

Workbook for Rayon Centers of Public Health on Surveillance and Control of Vaccine Preventable Diseases in Georgia

October 2004

Prepared by:

A joint initiative of:

Ministry of Labor, Health and Social
Affairs of Georgia,
Department of Public Health,
Regional Public Health Centers

National Center for Disease Control,
Center for Medical Statistics and
Information

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Partners for Health Reform*plus*
Curatio International Foundation



Ministry of Labor, Health
and Social Affairs
National Center for Disease Control
and Medical Statistics



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- ▲ *Implementation of appropriate health system reform.*
- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

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Abstract

This workbook, which accompanies *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia*, is a four-in-one tool for data collection, analysis, planning of responses, and self-monitoring of performance. It helps rayon-level health workers establish the link between IDS information and response, as well as document their data analysis and utilization for management purposes. Its self-explanatory worksheets and tables assist the health workers to better record, analyze, and utilize infectious disease surveillance (IDS) data. The IDS data are recorded in a standardized format, typically on a quarterly basis. Analysis allows for the identification of IDS performance and operational problems and for formulating specific responses to the problems. A format is also present for documenting the implementation of suggested measures. The current edition of the workbook includes a number of revisions based on the results of Phase I of piloting in Imereti region in 2003; the second phase of the pilot test in Imereti, in 2004, will produce recommendations on how to improve the design and implementation of the tool, and on whether to scale up the intervention to other regions in Georgia.

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Acronyms

| | |
|----------------|--|
| AFP | Acute Flaccid Paralysis |
| CIF | Curatio International Foundation |
| CNS | Central Nervous System |
| CPH | Center of Public Health |
| CRS | Congenital Rubella Syndrome |
| DPT | Diphtheria, Pertussis and Tetanus Vaccine |
| DT | Diphtheria and Tetanus Toxoid Combination |
| NID | National Immunization Day |
| MoLHSA | Ministry of Labor, Health and Social Affairs |
| NCDC | National Center for Disease Control |
| OPV | Oral Poliomyelitis Vaccine |
| PAU | Polyclinic Ambulatory Unit |
| PCR | Polymerase Chain Reaction |
| PHRplus | Partnerships for Health Reform <i>plus</i> Project |
| SARS | Severe Acute Respiratory Syndrome |
| STD | Sexually Transmitted Disease |
| Td | Diphtheria and Tetanus Toxoid |
| TT | Tetanus Toxoid |
| VPD | Vaccine Preventable Disease |
| USAID | United States Agency for International Development |

Contributors

This *Workbook for Rayon Centers of Public Health on Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia* has been prepared by the Ministry of Labor, Health Social Affairs (MoLHSA) expanded Working Group headed by P. Imnadze, Director of the National Center for Disease Control, with technical assistance received from the United States Agency for International Development (USAID)/Partners for Health Reform *plus* project and Curatio International Foundation.

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Introduction

This workbook is a job aide accompanying the second edition of the *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia*.¹ It consists of self-explanatory worksheets and tables to assist rayon-level health workers at centers of public health (CPHs) to better record, analyze, and utilize IDS data. It provides a detailed template in which critical infectious disease surveillance (IDS) data are recorded in a standardized format, typically on a quarterly basis. It is recommended that the worksheets and tables within the job aide be completed for all critical epidemiological data on vaccine preventable diseases submitted to rayons. Additionally, the job aide embeds the basic analysis that allows for the identification of IDS performance and operational problems, such as flagging under-performing facilities, determining causes of low coverage, and specifying major reasons why cases occurred. Furthermore, the job aide provides a standardized format for formulating specific response to identified problems, such as measures to correct coverage, to improve accuracy and timeliness of reporting, or to improve surveillance. A format is also present for documenting the implementation of suggested measures. Thus the job aide is a four-in-one tool (data collection, analysis, planning of responses, and self-monitoring of performance) that helps health workers establish the link between IDS information and response, as well as document their data analysis and utilization for management purposes.

Following the second phase of piloting of the job aide within all 12 rayons of the Imereti region in 2004, recommendations will be provided on how to improve the design and implementation of the tool, and on whether to scale up the intervention to other regions in Georgia

¹ Ministry of Labor, Health and Social Affairs, and National Centers for Disease Control. July 2003. *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia*. Bethesda, MD: Partners for Health Reformplus.

Worksheets and Tables

POPULATION DEMOGRAPHIC DATA (to be filled out annually)

in _____ rayon/town _____ year

| Age groups | Year of birth | Subordinated facilities in the service area | | | | | | | | | | | | | | | TOTAL |
|---|---------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | | | | | | | | | |
| under 1 | | | | | | | | | | | | | | | | | |
| 1-4 | | | | | | | | | | | | | | | | | |
| 5-14 | | | | | | | | | | | | | | | | | |
| 15-19 | | | | | | | | | | | | | | | | | |
| 20-29 | | | | | | | | | | | | | | | | | |
| 30-59 | | | | | | | | | | | | | | | | | |
| 60 and older | | | | | | | | | | | | | | | | | |
| TOTAL in the rayon/town | | | | | | | | | | | | | | | | | |
| Data source (s) | | | | | | | | | | | | | | | | | |
| If concerned about data reliability, provide details here | | | | | | | | | | | | | | | | | |
| Specify what needs to be done to improve the accuracy of the above information | | 1 | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | |
| | | 3 | | | | | | | | | | | | | | | |

Monthly assessment of INFECTIOUS DISEASE MORBIDITY REPORTING TIMELINESS AND ACCURACY

in _____ rayon/town _____ year

| Subordinated facilities | TIMELINESS | | | | | | | | | | | | | | ACCURACY | | | | | | | | | | | | | | | |
|-------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----------|--|--|
| | Mark "X" if infectious disease morbidity reports have been submitted by the 1st day of the following month | | | | | | | | | | | | | | Mark "X" if the reports are complete, you have received clarifications (if needed) and not revealed inaccuracies during verification with your own records | | | | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | % reports | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | % reports | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1st quarter, 2004 DATA ANALYSIS AND USE

| | | | | |
|---|---|--|---|--|
| Measures to improve timeliness/accuracy: | 1 | | 3 | |
| | 2 | | 4 | |

II quarter, 2004 DATA ANALYSIS AND USE

| | | | | |
|--|-----|----|---------------|--|
| Did above measures work? | Yes | No | Why not _____ | |
| Additional measures to improve timeliness/accuracy: | 1 | | 3 | |
| | 2 | | 4 | |

III quarter, 2004 DATA ANALYSIS AND USE

| | | | | |
|--|-----|----|---------------|--|
| Did above measures work? | Yes | No | Why not _____ | |
| Additional measures to improve timeliness/accuracy: | 1 | | 3 | |
| | 2 | | 4 | |

IV quarter, 2004 DATA ANALYSIS AND USE

| | | | | |
|--|-----|----|---------------|--|
| Did above measures work? | Yes | No | Why not _____ | |
| Additional measures to improve timeliness/accuracy: | 1 | | 3 | |
| | 2 | | 4 | |

Possible measures include: verbal or written instructions to facility personnel, seminars for facility staff , following up with facility director, request for clarifications, etc.

Quarterly assessment of TIMELINESS of urgent case notifications in _____ rayon /town _____ year

| Facility | I quarter | | | | | | | | | II quarter | | | | | | | | | | |
|--|---|----------------------|-----|-------|---------------------------|-----|-----|-------|---|---|-----|----------------------|-------|---------------------------|-----|-----|-------|---|--|--|
| | Total cases requiring notification (based on 60a & 60b) | | | | Notified CPH within 24hrs | | | | % | Total cases requiring notification (based on 60a & 60b) | | | | Notified CPH within 24hrs | | | | % | | |
| | Jan | Feb | Mar | Total | Jan | Feb | Mar | Total | | Apr | May | Jun | Total | Apr | May | Jun | Total | | | |
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| Total | | | | | | | | | | | | | | | | | | | | |
| Specify what needs to be done to improve timeliness of urgent case notifications | 1 | | | | | | | | | | 1 | | | | | | | | | |
| | 2 | | | | | | | | | | 2 | | | | | | | | | |
| | 3 | | | | | | | | | | 3 | | | | | | | | | |
| Did above measures work? If not - specify additional measures. | | YES NO Why not _____ | | | | | | | | | | YES NO Why not _____ | | | | | | | | |
| | 1 | | | | | | | | | | 1 | | | | | | | | | |
| | 2 | | | | | | | | | | 2 | | | | | | | | | |

