the module, you should be able to:

- **Identify the tools used to monitor outpatient services**
- **Understand how to collect and report morbidity data**
- **Interpret the data and apply it to public health practice**



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# Tools and Guidelines

- >1 What are the tools used for data collection?
- >2 Who is responsible for collecting the data?
- >3 What data should be collected and how?
- >4 How and when should the data be reported?
- >5 How should the data be interpreted and used?



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# >1 What are the tools used for data collection?

- **Primary Tools**
  - **Daily Tally Sheet**
  - **OPD Register**
  - **Outbreak Alert Form**
  - **Weekly + Monthly Morbidity Report**
- **Secondary Tools**
  - **Patient Records**



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## >2 Who is responsible for collecting the data?

- Clinical Officers in each camp should take responsibility for recording information
- Clinical Officer in-charge is responsible for compiling Weekly Morbidity Report



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## >3 What data should be collected and how?

- Daily Tally Sheet:
  - **Must first determine whether patient is new or revisit**
  - **Follow standardised guidelines**
  - **Critical to correct calculation of statistics at the end of the month**

# Prevalence

- The number of **pre-existing** events present in a defined population
  - **Includes old and new cases**
  - **Used mainly to track chronic diseases such as tuberculosis, diabetes etc.**



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# Incidence

- The number of **new** events occurring in a defined population
  - **Includes new cases only**
  - **Used mainly to track short duration diseases such as communicable disease**
  - **Time units must be specified**

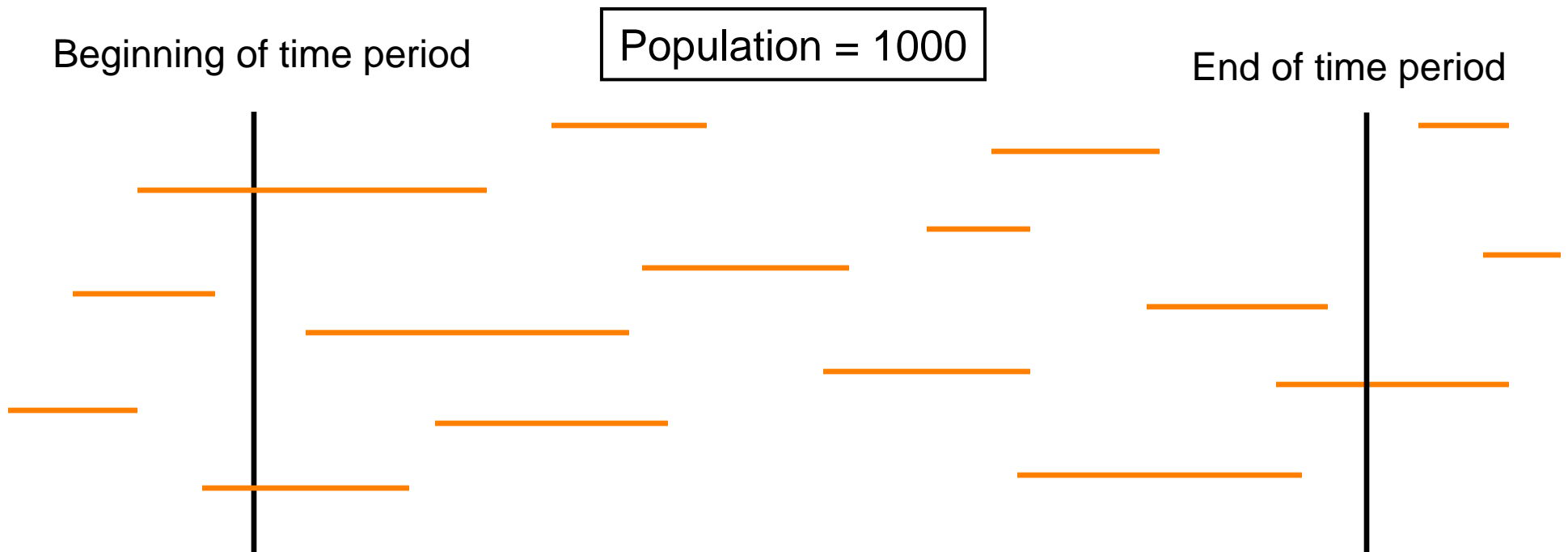


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# Prevalence & Incidence



Point prevalence at beginning:

$$2 / 1000 = 0.2\%$$

Incidence:

$$10 / 1000 / \text{time period}$$



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Health Information System (HIS)

