

COMMUNICABLE DISEASE TOOLKIT

IRAQ CRISIS

4. HEALTH SURVEILLANCE FORMS

March 2003



WORLD HEALTH ORGANIZATION

1. WEEKLY MORBIDITY FORM

Governorate/Province: District/Area:

Town/Village/Settlement/Camp:

Health facility: Agency:

Reporting period: From Saturday/...../..... To Friday/...../.....

Population covered: Under 5 population:

Name of reporting officer:

DISEASE / SYNDROME	NEW CASES	
	Under 5 years	5 years and over
* Acute watery diarrhoea		
* Bloody diarrhoea		
* Measles		
* Meningitis - suspected		
* Acute haemorrhagic fever syndrome		
* Acute jaundice syndrome		
Upper respiratory tract infection		
Acute lower respiratory tract infection/pneumonia		
* Malaria		
* Acute flaccid paralysis (suspected poliomyelitis)		
Neonatal tetanus		
Fever of unknown origin		
* Other communicable diseases		
* Unknown disease occurring in a cluster		

Trauma/injury:		
Landmine / UXO injury		
War-related other than landmine/UXO		
Road traffic accident		
Other		
Severe malnutrition		
Mental health/stress-related problems		
Other non-communicable diseases		
TOTAL NUMBER OF CONSULTATIONS		

* Diseases with outbreak potential – report as soon as possible to your health co-ordinator using outbreak alert form. See alert thresholds in “guidelines for use of health surveillance forms”.

For use by data management office

Form received: / / Validated Entered Record number:

