2013 CDULE	
2013 CBHI Form No.	2-A

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		Delli							21/VIAIIAII	-						
	REPORTING MONTH & YEAR	De	Dec.			2020											
	Total No. of Health/Medical Care Institutions in the State/UT ^s				No. of H During (lealth/	Medical onth	nstitution	ed								
SI. No	Name of Disease as per standard definition of case	ICD – 10 Code	Patients R Out- Patient (OPD) Cases		In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		Direct		Month Total Cases M F Total			Total Deaths During the Reporting Month M F Total					
1	2	3	4	5	6	7	8	9	10 (4+8)	11 (5+9)	12 (10+11)	13	14	Total 15			
1 2	Cholera(Lab. confirmed) Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A00 A09	,						(4+6)	(5+9)	(10+11)						
3	Diphtheria	A36	+									+		+			
4	Tetanus other than Neonatal	A35	+											+			
5	Neonatal Tetanus	A33										+		+			
6	Whooping Cough	A37															
7	Measles	B05															
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06 , J10-11, J20-22															
9	Pneumonia	J12-18										q	2	- 11			
10	Enteric Fever	A01									1		\perp				
11	Viral Hepatitis - A	B15.9		<u> </u>			a to the		et for								
12	Viral Hepatitis - B	B16.9															
13	Viral Hepatitis - C,D, E	B17.8															
14	Meningococcal Meningitis	A39.0															
15	Rabies ***	A82															
16	Syphilis	A50-A53	-														
17	Gonococcal Infection	A 54															
18	Chicken Pox	B01															
19	Encephalitis	G04.9															
20	Viral Meningitis	G03.9															
21	Others(Specify) :-																
21.1																	
21.2																	

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

should also be included in this report.

Acute diarrhoeal disease should include all Gastro Enteritis Cases i.e. cases with three or more loose watery motions in a day, irrespective of aetiology / causation, except Cholera to be reported separately.

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/ 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 of succeeding month only by Dte.HS HQ.

Signature	
Name & Designation	WOLLCWED) INNH
Address with Tel/Fax & E-Mail	

mertaling	
The state of the s	
	-

2013 CBHI Form No.

Monthly

MONTHLY REPORT ON CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES IN THE STATE / UT

	Nar	ne of the State/UT:		Dell	\sim			Re _l	porting	Month	& Yea	r:	100	e	Le	,
1	Γota nstit	I No. of Govt. Secondary, Ten cutions in the State/UT:	tiary & Sı	uper Speciality	Medica	al Care			Îr		fedical ons Rep th:		During			
Г	S.	Nature/ Group of Non	ICD 1	O Codo		New* Patients Reported/Treated During the Month									al Deat	hs
	No Communicable Diseases		ICD-10 Code									tal Cas		Du	e	
	NO	Communicable Diseases				atient		ient(IPD)	IPD C		10	iai Cas	es	Repor	rting M	ionth
			1		OF	PD)		Referred						•		
					Cas	ses	Amon	gst Out-	Dire	ect						
							Patien	ts(OPD)								
					М	F	М	F	М	F	M	F	Total	M	F	Total
	1	2			3	4	5	6	7	8	9 (3+7)	10 (4+8)	(9+10)	12	13	14
1		Cardio Vascular Diseases									\/					
F	_	Rheumatic Fever	100 – 1	02				, , , , , , , , , , , , , , , , , , ,								
-		Hypertension	110 - I											39	12	5
-	_	Ischemic Heart Diseases	120 - I													
_	$\overline{}$	Congenital Heart Disease	Q20 -													
1.	\rightarrow	Other Cardio Vascular		9,126-152,170-					7							
- '		Diseases	199	5,120 102,110												
2	-	Neurological Disorders			, ,	,										
2.		Cerebro Vascular Accident	160-169	9												
2.2		Chronic Neurological Disorder				-										
2.3	_	ther Neurological Disorders	F 00-03													
0	**	The rectionogical Disorders	G 00-G													
3	Di	abetes Mellitus										-				
3.1	T	/pe 1	E 10											9	3	12
3.2		pe 2	E 11											111	5	16
4	Lui	ngs Disease	1													
1.1	Bro	onchitis	J 40													
.2	Em	physemas	J 43											-	Mis 1	
		hma	J 45			.00				1					A	
		chiatric Disorder	,									1				
5.1	_	mmon Mental Disorders	F10-F19	9												
5.2	_	vere Mental Disorders	F 99										1			
	_	cidental Injuries		9,T00-T14									+			
, 7		ncer (Malignant & Benign)	500-03	3,100-114		-+							+			
		vix Cancer	C53, D2	oc -	-	-+							+-	-	-	
	_	_,				-+					,		+	-		
-		ast Cancer	C50 & E			-						-	+			
		ng Cancer	C34, D1	4.3										_		
	and	l Cancer (Lip, Oral Cavity I Pharynx)	C00 - C	14, D10												
	Oth to 7	er Cancers(excluding 7.1 4)	C00-D48	3												
	Sna	ke Bite	T 63.0													
		al Failure												•		
_			V 17										1	T		
			V 18										+			
			E 66										+	+		
_			/01-V89		_								+	+		
_	OT		01 403		\dashv	-+							+	ra	20	79
		- Female, T - Total					* - Othe	r Neurolog	ical die	ordere	like Eni	lenev I	Parking	n'e Dia	1 2000	
		gistrations are to be consider	arad as l	New Patients			J.1161	·······································	, uis	514513	c Lbi	opay, i	aikiiis	/11 3 DIS	-ca565	
		ly Report should be commun			idaba -	nio in A	CPUI -		hu ooth	-6 4h -	•••	- dle		I		
ssihl	niui) e foi	iy Report snould be commun r Online data transmission, th	icated O	through e-mai	ila direb	hi@nic	IN OP I	JUSITIVEIY Fay 011 —	23064	971 TO	5UCC 0 347 <i>2</i>	eaing i	month.	In case) it is i	not at a
male		b. Dr. 110 110	Jenu	anough 6-ma	uncu	ATTION THE	OIX I	ax vii -	2000 I	120123	,00110	IO CD	ni by 20	UT S	1CC66	aing

onth only by Dte.HS HQ.

Name & Designation wereen(2) Address with telephone No. / e-mail