Slide 9

# Key Differences

## Incidence

- New cases
- A rate
- Measures risk
- Time unit

## Prevalence

- New and old cases
- A proportion
- Does not measure risk
- No time unit



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Table 2. Time that should elapse before a patient with a history of a diagnosis can be considered a “new” visit

At least 1 week	At least 1 month	At least 1 year	Lifelong*
Malaria	Skin disease	Tuberculosis	Measles
URTI, LRTI	Malnutrition	Meningitis	Polio
Diarrhoea	Anaemia	Mental illness	HIV/AIDS
Eye disease	STI		Leprosy
Intestinal worms	Dental		

\* A patient can never again be termed a “New Visit” for problems in this category, if a diagnosis has previously been made



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# Issues to consider

- New visits vs Repeat visits
  - Record consultation and diagnosis for **new visits** (=incident cases)
  - Record consultation alone for **revisits** (=prevalent cases)
- Multiple diagnosis
- Mixed presentation

# Health Information System

Camp \_\_\_\_\_

Name of Staff Member \_\_\_\_\_

Health Centre \_\_\_\_\_

Date (s) \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

This tally sheet records: **Refugee / National data** (select appropriate)

NEW VISITS				DIAGNOSIS		< 5				≥ 5						
Male		Female		Record New Visits ONLY		Male		Female		Male		Female				
00000	00000	00000	00000	1. * Malaria (suspected)	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	2. * Malaria (confirmed)	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	3. URTI	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	4. LRTI	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	5. Skin disease	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	6. Eye disease	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	7. Intestinal Worms	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	8. * Watery diarrhoea	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	9. * Bloody diarrhoea	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	10. Tuberculosis	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	11. Leprosy	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	12. * AFP / Polio	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	13. * Measles	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	14. * Meningitis	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	15. HIV/AIDS	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	16. ** STI (non HIV/AIDS)	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	17. Acute malnutrition	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	18. Anaemia	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	19. *** Injuries	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	20. Dental	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	21. Mental illness	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	22.	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	23.	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	24.	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	25.	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	26.	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	27. Other	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000

Communicable disease

Nutrition

Non-comm.

This tally sheet records: **Refugee / National data**

NEW VISITS								DIAGNOSIS												
Male				Female				Record New Visits ONLY												
								Male				< 5				Female				
0000	0000	0000	0000	0000	0000	0000	0000	1. * Malaria (suspected)	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	2. * Malaria (confirmed)	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	3. URTI	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	4. LRTI	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	5. Skin disease	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	6. Eye disease	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	7. Intestinal Worms	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	8. * Watery diarrhoea	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	9. * Bloody diarrhoea	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	10. Tuberculosis	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	11. Leprosy	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	12. * AFP / Polio	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	13. * Measles	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	14. * Meningitis	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000	15. HIV/AIDS	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000
0000	0000	0000	0000	0000	0000	0000	0000		0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000

RE-VISITS

# Types of case definition

- May be based on clinical or laboratory criteria
- Laboratory diagnosis as part of case-definition can improve specificity of clinical diagnosis
- Case definitions are for surveillance purposes only:

A surveillance case definition is not to be used for the management of patients and is not an indication of intention to treat.



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# Case Definitions

## 4. Lower Respiratory Tract Infection (LRTI)

<i>Classification</i>	<i>Source</i>
<b>Syndromic Case</b>	<b>WHO/IMCI</b>
<i>Case Definition</i>	
<b>Pneumonia</b>	
Any child 2 months to 5 years of age with cough or difficult breathing <b>and</b> :	
<ul style="list-style-type: none"><li>• breathing faster than 50 breaths / minute (2 – 12 months)</li><li>• breathing faster than 40 breaths / minute ( 1 – 5 years)</li></ul>	
<i>(Infants less than 2 months with fast breathing 60 breaths or more per minute are referred for serious bacterial infection).</i>	
<b>Severe pneumonia</b>	
Any child 2 months to 5 years of age with cough or difficult and any of the following general danger signs:	
<ul style="list-style-type: none"><li>• unable to drink or breastfeed</li><li>• vomits everything</li><li>• convulsions</li><li>• lethargic or unconscious</li></ul>	
<b>or</b> chest indrawing or stridor in a calm child.	



