

Health Information System

Organisation: _____

3.0 Morbidity

Location: _____

Reporting pad



Health Information System

Reporting Form

Organisation: _____

Location: _____

3.0 Morbidity

Reporting period: _____

3.1 Consultation

	Refugee		National	
	M	F	M	F
New Visits				
Revisits				

Number of full-time trained clinicians [§]	
Number of full days OPD functioning	

[§] enter average number holding OPD consultations on each day of the reporting period

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										
4. LRTI										
5. Skin disease										
6. Eye disease										
7. Dental conditions										
8. Intestinal worms										
9. * Watery diarrhoea										
10. * Bloody diarrhoea										
11. Tuberculosis										
12. * AFP / Polio										
13. * Measles										
14. * Meningitis										
15. HIV/AIDS										
16. ** STI (non-HIV/AIDS)										
17. Acute malnutrition										
18. Anaemia										
19. Chronic disease										
20. Mental illness										
21. *** Injuries										
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 / ≥ 18 age group; and treatment of contacts in STI table (see reverse)

*** Includes SGBV. Ensure incident report form has been completed each case

3.3 Outbreak Alert and Response

Number of outbreaks reported	
Number of reported outbreaks investigated within 48 hours	

3.4 Sexually Transmitted Infection (STI)

	Refugee				Contacts Treated	National				Contacts Treated
	< 18		≥ 18			< 18		≥ 18		
	M	F	M	F		M	F	M	F	
Urethral Discharge Syndrome (UDS)		■		■			■		■	
Vaginal Discharge Syndrome (VDS)	■		■			■		■		
Genital Ulcer Disease (GUD)										
Pelvic Inflammatory Disease (PID)	■		■			■		■		
Ophthalmia Neonatorum			■	■	■			■	■	■
Congenital syphilis			■	■	■			■	■	■
Others										
Total										

Weekly Alert Thresholds for each Health Facility:

Malaria	1.5 times the baseline *
Watery Diarrhoea	1.5 times the baseline *
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 *

If weekly thresholds are exceeded:

1. Report to Health Coordinator
2. Complete Outbreak Alert Form

* Baseline = average weekly number of cases of the disease calculated over the past 3 weeks.

Also present weekly data in a graph (see below). This should include the most commonly reported diseases and those with outbreak potential.

