2013 CBHI Form No. 2-A Monthly

MONTHLY REPORT ON INSTITUTIONAL CASES AND DEATHS IN THE STATE / UT DUE TO COMMUNICABLE DISEASES NOT COVERED UNDER ANY NATONAL HEALTH PROGRAMME

NAME OF THE STATE / UT

REPORTING MONTH & YEAR

Total No. of Health/Medical Care Institutions in the State/UTS

No. of Health/Medical Care Institutions Reported During the Month

SI. No	Name of Disease as per standard definition of	ICD – 10 Code	Patients Reported/Treated During the Month Total Dea										Deaths	hs	
	case		Out- Patient (OPD) Cases		In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		Reported Direct ALLI		Total Cases PD D GHTHO L.			During the Reporting Month			
		40							HARGED						
1	2	3	M 4	5 5	M 6	F 7	M 8)F	M 10	F 11	Total 12	M 13	F 14	Total 15	
1	Cholera(Lab. confirmed)	A00	7				0	-	(4+8)	(5+9)	(10+11)		1 1	13	
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09					19	10			29	0	0	0	
3	Diphtheria	A36					100	111				A STREET	0	0	
4	Tetanus other than Neonatal	A35					0				02	0			
5	Neonatal Tetanus	A33					0	0			0	0	23	0	
6	Whooping Cough	A37						2							
7	Measles	B05		7			9	Cr			16.5	,			
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06, J10-11, J20-22					<u>2</u>	2			04	0	0	0	
9	Pneumonia	J12-18					-1	-						De la	
10	Enteric Fever	A01					Charles .					0	0	0	
11	Viral Hepatitis - A	B15.9					-/_	5		T. K	12	0.	0	0	
12	Viral Hepatitis - B	B16.9					-4-	1			02	0	0	0	
13	Viral Hepatitis - C,D, E	B17.8					1 7	9	5 7 10 1		13	2	52	9	
14	Moningagasasal Maria	A39.0		1211			10	7			19	6	6	19	
15	Dobing tht	A82								Section 1					
16	Cambilla.	A50-A53													
17	Consessed lefe 1	A54													
18	Chiefean Day	B01								ALCOHOL:					
THE RESIDENCE OF SHIP AND ADDRESS OF SHIP AND	Encephalitis	G04.9									H. 191				
C-1000 C 0000 C 1000	Viral Maningitio	G03.9					3	9:	Tues II						
CONTRACTOR FOR	Others(Specify):-	20010					0	2			05	0	0	0	
21.1															
21.2			50 may 2												
	TOTAL							4.7							
1	/ - Male, F - Female, T - Total			680-		north and									

M - Male, F - Female, T - Total

NOTES:

All the health/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/ Health Institutions, whenever reported / recorded

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

Only confirmed cases of Rabies i.e. Hydrophobia, should be included and not the simple dog-bite/animal bite cases 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/GOI.

This Monthly Report should be communicated Online http://www.cbhidghs.nic.in/ to CBHI positively by 20th of the succeeding month. In case it is not at all possible for Online data transmission, then send through e-mail-dircbhi@nic.in OR Fax 011 –23061529/ 23063175 to CBHI by 20th

Medical Precord Officer, MRS.
Lon Hajah Hospital, New Dell

Signature	Sil
Name & Designation	
Address with Tel/Fax & E-Mail	L.N.H.

mortality kmorbidity report of Aug. 2018.