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Health Information System (HIS)

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# Use of Case Definitions

- Collect standardized and comparable morbidity data
- Every event under surveillance requires case definition; no diagnosis recorded unless these criteria are met
- To guarantee consistent application, clinical officer must be equipped with minimum set of equipment



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# Other Data Collection

- \* Outbreak Alert
- \*\* Sexually Transmitted Infection (STI)
- \*\*\* SGBV-related injury

Communicable disease	1. * Malaria (suspected)
	2. * Malaria (confirmed)
	3. URTI
	4. LRTI
	5. Skin disease
	6. Eye disease
	7. Intestinal Worms
	8. * Watery diarrhoea
	9. * Bloody diarrhoea
	10. Tuberculosis
	11. Leprosy
	12. * AFP / Polio
	13. * Measles
	14. * Meningitis
	15. HIV/AIDS
	16. ** STI (non HIV/AIDS)
Nutrition	17. Acute Malnutrition
	18. Anaemia
Injury	19. *** Injuries
	20. Dental
	21. Mental Illness

Also record STI case information in table below:

SYNDROMIC DIAGNOSIS	< 18				≥ 18				Contacts Treated			
	Male		Female		Male		Female					
Sexually Transmitted Infection (STI) Urethral Discharge Syndrome (UDS)	00000	00000	00000	<input type="checkbox"/>					00000	00000	<input type="checkbox"/>	
Vaginal Discharge Syndrome (VDS)			00000	00000	00000	<input type="checkbox"/>			00000	00000	00000	<input type="checkbox"/>
Genital Ulcer Disease (GUS)	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>
Pelvic Inflammatory Disease (PID)			00000	00000	00000	<input type="checkbox"/>			00000	00000	00000	<input type="checkbox"/>
Ophthalmia Neonatorum	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>			<input type="checkbox"/>	
Congenital Syphilis	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>			<input type="checkbox"/>	
Others	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>	00000	00000	00000	<input type="checkbox"/>

**Weekly Alert Thresholds for each Health Facility:**

Malaria	1.5 times the baseline <sup>†</sup>
Watery Diarrhoea	1.5 times the baseline <sup>†</sup>
Suspected Cholera	1 case
Bloody Diarrhoea	5 cases
Acute Flaccid Paralysis / Polio	1 case
Measles	1 case
Meningitis	5 cases or 1.5 times the baseline <sup>†</sup>

**If weekly thresholds are exceeded:**

1. Report to clinic supervisor
2. Complete Outbreak Alert Form

<sup>†</sup> Baseline = average weekly number of cases of the disease calculated over the past 3 weeks