**Quarterly assessment of TIMELINESS of urgent case notifications in
in _____ rayon /town _____ year**

| Facility | III quarter | | | | | | | | | IV quarter | | | | | | | | | | |
|--|---|----------------------|-----|-------|---------------------------|-----|-----|-------|---|---|-----|----------------------|-------|---------------------------|-----|-----|-------|---|--|--|
| | Total cases requiring notification (based on 60a & 60b) | | | | Notified CPH within 24hrs | | | | % | Total cases requiring notification (based on 60a & 60b) | | | | Notified CPH within 24hrs | | | | % | | |
| | Jul | Aug | Sep | Total | Jul | Aug | Sep | Total | | Oct | Nov | Dec | Total | Oct | Nov | Dec | Total | | | |
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| Total | | | | | | | | | | | | | | | | | | | | |
| Specify what needs to be done to improve timeliness of urgent case notifications | 1 | | | | | | | | | | 1 | | | | | | | | | |
| | 2 | | | | | | | | | | 2 | | | | | | | | | |
| | 3 | | | | | | | | | | 3 | | | | | | | | | |
| Did above measures work? If not - specify additional measures. | | YES NO Why not _____ | | | | | | | | | | YES NO Why not _____ | | | | | | | | |
| | 1 | | | | | | | | | | 1 | | | | | | | | | |
| | 2 | | | | | | | | | | 2 | | | | | | | | | |

Quarterly self-assessment of VPD case/outbreak investigation rates

in _____ rayon/town _____ year

| Disease | Investigation threshold (clinical cases) | Investigation is timely if initiated within | I quarter | | | | | | | | | | II quarter | | | | | | | | | | | |
|--|--|---|--------------------------------|-----|-----|-------|------------------------------|-----|-----|-------|---|--------------------------------|------------|-----|-------|------------------------------|-----|-----|-------|---|--|--|---------------------|--|
| | | | No. of times threshold reached | | | | No. of timely investigations | | | | % | No. of times threshold reached | | | | No. of timely investigations | | | | % | | | | |
| | | | Jan | Feb | Mar | Total | Jan | Feb | Mar | Total | | Apr | May | Jun | Total | Apr | May | Jun | Total | | | | | |
| Diphtheria | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| AFP | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| Measles | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| CRS | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | 1 case | 3 business days | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | 1 case | 3 business days | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify what you can do to improve situation | | | 1 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | |
| | | | 2 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | |
| | | | 3 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | |

| Disease | Investigation threshold (clinical cases) | Investigation is timely if initiated within | III quarter | | | | | | | | | | IV quarter | | | | | | | | 2004 | | | | | | | |
|--|--|---|--------------------------------|-----|-----|-------|------------------------------|-----|-----|-------|---|--------------------------------|------------|-----|-------|------------------------------|-----|-----|-------|---|--------------------------------|------------------------------|---------------------|--|--|--|--|--|
| | | | No. of times threshold reached | | | | No. of timely investigations | | | | % | No. of times threshold reached | | | | No. of timely investigations | | | | % | No. of times threshold reached | No. of timely investigations | % | | | | | |
| | | | Jul | Aug | Sep | Total | Jul | Aug | Sep | Total | | Oct | Nov | Dec | Total | Oct | Nov | Dec | Total | | | | | | | | | |
| Diphtheria | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFP | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRS | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | 1 case | 3 business days | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | 1 case | 1 business day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | 1 case | 3 business days | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify what you can do to improve situation | | | 1 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | | | | | |
| | | | 2 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | | | | | |
| | | | 3 | | | | | | | | | | | | | | | | | | | | Did it work? YES-NO | | | | | |

Annual assessment of VPD and other priority infectious diseases morbidity and mortality trends in _____ rayon/town _____ year

| Disease | No. of cases and incidence per 100,000 population (for selected diseases) by year | | | | | | | | | | | | | | No. of deaths by year | | | | | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|------|--|--|--|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | | | | | | | | | | | | | | | | | |
| Population | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diphtheria | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital Rubella | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incidence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incidence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incidence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incidence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incidence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Infectious diseases causing the biggest concern in the rayon and the basis for the concern (e.g., sharp increase of cases, persistently high morbidity despite measures taken, etc.) | | | | | | | | | | | | | | | | <i>Provide details</i> (e.g. age, major contributing factors): | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases morbidity this year (subject to monthly reporting to Regional CPH)

in _____ rayon/town _____ year

| Disease | January | | | | | | | | February | | | | | | | | March | | | | | | | | | | | | | | | | | | |
|--|---------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | |
| Diphtheria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typhoid fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paratyphoid A, B, C fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other salmonellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shigellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other intestinal bact. infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of them Esherichiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yersiniosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foodborne Bacterial Intoxications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Botulism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amebiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified inf diarrheal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brucellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meningococcal Infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Resp. Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitalized cases of influenza-like illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatal cases of acute infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

