

Annex 2Gi: IDSR Weekly Reporting Form: HF

LGA LEVEL

ROUTINE WEEKLY NOTIFICATION FORM: IDSR 002

Reporting LGA State Total No. of Health Facilities (HF's) LGA Reporting Status (T / L / N)

Reporting Week Year HF's Reporting Timely HF's Reporting Late HF's Not Reporting

SN	DISEASE	Suspected cases							Lab confirmed cases							DEATHS										
		0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total	0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total	0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total	
1	Acute Viral Hepatitis																									
2	Diarrhoea with dehydration (< 5yrs)																									
3	Diarrhoea with blood (Shigella)																									
4	HIV/ AIDS (New cases)																									
5	Human African Trypanosomiasis (HAT)																									
6a	Malaria																									
6b	Malaria (severe)																									
6c	Malaria (Pregnant Women)																									
7	Non-neonatal Tetanus																									
8	New HIV/ AIDS cases																									
9	Schistosomiasis																									
10	Snake Bite																									
11	Soil transmitted helminths																									
12	Typhoid fever																									

Name of Reporting Officer _____

Signature _____

Date _____