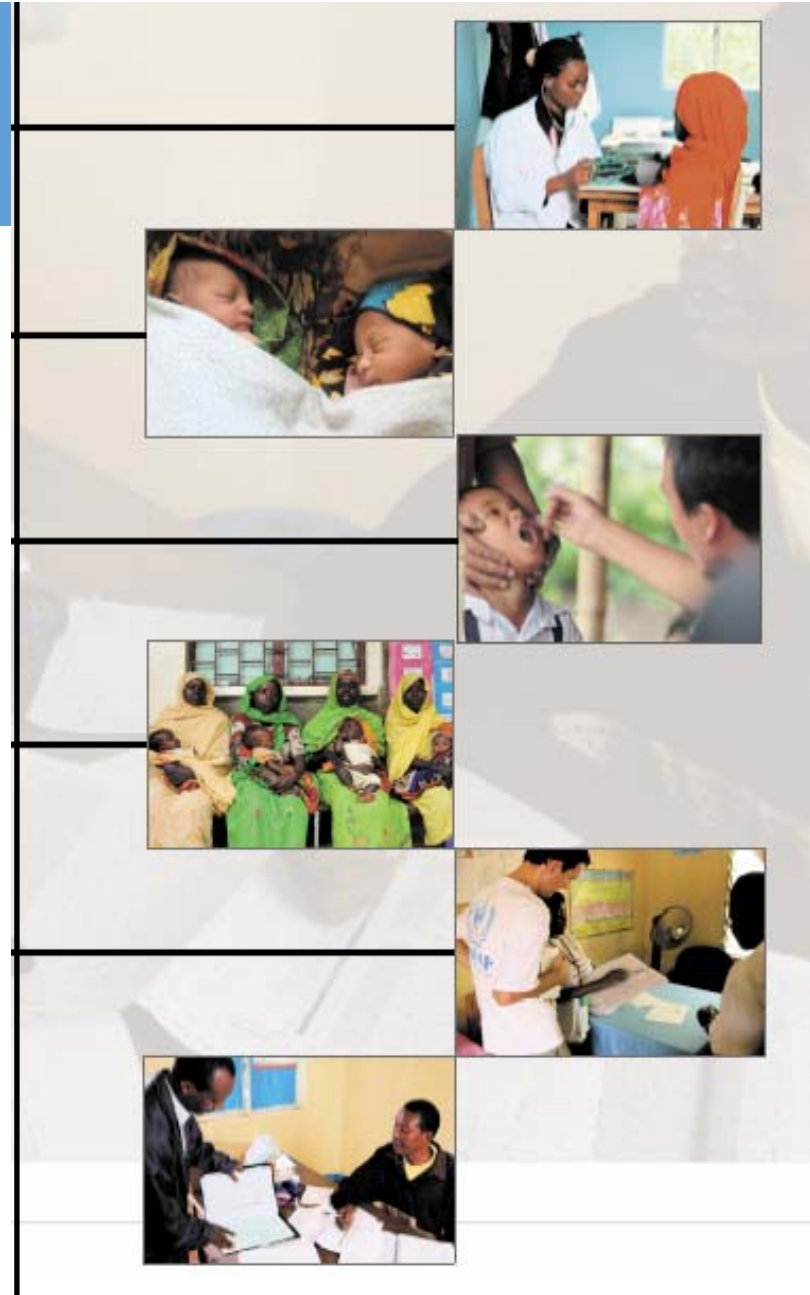
\* Disease with outbreak potential. If weekly alert threshold is exceeded report immediately to supervisor. \*\* Also record syndromic diagnosis; < 18 / ≥ 18 age group; and treatment of contacts in the STI table above.  
 \*\*\* Includes SGBV; complete incident report form for all cases

# Exercise Work

## Health Information System (HIS)

### Module 3: Part 1 – Consultation and Diagnosis

#### Question 1



# Country-specific Selection

- 5 'free cells' to name diseases/health events in:
  - Tally sheets
  - Report forms
  - Excel sheet
- Database will recognise text and store information accordingly
- Requires strong coordination at country and camp level to ensure consistency over time/locations



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# Surveillance Criteria

- Does it result in high disease impact?
- Does it have significant epidemic potential?
- Is it a specific target of a national, regional or international control program?
- Will the information collected lead to public health action?



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# Health Information System

Name of Organisation \_\_\_\_\_

## 3.0 Morbidity

Name of Camp & Unit \_\_\_\_\_

### Out-Patient Department Tally Sheet

#### Note

Up to five additional causes of morbidity can be reported using this tally sheet. Write the names in the free-spaces on this cover (labelled numbers 22 - 26).

The same names should be written on *all* sheets inside this pad.

If you are unsure what to write, please ask your supervisor.

