



GOVT. OF NCT OF DELHI
OFFICE OF THE MEDICAL DIRECTOR
LOK NAYAK HOSPITAL: NEW DELHI-110002
(MEDICAL RECORD DEPARTMENT)

No. F.7 (2 (3)/MRD/LNH/2020/ 9907

Dated: 18/2/2021

To,

The Programme Officer (SHIB),
Dte. Of Health Services,
F-17, Karkardooma, Shahdara,
Delhi-110032.

Sub:- Monthly Report showing death cases due to Communicable and Non-Communicable disease for the month of October, November and December-2020. (mortality report)

Sir,

I am forwarding herewith the monthly report of death cases due to communicable and non-communicable disease for the month of October, November and December 2020 for your information and necessary action.

(Dr.Arvind Mohan)
MOI/c(MRD)

No. F.7 (2 (3)/MRD/LNH/2020/

Dated:

Copy to :

1. MOI/c(IT) with request to upload LNH website (on Mortality menu)
2. Guard file.

(Dr.Arvind Mohan)
MOI/c(MRD)

**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

Oct.

2020

Total No. of Health/Medical
Care Institutions in the State/UT^sNo. 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	Total		
				M	F	M	F	M	F	M				F	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
									(4+8)	(5+9)	(10+11)				
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											14	10 24	
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												14	10 24	

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	MOIC(MPD) LNH
Address with Tel/Fax & E-Mail	

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

Name of the State/UT:

Delhi

Reporting Month & Year:

Oct - 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												
1.2	Hypertension	I10 - I15										21	15	36
1.3	Ischemic Heart Diseases	I20 - I25										1	0	1
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										1	0	1
2.2	Chronic Neurological Disorder	G90-G99												
2.3	Other Neurological Disorders **	F 00-03, G 00-G83												
3	Diabetes Mellitus													
3.1	Type 1	E 10										9	2	11
3.2	Type 2	E 11										17	11	28
4	Lungs Disease													
4.1	Bronchitis	J 40										0	1	1
4.2	Emphysemas	J 43												
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										0	1	1
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											49	30	79

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	Mou (Mk), LNH
Address with telephone No. / e-mail	