WORLD HEALTH ORGANIZATION

Control of Neglected Tropical Diseases (HTM/NTD)

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ANNUAL REPORT FOR FASCIOLIASIS CONTROL ACTIVITIES

COUNTRY:		**REPORT PERIOD**
		from month_____/year_____ to month_____/year_____

REGION/STATE OR PROVINCE	**DISTRICT**	**SUB-DISTRICT**	**Number of individuals treated**		**Number of Egaten® 250 mg tablets distributed to**	
			CHILDREN	ADULTS	CHILDREN	ADULTS
	TOTALS:					

NOTE: This report must be returned with any official government request to WHO for the supply of Egaten® drugs for the following year. As part of its ongoing monitoring and evaluation activities, and to meet its contractual obligations to donors and other partners, WHO or its appointed agents reserve the right to periodically inspect Egaten® stocks at country level.

Remarks:

Please show quantities of any stocks of Egaten® 250mg blister packs within 3 months of their expiry date.

DISTRIBUTION:

1) National Programme Manager File, MoH

2) WHO Country Office

3) WHO HQ Direct Fax (+41) 22-791-4777

Signed: _____

National Programme Manager

Date: _____

Alternatively, an electronic version of this form can be emailed to fasciola@who.int if preferred.

SUBMISSION: By end of August each year, and with any request for further supply of Egaten® drugs