Non-comm.	19. *** Injuries	0000	0000	0000	0000	<input type="checkbox"/>
	20. Dental	0000	0000	0000	0000	<input type="checkbox"/>
	21. Mental Illness	0000	0000	0000	0000	<input type="checkbox"/>
	22.	0000	0000	0000	0000	<input type="checkbox"/>
	23.	0000	0000	0000	0000	<input type="checkbox"/>
	24.	0000	0000	0000	0000	<input type="checkbox"/>
	25.	0000	0000	0000	0000	<input type="checkbox"/>
	26.	0000	0000	0000	0000	<input type="checkbox"/>
	27. Other	0000	0000	0000	0000	<input type="checkbox"/>
		0000	0000	0000	0000	

# Use of other data tools

- OPD Register:
  - **Clinical Decision-making**
  - **Outbreak Alert**
  - **Quality of Care**
- OPD Patient Records



# OPD Register

OPD No.	Name	Age	Sex (M / F)	Status (Ref / Nat)	Address	Date of visit	New or Re-visit*	Temp. (°C)	Weight (kg)

Presenting signs and symptoms	Past history of anti-malarial use †	RDT or Lab. results	Diagnosis	Treatment ‡	Admit (Y / N)



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# How and when should the data be reported?

- Retrieve data from Tally Sheets; convert tallies to numbers
- Enter into Weekly Morbidity Report
- System should include zero reporting

→ <b>DIAGNOSIS</b> Record New Visits ONLY	Male			< 5
	1. * Malaria (suspected)	<del>00000</del>	<del>00000</del>	<del>00000</del>
	00000	00000	00000	000
	00000	00000	00000	000
	00000	00000	00000	11
2. * Malaria (confirmed)	00000	00000	00000	000
	00000	00000	00000	000
	00000	00000	00000	000
3. URTI	00000	00000	00000	000



# Additional Data Needs

## Health Information System

Weekly Reporting Form

Name of Organisation \_\_\_\_\_

Name of Camp \_\_\_\_\_

### 3.0 Morbidity

Current Week & Month \_\_\_\_\_

#### 3.1 Consultation

	Refugee		National	
	M	F	M	F
New Visits				
Revisits				

Number of full-time trained clinicians <sup>§</sup>	
Number of full days OPD functioning	

<sup>§</sup> enter average number holding OPD consultations on each day of the week

#### 3.2 Morbidity

	Refugee				Total	National				Total
	< 5		≥ 5			< 5		≥ 5		
	M	F	M	F		M	F	M	F	
1. * Malaria (suspected)										
2. * Malaria (confirmed)										
3. URTI										



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## 1. Staffing

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Av
6	6	6	6	6	2	2	4.9
6	6	6	6	6	2	2	4.9
6	6	6	6	6	2	2	4.9
6	6	5.5	5.5	5	2	2	4.6
<b>Average no. Clinical officers working each day</b>							<b>4.8</b>

## 2. Days functioning

⊕

Total no of consultations	5922
---------------------------	------

<b>Consultation Indicators</b>	<b>1</b>
Number of full-time trained clinicians	6
Number of full days OPD functioning	28
Consultations per clinician per day	35

## >5 How should the data be interpreted and used?

- Enter data into Monthly Excel Spreadsheet
- Understand how to interpret and use the indicators that are generated

# Health Information System

Monthly Reporting Form

## 3.0 Morbidity

Name of Organisation \_\_\_\_\_  
 Name of Camp \_\_\_\_\_  
 Current Month \_\_\_\_\_

Name of Organisation	
Name of Camp	
Current Week & Month	
Number of full-time trained clinicians	
Number of full days OPD functioning	
Enter average number holding OPD consultations on each day of the month	

Health Information System	
Weekly Reporting Form	
3.0 Morbidity	
Name of Organisation	
Name of Camp	
Current Week & Month	
3.1 Consultation	
Refugee M F National	
Number of full-time trained clinicians	
Number of full days OPD functioning	
Enter average number holding OPD consultations on each day of the month	
3.2 Morbidity	
1. Malaria (suspected)	
2. Malaria (confirmed)	
3. URTI	
4. LRTI	
5. Skin disease	
6. Eye Disease	
7. Intestinal worms	
8. Watery diarrhoea	
9. Bloody diarrhoea	
10. Tuberculosis	
11. Leprosy	
12. AFP / Polio	
13. Measles	
14. Meningitis	
15. HIV/AIDS	
16. STI (non-HIV/AIDS)	
17. Acute malnutrition	
18. Anaemia	
19. Injuries	
20. Dental	
21. Mental illness	
22.	
23.	
24.	
25.	
26.	
27. Other	
Total	

