

Mortality & Morbidity report of oct-2018

New 2012 CBHI Form No.

03-

Monthly

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

Name of the State/UT:

Reporting Month & Year:

OCTOBER 2018

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

No. of Medical Care Institutions Reported During the Month:

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 * Direct		Total Cases				
			M	F	M	F	M	F	M	F	Total	M	F
1	2		3	4	5	6	7	8	9 (3+7)	10 (4+8)	11 (9+10)	12	13
1	Cardio Vascular Diseases												
1.1	Hypertension	I 10-15					65	86			151	22	34
1.2	Ischemic Heart Diseases	I 20-25					16	1			17	9	0
2	Neurological Disorders												
2.1	Cerebro Vascular Accident	I 60-69					2	1			03	0	0
2.2	Other Neurological Disorders **	F 00-03, G 20-22, G 40-41, G 98-99					5	4			09	0	1
3	Diabetes Mellitus												
3.1	Type 1	E 10											
3.2	Type 2	E 11					78	81			159	24	26
4	Lungs Disease												
4.1	Bronchitis	J 40					4	5			09	0	0
4.2	Emphysema	J 43					1	0			01	0	0
4.3	Asthma	J 45					5	4			09	0	0
5	Psychiatric Disorder												
5.1	Common Mental Disorders	F10-19											
5.2	Severe Mental Disorders	F 99											
6	Accidental Injuries	S 00-99, T 00-14					3	0			03	0	0
7	Cancer	C00-D48					59	68			127	1	1
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											
11	Road Traffic Accidents	V 01-89					76	17			93	22	8
	TOTAL												

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 & 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 succeeding month. In case it is not at all possible for Online data transmission, then send through e-mail- dircbhi@nic.in OF 011 -23061529/

23063175 to CBHI by 20th 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, E-Mail: dircbhi@nic.in

Tel/ Fax: 91-011-23061529 / 23063175

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

Medical Record Officer
Lax Nayak Hospital, New Delhi

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

REPORTING MONTH & YEAR

Total No. of Health/Medical Care Institutions in the State/UTs

No. of Health/Medical Care Institutions Reported During the Month

Total No. of Health Institutions Care Institutions in the State/UTs		Patients Reported/Treated During the Month										Total Deaths During the Reporting Month			
Sl. No.	Name of Disease as per standard definition of case	ICD - 10 Code	Out- Patient (OPD) Cases		In-Patient (IPD) Cases Referred Amongst Out-Patients (OPD)		IPD Cases Reported Direct		Total Cases		Total	M	F	Total	
			M	F	M	F	M	F	M	F					Total
			4	5	6	7	8	9	10 (4+8)	11 (5+9)	12 (10+11)	13	14	15	
1	2	3													
1	Cholera (Lab. confirmed)	A00					0	0			0	0	0	0	
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09					9	7			16	1	0	1	
3	Diphtheria	A36					23	16			39	18	12	30	
4	Tetanus other than Neonatal	A35					2	0			02	1	0	1	
5	Neonatal Tetanus	A33													
6	Whooping Cough	A37													
7	Measles	B05					2	2			04	1	0	1	
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06, J10-11, J20-22													
9	Pneumonia	J12-18					18	12			30	2	1	3	
10	Enteric Fever	A01					8	5			13	0	0	0	
11	Viral Hepatitis - A	B15.9					0	1			01	0	0	0	
12	Viral Hepatitis - B	B16.9					10	6			16	3	2	5	
13	Viral Hepatitis - C,D, E	B17.8					7	9			16	3	4	7	
14	Meningococcal Meningitis	A39.0													
15	Rabies ***	A82													
16	Syphilis	A50-A53													
17	Gonococcal Infection	A54													
18	Chicken Pox	B01													
19	Encephalitis	G04.9					2	1			03	0	0	0	
20	Viral Meningitis	G03.9													
21	Other (Specify) :-														
21.1															
21.2															
	TOTAL														

M - Male, F - Female, T - Total

NOTES:

- S 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 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 20 of succeeding month only by Dte.HS HQ.

Medical Record Officer, MRD
Lok Nayak Hospital, New Delhi

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