- 1
- 2
- 3

| Disease | April | | | | | | | | | | May | | | | | | | | | | June | | | | | | | | | | | | | | | |
|--|-------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | |
| Diphtheria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typhoid fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paratyphoid A, B, C fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other salmonellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shigellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other intestinal bact. infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of them Esherichiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yersiniosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foodborne Bacterial Intoxications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Botulism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amebiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified inf diarrheal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brucellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meningococcal Infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Resp. Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitalized cases of influenza-like illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatal cases of acute infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

| Disease | July | | | | | | | | | | | August | | | | | | | | | | | September | | | | | | | | | | | | |
|--|------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|-----------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | |
| Diphtheria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typhoid fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paratyphoid A, B, C fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other salmonellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shigellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other intestinal bact. infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of them Esherichiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yersiniosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foodborne Bacterial Intoxications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Botulism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amebiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified inf diarrheal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brucellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meningococcal Infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Resp. Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitalized cases of influenza-like illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatal cases of acute infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

1 _____

2 _____

3 _____

| Disease | October | | | | | | | | | | November | | | | | | | | | | December | | | | | | | | | | | | | | | | |
|--|---------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | | |
| Diphtheria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rubella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Viral Hepatitis E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typhoid fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paratyphoid A, B, C fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other salmonellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shigellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other intestinal bact. infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of them Esherichiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yersiniosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foodborne Bacterial Intoxications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Botulism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amebiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified inf diarrheal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brucellosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meningococcal Infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Resp. Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitalized cases of influenza-like illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatal cases of acute infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

**Infectious diseases morbidity this year (subject to annual reporting to Regional CPH)
in _____ rayon/town _____ year**

| Disease | January | | | | | | | | | | February | | | | | | | | | | March | | | | | | | | | | | | | | | |
|--|---------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | |
| AFP/Acute poliomyelitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital rubella syndrom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neonatal tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tularemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anthrax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leptospirosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Listeriosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scarlet fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relapsing fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flea- borne typhus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lyme disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unconfirmed viral infections of CNS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthropod-transmitted viral hemorrhagic fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yeallow fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other viral hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cytomegalovirus infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious mononucleosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Echinococcosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichinosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascariasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichocephalosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enterobiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heamophilusinfluenza B pneumonia or meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intrahospital infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

1 _____

2 _____

3 _____

| Disease | April | | | | | | | | | | | | May | | | | | | | | | | | | June | | | | | | | | | | | |
|--|-------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | |
| AFP/Acute poliomyelitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital rubella syndrom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neonatal tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tularemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anthrax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leptospirosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Listeriosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scarlet fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relapsing fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flea- borne typhus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lyme disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unconfirmed viral infections of CNS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthropod-transmitted viral hemorrhagic fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yeallow fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other viral hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cytomegalovirus infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious mononucleosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Echinococcosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichinosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascariasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichocephalosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enterobiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heamophilusinfluenza B pneumonia or meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intrahospital infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

| Disease | July | | | | | | | | | | | | | August | | | | | | | | | | | | | September | | | | | | | | | | | | |
|--|------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|--------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----|-----|------|-------|-----------|-------|-----|-------|------------|---------------|-----------------|--|--|--|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | | | | |
| AFP/Acute poliomyelitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital rubella syndrom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neonatal tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tularemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anthrax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leptospirosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Listeriosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scarlet fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relapsing fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flea- borne typhus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lyme disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unconfirmed viral infections of CNS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthropod-transmitted viral hemorrhagic fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yellow fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other viral hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cytomegalovirus infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious mononucleosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Echinococcosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichinosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascariasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichocephalosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enterobiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heamophilusinfluenza B pneumonia or meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intrahospital infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious diseases causing the biggest concern in the rayon and possible reasons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Disease | October | | | | | | | | | | | November | | | | | | | | | | | December | | | | | | | | | | | | | | |
|--|---------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|----------|-----|------|-------|-------|-------|-----|-------|------------|---------------|-----------------|--|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | LAB TESTED | LAB CONFIRMED | TOTAL CONFIRMED | | | | |
| AFP/Acute poliomyelitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital rubella syndrom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neonatal tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tularemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anthrax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leptospirosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Listeriosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scarlet fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relapsing fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flea- borne typhus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lyme disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unconfirmed viral infections of CNS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthropod-transmitted viral hemorrhagic fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yellow fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other viral hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic viral hepatitis C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cytomegalovirus infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious mononucleosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Echinococcosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichinosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascariasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trichocephalosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enterobiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heamophilusinfluenza B pneumonia or meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intrahospital infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious diseases causing the biggest concern in the rayon and possible reasons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in _____ rayon/town __ year