	ATALY DEPORT ON A							New	2012 CBHI F	orm No.	03-/	
ال	THLY REPORT ON CASES A	ND DEATHS	DUE.	TO NOI	A-COMM	UNICABI	E DIS	EASES IN TH	Mon IE STATE / II	thly		
Nar	ne of the State/UT:										0 10	
Tota	No. of Govt. Secondary, Tertia	rv & Super Si	pecialit	v Medic	201			g Month & Yea	1000	UGUSTE	2018	
		y a capor of	occiam	y weur	Jal			No. of Medica Reported Duri	I Care Instituting the Month:	ions		
SI. No.	Nature/ Group of Non Communicable Diseases	ICD-10	New*	Patien	ts Report	od/Troots		ng the Month				
10.	Communicable Diseases	Code	Out-F	Patient			IPD C		Cases		al Deaths	
			(OPD) Cases		In-Patient(IPD) Cases Referred Amongst Out-		Repor	ted /	Cases	Rei	Ouring the Reporting Mont	
							Direct	HELLIPD.	DEATTHS,	2.		
					Patients	(OPD)	J) ISCHAR	GED	0 4		
1	2		<u>M</u>	F 4	M 5	F.	M	FM	FTO	otal N	I F IT	
1	Cardio Vascular Diseases		5.	1 "	5	6	7	8 9 (3+7)	10	11 12	THE RESERVE OF THE PARTY OF THE	
1.1	Hypertension	I 10-15					100		(410) (94	-10)		
1.2	Ischemic Heart Diseases	1 20-25			garling of		68	83		51 9,	7971	
2	Neurological Disorders	1 20-23					37	0.9		15 9	1 70	
2.1	Cerebro Vascular Accident	1 60-69								1.75		
	Tabada Youdent	F 00-03,					2	.	J. L.	73 0	7 /	
2.2	Other Neurological Disorders **	G 20-22, G 40-41,	N.				0	Lessay .		. 4		
3	Diabetes Mellitus	G 98-99					0	1.		59	13/1	
3.1	Type 1	E 10				1.					1010	
3.2	Type 2	E 11					2		C.	5310) m. me	
4	Lungs Disease						89	74		63 7	99 5	
4.1	Bronchitis	J 40									1202 50	
1.2	.Emphysemas	J 43						3	0	4 6		
1.3	Asthma	J 45						0	0	-	Ton ton	
5	Psychiatric Disorder	0 43					3		0		000	
5.1	Common Mental Disorders	F10-19				1,750					1010	
.2	Severe Mental Disorders	F 99			u -							
15.60	Accidental Injuries	S 00-99,										
SCHOOL STATE	Cancer	T 00-14					910	9	0	90	00 0	
STATE OF THE	Snake Bite	C00-D48				è	59 6	51	1.9	The state of the s	00	
	Renal Failure	T 63					1	6	100		1 3	
	Acute Renal Failure	N 17									01	
	Chronic Renal Failure	N 17										
0 C	besity	E 66.9										
1 R	oad Traffic Accidents	V 01-89				profit.	A 11	r-				
- 1	OTAL	THE REPORT OF THE				q		3	10	426	3 90	
Jow	M - Male, F - Female,	T - Total			** - Other	Neurologia	cal disor	ders like Epilep				
cond	Registrations are to be cons	idered as No	ew Pa	tients.		j		dors like Epilep	sy, Parkisons D	iseases, De	mentia.	
tiary	Medical / Health Care Institute	stitutions: Ta	lluka /	CHC/C	istrict Ho	ospitals				1		
jiona	Il/State Level including attach	hod to Mad:	ality of	Super	Special	ity Hosp	itals at					
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nth.	onthly Report should be con In case it is not at all post 061529/	sible for O	d Onli	ine ww	w.cbhic	lghs.nic	in to	CBHI posi	ively by 20t	h of the		
-23	In case it is not at all poss 061529/ '5 to CBHI by 20 th of succe		mne (uata tr	ansmiss	sion, the	en sen	d through	e-mail- direl	bhi@nic i	n OP E-	
001/	o to CBHI by 20th of succe	eding mon	th no	oisi I								

The Director, Central Bureau of Health Intelligence (CBHI),

Dte.GHS/GOI, Room No. 401 - A Wing, Nirman Bhavan, New Delhi – 110108.

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Signature Name & Designation Address with telephone / e-mail

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