

# Health Information System

Organisation: \_\_\_\_\_

## 3.0 Morbidity

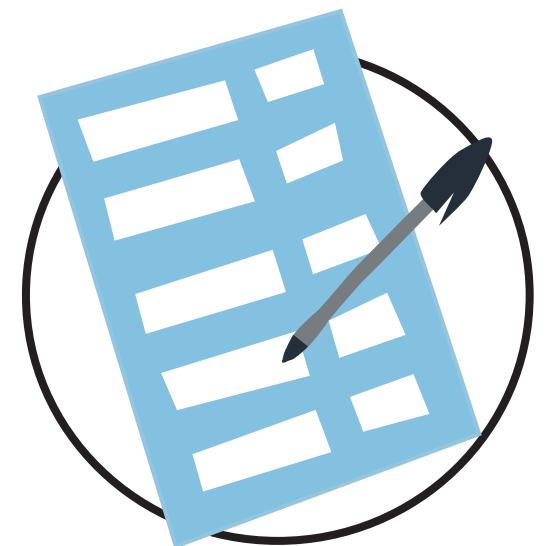
Location: \_\_\_\_\_

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### Out-Patient Department Tally Sheet

#### Note

Remove tally sheets from pad when finished and attach to corresponding weekly report.





# Health Information System

Location \_\_\_\_\_

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	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. Dental conditions	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		8. Intestinal Worms	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		9. * Watery diarrhoea	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		10. * Bloody diarrhoea	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		11. Tuberculosis	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. Chronic disease	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		20. Mental illness	00000	00000	00000	00000	00000	00000	00000	00000
00000	00000	00000	00000	00000	00000	00000	00000		21. *** Injuries	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

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						00000	00000	
Vaginal Discharge Syndrome (VDS)					00000	00000	00000		00000	00000	
Genital Ulcer Disease (GUS)	00000	00000	00000		00000	00000	00000		00000	00000	
Pelvic Inflammatory Disease (PID)					00000	00000	00000		00000	00000	
Ophthalmia Neonatorum	00000	00000	00000		00000	00000	00000				
Congenital Syphilis	00000	00000	00000		00000	00000	00000				
Others	00000	00000	00000		00000	00000	00000		00000	00000	

**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