mortality & morbidity ref

New 201	2 CBHI Form No.	03-A
	Monthly	

1	1			INGRACO HOLE	INICABLE	DISEASES IN	THE STATE / U	4
-	DE ON CACE	SANDDEA	THS DUE IC	MOIA-COLAHAIC	Maioriman			

	PORT ON CASES AND	DEATTION				Re	porting M	onth 8	Year:	6	TUCY	20	18	
	/le State/UT:			0lic -			No.	of Me	edical Car	e Institu	utions			
l'e	o. of Sovt. Secondary, Tertiary 8 nstitutions in the State/UT:	Super Sp	eciality I	viedica			Rep	ported	During th	ne Mont	h:)	<u></u>		
1		1 100 40	To Make 18		Danarto	d/Troats	ed During	the Mo	onth			Total D		
اً اَنْ	Nature/ Group of Non	ICD-10 Code	New* F	atients			IPD Cas	es l	Total Case	es		Report	ina Mo	nth
No.	Communicable Diseases	Code	Out-Pa (OPD)	itlent	In-Patier	it(IPD)	Reporte	4	A	- 10 - 10 - 10	0	Kopon	iiig	
			Cases		Cases R Amongs	eterreu • Out-	Direct A	le	PPDE	THE				
			00000	Alfansk Francis	Patients	(OPD)	DISC	1-104	ROCEL)	-			1
				yes		F	MI	F	M	F	Total	M	(F	Total 14
			3	F 4	M 5	6	7	8	(3+7)	10 (4+8)	(9+10)	12	13	14
1	2						-		(3+1)	(4.0)	1		100	1 9 .
1	Cardio Vascular Diseases	1	el el	1	1		120	TE			1155	25	22	47
1.1	Hypertension	1 10-15	in letting to	M.			That	1.			20	5	3	8
1.2	Ischemic Heart Diseases	1 20-25					1191	0			100			
2	Neurological Disorders		BUNGA				191	1			1172	0	0	0
	Cerebro Vascular Accident	i 60-69					2	4.					1	9
2.1	Celebio Vasculai / Icolaeria	F 00-03, G 20-22,					gomet 2020	2			100	19		
-11	1	G 40-41,					5	2	1000		100			
2.2	Other Neurological Disorders **	G 98-99									105	- jugo	10	TER
3	Diabetes Mellitus	E 10		1 626			3	2			05	0	98	10
3.1	Type 1	E 11				The said	66	84			158	9 15	28	14 4
3.2		E 1		A December 1			1 5 71 7							
4	Lungs Disease	J 40	100				2	0			12	0	0	0
4.1	Bronchitis					1 3 7	19	0			0	0	0	0
4.2	Emphysemas	J 43						2			Ay"	10	0	0
4.3	3 Asthma	J 45					14							
5	Psychiatric Disorder				37.3					d in the same				
5.1		F10-19						160,000	ak mananan a			N. D. Miller		
5.2		F 99						10	The second second		1	1 1	0	
		S 00-99,					8	2	4		110	-	Dec 10 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
6	Accidental Injuries	T 00-14	48		4 1 1 2 3 1 M		55	61		,	116	3	2	5
7	Cancer													
8	Snake Bite	T 63												
9		10.47	9000									X.		
9.		N 17												
9.		E 66.9	972							in the second	-	8) (A		Of
1		V 01-8					96	12)		10	8 21	02	2.
1		V 01-6	,5								1: 5	200000	Demor	ntia
	TOTAL M. Male F. Fem.	ale T - Tota	al		** -	Other Ne	eurological	disorde	ers like Epi	lepsy, Pa	arkisons Di	seases,	Delitiel	IIIC.

* - New Registrations are to be considered as New Patients.

Secondary Medical / Health Care Institutions: Taluka /CHC/District Hospitals

Tertiary Medical / Health Care Institutions: Speciality & Super Speciality Hospitals at

Regional/State Level including attached to Medical Colleges. This Monthly Report should be communicated Online www.cbhidghs.nic.in to CBHI positively by 20th of the succeedi month. In case it is not at all possible for Online data transmission, then send through e-mail- dircbhi@nic.in OR I 011 -23061529/

23063175 to CBHI by 20th of succeeding month, positively.

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

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

Website/Online www.cbhidghs.nic.in, E-Mail: dircbhi@nic.in

Tel/ Fax: 91-011-23061529 / 23063175

Signature Name & Designation Address with telephone / e-mail

mortality & morbidity report of July 2018.

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

7	NAME OF THE STATE / UT													
	REPORTING MONTH & YEAR	DU	4		120	118								
	Total No. of Health/Medical Care Institutions in the State/UT ^s				No. of During	Health the M	n/Medica Ionth	al Care	Institutio	ns Repo	orted			
SI. No	Name of Disease as per standard definition of case	ICD – 10 Code	Patients Ro Out- Patient (OPD) Cases		Reported/Treate In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		ted During the IPD Cases Reported Direct ALL s DLS CH					Total Deaths During the Reporti Month		
-			М	F	M	F	M	F	M	F	Total	M	F	Total
1	2	3	4	5	6	7	8	9	· 10 (4+8)	11	12	13	14	15
1	Cholera(Lab. confirmed)	A00	130.3				01	02	(4+0)	(5+9)	(10+11)	SOMEWAY HELD	-	
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09					19	13			39	0	0	0
3	Diphtheria	A36	Pi					0	100		01	0	0	0
4	Tetanus other than Neonatal	A35	Tel.				33	(9)			00	gr	77	3
5	Neonatal Tetanus	A33									05	SCHOOL STATE OF THE STATE OF TH		0
6	Whooping Cough	A37	15.4											
7	Measles	B05			3675		3	1			04	0	0	6
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06, J10-11, J20-22						Ą			09		O	
9	Pneumonia	J12-18					0	8			12	0	2.	5
10	Enteric Fever	A01	1 - 176				TA	5			12	0	0	3
11	Viral Hepatitis - A	B15.9					2	j			2	0	0	0
12	Viral Hepatitis - B	B16.9					10	6			17	5	2	1
13	Viral Hepatitis - C,D, E	B17.8					4	Can			09	7	3	8
14	Meningococcal Meningitis	A39.0									09		×)
15	Rabies ***	A82												
16	Syphilis	A50-A53				LEGIS.								
17	Gonococcal Infection	A54												
18	Chicken Pox	B01										D New S		
19	Encephalitis	COAO												

M - Male, F - Female, T - Total

Viral Meningitis

TOTAL

Others(Specify):-

NOTES:

21

21.1

\$ 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

G03.9

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.

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Medical Record Officer, MRD

Signature	Çv>	
Name & Designation		
Address with el/Fax & E-Mail	L.N. H	