

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

Name of the State/UT:

DELHI

Reporting Month &amp; Year:

FEB 2019

Total No. of Govt. Secondary, Tertiary &amp; Super Speciality Medical Care Institutions in the State/UT:

No. of Medical Care Institutions Reported During the Month:

Total No. of Govt. Secondary, Tertiary, and Specialized Care Institutions in the State/UT:														
Sl. No.	Nature/ Group of Non Communicable Diseases	ICD-10 Code	New* Patients Reported/Treated During the Month								Total Deaths During the Reporting Month			
			Out-Patient (OPD) Cases		In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)		IPD Cases Reported		Total Cases					
			M 3	F 4	M 5	F 6	M 7	F 8	M 9 (3+7)	F 10 (4+8)	Total 11 (9+10)	M 12	F 13	Total 14
1	2													
1	Cardio Vascular Diseases						94	107			201	36	45	81
1.1	Hypertension	I 10-15					27	10			37	10	9	14
1.2	Ischemic Heart Diseases	I 20-25												
2	Neurological Disorders						6	4			10	2	1	3
2.1	Cerebro Vascular Accident	I 60-69												
2.2	Other Neurological Disorders **	F 00-03, G 20-22, G 40-41, G 98-99					2	2			04	0	2	2
3	Diabetes Mellitus						3	2			05	1	1	2
3.1	Type 1 ,	E 10					77	98			175	24	33	57
3.2	Type 2	E 11												
4	Lungs Disease						4	3			07	0	0	0
4.1	Bronchitis	J 40					0	0			0	0	0	0
4.2	Emphysemas	J 43					7	6			13	1	1	2
4.3	Asthma	J 45												
5	Psychiatric Disorder													
5.1	Common Mental Disorders	F 10-19												
5.2	Severe Mental Disorders	F 99					17	2			19	03	0	03
6	Accidental Injuries	S 00-99, T 00-14					48	51			99	0	0	0
7	Cancer	C00-D48												
8	Snake Bite	T 63												
9	Renal Failure													
9.1	Acute Renal Failure	N 17												
9.2	Chronic Renal Failure	N 18												
10	Obesity	E 66.9					56	8			64	13	2	15
11	Road Traffic Accidents	V 01-89												
	TOTAL													

\*\* - Other Neurological disorders like Epilepsy, Parkisons Diseases, Dementia.

M - Male, F - Female, T - Total

\*\* - Other Neurological disorders like Epilepsy, Parkinsons Diseases, Dementia.

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

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

Tertiary Medical / Health Care Institutions: Speciality &amp; Super Speciality Hospitals at Regional/State Level including attached to Medical Colleges.

This Monthly Report should be communicated Online [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in) 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- [dircbhi@nic.in](mailto:dircbhi@nic.in) OR Fax 011 -23061529/

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.cbhidghs.nic.in](http://www.cbhidghs.nic.in), E-Mail: [dircbhi@nic.in](mailto:dircbhi@nic.in)  
Tel/ Fax: 91-011-23061529 / 23063175

Signature	
Name & Designation	
Address with telephone	L.N.H
/ e-mail	



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

NAME OF THE STATE / UT

DELHI

REPORTING MONTH &amp; YEAR

FEBRUARY 2019

Total No. of Health/Medical  
Care Institutions in the State/UT<sup>s</sup>No. of Health/Medical Care Institutions Reported  
During the Month

Sl. No.	Name of Disease as per standard definition of case	ICD - 10 Code	Patients Reported/Treated During the Month										Total Deaths During the Reporting Month		
			Out-Patient (OPD) Cases		In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		IPD Cases Reported Direct		Total Cases						
			M	F	M	F	M	F	M	F	M	F	Total	M	F
1	2	3	4	5	6	7	8	9	10 (4+8)	11 (5+9)	12 (10+11)	13	14	15	
1	Cholera(Lab. confirmed)	A00					0	0			0	0	0	0	
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09					5	5			10	0	0	0	
3	Diphtheria	A36					0	0			0	0	0	0	
4	Tetanus other than Neonatal	A35					1	0			01	1	0	1	
5	Neonatal Tetanus	A33													
6	Whooping Cough	A37													
7	Measles	B05					2	1			03	0	0	0	
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06 , J10-11, J20-22													
9	Pneumonia	J12-18					19	17			36	2	2	4	
10	Enteric Fever	A01					7	4			11	0	0	0	
11	Viral Hepatitis - A	B15.9					2	1			03	0	0	0	
12	Viral Hepatitis - B	B16.9					11	9			20	3	2	5	
13	Viral Hepatitis - C,D, E	B17.8					3	5			08	2	3	5	
14	Meningococcal Meningitis	A39.0													
15	Rabies ***	A82													
16	Syphilis	A50-A53													
17	Gonococcal Infection	A54													
18	Chicken Pox	B01													
19	Encephalitis	G04.9													
20	Viral Meningitis	G03.9					1	1			02	0	0	0	
21	Others(Specify) :-														
21.1															
21.2															
	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 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/> 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- [dircbhi@nic.in](mailto:dircbhi@nic.in) OR Fax 011 -23061529/ 23063175 to CBHI by 20<sup>th</sup> of succeeding month only by Dte.HS HQ.

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