morbidity & mortality report

								ľ	New 201		II Form Nonthly	0.	03	-A
	_Y REPORT ON CASES AND	DEATHS	DUE TO	NON	-commu	NICABL	E DISE	ASES	IN THE S	STATE	UT			
.1e	of the State/UT:						porting			[	JAN	120	2/9	
otal N Care II	loof Govt. Secondary, Tertiary nstitutions in the State/UT:	& Super Sp	eciality	Medic	al				ledical C d During					
SI.	Nature/ Group of Non	ICD-10	1,000						The Property					
No.	Communicable Diseases	Code	New* Patients Reported/Treated During										Deaths	
			Cases Ca Pa		In-Patient(IPD)		IPD Cases Reported		Total Cases			During the Reporting Month		
						Cases Referred Amongst Out-		ALL	LIPPDEATH &			3		
					Patients	(OPD)	DICCH		TARGED -					
					MIF		101.	3011	F M F		T-4-1	5.6		
1	2		3	4	5	6	7	8	9	10	Total	12	F 13	Total
1	Cardio Vascular Diseases								(3+7)	(4+8)	(9+10)			
1.1	Hypertension	I 10-15					88	CI C			1102	11/2	120	TOT
1.2	Ischemic Heart Diseases	1 20-25					31	1			100	10	20	01
2	Neurological Disorders	1. 23.23					1.31		in the		1.35	116		11/
		1 60-69					10	9		122	TIM	11	11	10
2.1	Cerebro Vascular Accident	F 00-03,					0	4			10	1		.2
		G 20-22, G 40-41,					0	1			- 2			
2.2	Other Neurological Disorders **	G 98-99					2	1.			05	0	0	0
3	Diabetes Mellitus .	J= 40			-					100				
3.1	Type 1	E 10									2	0		
3.2	Type 2	E 11					90	85			175	129	26	55
4	Lungs Disease													
4.1	Bronchitis	J 40			THE STATE		6	4			10	-	-	-
4.2	Emphysemas	J 43					1	1			(2)	-		
4.3	Asthma	J 45	10.00				4	8			15		-	-
5	Psychiatric Disorder						1000			Province of			Talle Salar	
5.1	Common Mental Disorders	F10-19				1 / 2								
5.2	Severe Mental Disorders	F 99				FAC T								
c		S 00-99,					16	1			91	11		2
6	Accidental Injuries	T 00-14 C00-D48					10	0			2	1	10	12
7	Cancer						54	68	1		127	2	2	14
8	Snake Bite	T 63												
9	Renal Failure	lu u=												
9.1	Acute Renal Failure	N 17												
10	Chronic Renal Failure  Obesity	N 18 E 66.9												
11	Road Traffic Accidents	V 01-89					75	10			OF	91	2	91
	TOTAL	0.01.00					103	10			80	XI	-	X ~
	M - Male, F - Femal	e, T - Total			** - 0	ther Neuro	ological d	isorders	s like Epile	psy, Par	kisons Dise	ases, D	)ementi	a.
Seco Tertia	ew Registrations are to be condary Medical / Health Care ary Medical / Health Care Insponal/State Level including at	Institutions titutions: S	: Taluk pecialit	ta /Ch	IC/Distric	ct Hospit eciality h	tals Iospital	s at						
mon 011 -	Monthly Report should be th. In case it is not at all p-23061529/	ossible fo	r Onli	ne da	ta trans	bhidgh missior	s.nic.in n, then	to C send	BHI po throug	sitively h e-ma	/ by 20 <sup>th</sup> iil- <u>dircb</u>	of the hi@ni	succ c.in (	eedin OR Fa

23063175 to CBHI by 20<sup>th</sup> of succeeding month, positively To:

The Director, Central Bureau of Health Intelligence (CBHI), Dte.GHS/GOI, Room No. 401 - A Wing, Nirman Bhavan, New Delhi – 110108.

Website/Online www.cbhidqhs.nic.in, E-Mail: dircbhi@nic.in Tel/ Fax: 91-011-23061529 / 23063175 Signature

Name & Designation

Address with telephone
/ e-mail

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

OI. 140	Name of Disease as per standard definition of case	ICD - 10	Patier	Patients Reported/Treated During the Month									D //	
	Case	Code	Out- Paties (OPD	nt	In-Pati (IPD) ( Referre	ent	IPD C	2000	Total Ca	ases	-1908		Deaths g the Ri	
		ģ.	Cases	3	Among Out-Pa (OPD)	ist itients	Dis	CHA	RGL	PP	436			
1	2	3	M 4	F 5	M 6	F 7	M 8	F 9	M 10	F	Total	М	F	Total
1	Cholera(Lab. confirmed)	4.20							(4+8)	11 (5+9)	12 (10+11)	13	14	15
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A00					0	0			0	0	Co	0
3	Diphtheria	A09					5	14			9	0	0	0
4	Tetanus other than Neonatal	A36					6	0			06	6	0	6
5	Neonatal Tetanus	A35 A33					0	0			0	0	0	0
6	Whooping Cough	A37		-										
7	Measles	B05						-						
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06 , J10-11, J20-22									02	0	0	0
9	Pneumonia	J12-18					97	102			A A		4	
10	Enteric Fever	A01	Page 1		70.00			18			41	2	4	6
11	Viral Hepatitis - A	B15.9					7	1			10	0	0	0
12	Viral Hepatitis - B	B16.9			En la la		12	6			02	0	0	0
13	Viral Hepatitis - C,D, E	B17.8					12	6			19	3	0	3
14 15	Meningococcal Meningitis Rabies ***	A39.0									- /	2		5
16	Combilli	A82												
17	0	A50-A53												
18	Ol: 1 D	A54						2						
19		B01					,							
20	Viral Maningitia	G04.9 G03.9												
21	Others(Specify):-	8,600					2	0			02	0	co	0
21.1														
21.2				A THE										
	TOTAL  M - Male, F - Female, T - Total													

## 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 <a href="http://www.cbhidghs.nic.in/">http://www.cbhidghs.nic.in/</a> to CBHI positively by 20<sup>th</sup> of the succeeding month. In case it is not at all possible for Online data transmission, then send through e-mail-<a href="mailto:dircbhi@nic.in/">dircbhi@nic.in/</a> OR Fax 011 –23061529/ 23063175 to CBHI by 20<sup>th</sup>

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