

# Mortality & Morbidity report Sept. 2018

New 2012 CBHI Form No.	03-A
Monthly	

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

Name of the State/UT:		Reporting Month & Year:	SEPT. 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:	

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		Total Cases						
			M	F	M	F	M	F	M	F	Total	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	Hypertension	I 10-15					76	93				169	23	36	59
1.2	Ischemic Heart Diseases	I 20-25					25	4				29	12	1	13
2	Neurological Disorders														
2.1	Cerebro Vascular Accident	I 60-69					3	2				05	0	0	0
2.2	Other Neurological Disorders **	F 00-03, G 20-22, G 40-41, G 98-99					4	4				08	0	1	1
3	Diabetes Mellitus														
3.1	Type 1	E 10					1	1				02	0	0	0
3.2	Type 2	E 11					82	90				172	28	29	57
4	Lungs Disease														
4.1	Bronchitis	J 40					3	3				06	1	0	1
4.2	Emphysemas	J 43					0	0				0	0	0	0
4.3	Asthma	J 45					3	5				08	0	1	1
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					4	0				04	2	0	2
7	Cancer	C00-D48					67	79				146	4	4	8
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													
	TOTAL						86	14				100	18	2	20

M - Male, F - Female, T - Total

\*\* - Other Neurological disorders like Epilepsy, Parkinson's Disease, etc.

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](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 / e-mail	L.N.H

Medical Record Officer, MRFD  
Lok 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/UT<sup>s</sup>

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

Care Institutions in the State/UT			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		Total Cases			M	F	Total		
			M	F	M	F	M	F	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					17	11			28	0	2	2		
2	Acute Diarrhoeal Diseases** (including Gastro Enteritis Etc.)	A09					7	2			09	5	2	7		
3	Diphtheria	A36					2	1			03	1	0	1		
4	Tetanus other than Neonatal	A35														
5	Neonatal Tetanus	A33														
6	Whooping Cough	A37					3	1			04	0	0	0		
7	Measles	B05														
8	Acute Respiratory Infection(ARI) (including Influenza and excluding Pneumonia)	J00-06, J10-11, J20-22					14	13			27	5	6	11		
9	Pneumonia	J12-18					10	6			16	0	0	0		
10	Enteric Fever	A01					2	1			03	0	0	0		
11	Viral Hepatitis - A	B15.9					3	5			13	2	1	3		
12	Viral Hepatitis - B	B16.9					7	5			12	3	4	7		
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					4	2			06	0	0	0		
20	Viral Meningitis	G03.9														
21	Others(Specify) :-															
21.1																
21.2																
	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	
Name & Designation	
Address with Tel/Fax & E-Mail	L.N.H.

Medical Record Officer, MRP  
Lok Nayak Hospital, New Delhi