Health Information System	
Weekly Reporting Form	
3.0 Morbidity	
Name of Organisation	
Name of Camp	
Current Week & Month	
3.1 Consultation	
Refugee M F National	
Number of full-time trained clinicians	
Number of full days OPD functioning	
Enter average number holding OPD consultations on each day of the month	
3.2 Morbidity	
1. Malaria (suspected)	
2. Malaria (confirmed)	
3. URTI	
4. LRTI	
5. Skin disease	
6. Eye Disease	
7. Intestinal worms	
8. Watery diarrhoea	
9. Bloody diarrhoea	
10. Tuberculosis	
11. Leprosy	
12. AFP / Polio	
13. Measles	
14. Meningitis	
15. HIV/AIDS	
16. STI (non-HIV/AIDS)	
17. Acute malnutrition	
18. Anaemia	
19. Injuries	
20. Dental	
21. Mental illness	
22.	
23.	
24.	
25.	
26.	
27. Other	
Total	

3.1 Consultation	
Refugee M F National	
Number of full-time trained clinicians	
Number of full days OPD functioning	
Enter average number holding OPD consultations on each day of the month	
New Visits	
Revisits	

3.2 Morbidity	
Refugee < 5 ≥ 5 Total < 5 + ≥ 5 National < 5 ≥ 5	
M F M F M F M F	
1. * Malaria (suspected)	
2. * Malaria (confirmed)	
3. URTI	
4. LRTI	
5. Skin disease	
6. Eye Disease	
7. Intestinal worms	
8. * Watery diarrhoea	
9. * Bloody diarrhoea	
10. Tuberculosis	
11. Leprosy	
12. * AFP / Polio	
13. * Measles	
14. * Meningitis	
15. HIV/AIDS	
16. ** STI (non-HIV/AIDS)	
17. Acute malnutrition	
18. Anaemia	
19. *** Injuries	
20. Dental	
21. Mental illness	
22.	
23.	
24.	
25.	
26.	
27. Other	
Total	

\* Disease with outbreak potential. Refer to weekly alert thresholds (see reverse)  
 \*\* Also enter information on syndromic diagnosis, < 18 / 2-18 age group and treatment of contacts in STI table (see reverse)  
 \*\*\* includes SGBV. Ensure ticked report form has been completed each case

# Health Information System v0.9.40

Monthly Reporting Form

Name of Organisation \_\_\_\_\_ Select Name  
 Name of Camp \_\_\_\_\_ Select Camp  
 Current Month \_\_\_\_\_ Select Month  
 Current Year \_\_\_\_\_ Select

## 3.0 Morbidity

### 3.1 Consultation

Type	Refugee		Nat	Total
	M	F		
New Visits				0
Revisits				0
Total	0	0	0	0

Consultation Indicators	
Number of full-time trained clinicians	
Number of full days OPD functioning	
Health facility utilization rate	
Consultations per clinician per day	
Proportion of consultations to Nationals	

### 3.2 Morbidity

Diagnosis	< 5		Total < 5	Refugee		Total Cred e	Crude Incid.	Crude % Morb.	National		Total Cred e
	M	F		US Incid.	US % Morb.				< 5	≥ 5	
1. * Malaria (suspected)			0			0					0
2. * Malaria (confirmed)			0			0					0
3. URTI			0			0					0
4. LRTI			0			0					0
5. Skin disease			0			0					0
6. Eye Disease			0			0					0
7. Intestinal worms			0			0					0
8. * Watery diarrhoea			0			0					0
9. * Bloody diarrhoea			0			0					0
10. Tuberculosis			0			0					0
11. Leprosy			0			0					0
12. * Acute Flaccid Paralysis / Polio			0			0					0
13. * Measles			0			0					0
14. * Meningitis			0			0					0
15. HIV/AIDS			0			0					0
16. ** STI (non-HIV/AIDS)			0			0					0
17. Acute malnutrition			0			0					0
18. Anaemia			0			0					0
19. *** Injuries			0			0					0

## Camp Report

19. *** Injuries
20. Dental
21. Mental Ill
22.
23.
24.
25.
26.
27. Other
Total

# Exercise Work

## Health Information System (HIS)

### Module 3: Part 1 – Consultation and Diagnosis

Questions 2 and 3

