

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 & YEAR

Nov.

2020

Total No. of Health/Medical
Care Institutions in the State/UT*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	Total	M	F	Total
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												
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09												
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										37	12	49
10	Enteric Fever	A01												
11	Viral Hepatitis - A	B15.9												
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	A54												
18	Chicken Pox	B01												
19	Encephalitis	G04.9												
20	Viral Meningitis	G03.9												
21	Others(Specify) :-													
21.1														
21.2														
	TOTAL											37	12	49

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 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 of succeeding month only by Dte.HS HQ.

Signature	
Name & Designation	mercelmrs), LNH
Address with Tel/Fax & E-Mail	

2013 CBHI Form No.

3-A

Monthly

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

Name of the State/UT:

Delhi

Reporting Month & Year:

Nov - 2020

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

No. of Medical Care Institutions Reported During the Month:

S. 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 Direct		Total Cases			M	F	Total
			M	F	M	F	M	F	M	F	Total			
1	2		3	4	5	6	7	8	9 (3+7)	10 (4+8)	11 (9+10)	12	13	14
1	Cardio Vascular Diseases													
1.1	Rheumatic Fever	I00 - I02										49	25	74
1.2	Hypertension	I10 - I15										3	0	3
1.3	Ischemic Heart Diseases	I20 - I25												
1.4	Congenital Heart Disease	Q20 - Q28												
1.5	Other Cardio Vascular Diseases	I05-I09,I26-I52,I70-I99												
2	Neurological Disorders													
2.1	Cerebro Vascular Accident	I60-I69												
2.2	Chronic Neurological Disorder	G90-G99												
2.3	Other Neurological Disorders**	F 00-03, G 00-G83												
3	Diabetes Mellitus											34	14	48
3.1	Type 1	E 10										47	24	71
3.2	Type 2	E 11												
4	Lungs Disease													
4.1	Bronchitis	J 40												
4.2	Emphysemas	J 43										2	0	2
4.3	Asthma	J 45												
5	Psychiatric Disorder													
5.1	Common Mental Disorders	F10-F19												
5.2	Severe Mental Disorders	F 99												
6	Accidental Injuries	S00-S99,T00-T14												
7	Cancer (Malignant & Benign)													
7.1	Cervix Cancer	C53, D26												
7.2	Breast Cancer	C50 & D24												
7.3	Lung Cancer	C34, D14.3												
7.4	Oral Cancer (Lip, Oral Cavity and Pharynx)	C00 - C14, D10												
7.5	Other Cancers(excluding 7.1 to 7.4)	C00-D48												
8	Snake Bite	T 63.0												
9	Renal Failure													
9.1	Acute Renal Failure	N 17												
9.2	Chronic Renal Failure	N 18												
10	Obesity	E 66												
11	Road Traffic Accidents	V01-V89												
	TOTAL											135	63	198

M - Male, F - Female, T - Total

** - Other Neurological disorders like Epilepsy, Parkinson's Diseases

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

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Signature

Name & Designation

MOICMRS JLNH

Address with telephone No. / e-mail