

## 3.0 Morbidity

### Outbreak Alert Forms





# Health Information System

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

## 3.0 Outbreak Alert Form

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

Name of Reporting Officer \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Suspected Disease / Syndrome (Tick ONE box only)	Symptoms and Signs (You can tick several boxes)
<ul style="list-style-type: none"><li><input type="checkbox"/> Malaria</li><li><input type="checkbox"/> Watery diarrhoea</li><li><input type="checkbox"/> Cholera</li><li><input type="checkbox"/> Bloody diarrhoea</li><li><input type="checkbox"/> Polio (Acute Flaccid Paralysis)</li><li><input type="checkbox"/> Measles</li><li><input type="checkbox"/> Meningitis</li><li><input type="checkbox"/> Fever of Unknown Origin</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Watery or loose stool</li><li><input type="checkbox"/> Visible blood in stool</li><li><input type="checkbox"/> Acute paralysis or weakness</li><li><input type="checkbox"/> Fever</li><li><input type="checkbox"/> Rash</li><li><input type="checkbox"/> Cough</li><li><input type="checkbox"/> Vomiting</li><li><input type="checkbox"/> Neck stiffness</li><li><input type="checkbox"/> Other (describe below)</li></ul>

Total number of cases reported  
(refer to weekly thresholds):

**Other signs and symptoms:**

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**Also complete a line listing of all suspected cases (see table on reverse)**

**Line listing (continue on separate sheet if needed)**

Serial No.	Age	Sex (M / F)	Address	Date of onset	Lab. specimen taken (Y / N)	Treatment given	Outcome (I / R / D)*	Final Classification (S / C)**

\* Outcome:  
I = currently ill  
R = recovering or recovered  
D = died

\*\* Final Classification:  
S = suspected case with clinical diagnosis  
C = confirmed case with laboratory diagnosis