| Facility | Age Group | | | | | | | TOTAL | LAB TESTED | | Age Group | | | | | | | TOTAL | LAB TESTED | | Age Group | | | | | | | TOTAL | LAB TESTED | | | | | | | | | |
|----------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|--|--|--|--|--|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Facility | Age Group | | | | | | | TOTAL | LAB TESTED | | Age Group | | | | | | | TOTAL | LAB TESTED | | Age Group | | | | | | | TOTAL | LAB TESTED | | | | | | | | | |
|----------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|-----------|-----|------|-------|-------|-------|-----|-------|----------------|---------------|--|--|--|--|--|--|--|--|
| | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | <1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | | No. LAB TESTED | LAB CONFIRMED | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEASLES prevention and control worksheet

in _____ rayon/town _____ year

| Subordinated Facilities | MMR-1 coverage at 24mo | | | | MMR-2 coverage at 5y11mo29d | | | | MEASLES CASES | | | | | | | | | | | | |
|-------------------------|------------------------|----|----|----|-----------------------------|----|----|----|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | TOTAL |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | |

| If coverage is low, specify main reasons: | If the number of cases this year > 10, analyze them by age and imm. status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|--|--|---|--|-------|--------|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Vaccine stockouts <input type="checkbox"/> Many contraindications <input type="checkbox"/> PAU worked poorly | <input type="checkbox"/> Many refusals Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify, what needs to be done to improve coverage: | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c8e6c9;"> <th style="width: 50%;"></th> <th>0-1</th><th>1-4</th><th>5-14</th><th>15-19</th><th>20-29</th><th>30-59</th><th>60+</th><th>TOTAL</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">1 dose</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td style="text-align: right;">2 or more doses</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td style="text-align: right;">Not immunized</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td style="text-align: right;">Unknown</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table> | | 0-1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | 1 dose | | | | | | | | | 2 or more doses | | | | | | | | | Not immunized | | | | | | | | | Unknown | | | | | | | | | TOTAL | | | | | | | | |
| | 0-1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 or more doses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not immunized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify, what needs to be done to improve coverage: | Major reasons why cases occurred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ... and possible actions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Low routine coverage</td> <td>See measures for improvement of coverage</td> </tr> <tr> <td><input type="checkbox"/> Failed to immunize contacts promptly</td> <td>Instruct health workers to report cases within 24hrs Investigate reported cases promptly and immunize contacts</td> </tr> <tr> <td><input type="checkbox"/> Immunizations did not protect</td> <td>Check/improve cold chain, correctness of vaccine administration Inform NCDC</td> </tr> <tr> <td><input type="checkbox"/> Migrated from other area</td> <td>Offer immunization to all migrants in your rayon</td> </tr> </table> | <input type="checkbox"/> Low routine coverage | See measures for improvement of coverage | <input type="checkbox"/> Failed to immunize contacts promptly | Instruct health workers to report cases within 24hrs Investigate reported cases promptly and immunize contacts | <input type="checkbox"/> Immunizations did not protect | Check/improve cold chain, correctness of vaccine administration Inform NCDC | <input type="checkbox"/> Migrated from other area | Offer immunization to all migrants in your rayon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Low routine coverage | | See measures for improvement of coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Failed to immunize contacts promptly | | Instruct health workers to report cases within 24hrs Investigate reported cases promptly and immunize contacts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Immunizations did not protect | | Check/improve cold chain, correctness of vaccine administration Inform NCDC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Migrated from other area | | Offer immunization to all migrants in your rayon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Here are example of actions you can take: | Specify what YOU will do about this: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify reasons for low coverage | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Done</td> </tr> <tr> <td>2</td> <td style="text-align: right;"><input type="checkbox"/> Done</td> </tr> <tr> <td>3</td> <td style="text-align: right;"><input type="checkbox"/> Done</td> </tr> </table> | 1 | <input type="checkbox"/> Done | 2 | <input type="checkbox"/> Done | 3 | <input type="checkbox"/> Done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | <input type="checkbox"/> Done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | <input type="checkbox"/> Done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | <input type="checkbox"/> Done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give instructions/feedback to pediatricians or facility heads | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform rayon administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Timely re-order vaccine to prevent stockouts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use mobile brigades to immunize children in remore areas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use specialist brigades to review justification of contraindications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disseminate leaflets about importance and safety of immunization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MUMPS and RUBELLA prevention and control worksheet
in _____ rayon/town _____ year

| Subordinated Facilities | MUMPS CASES | | | | | | | | | | | | | RUBELLA CASES | | | | | | | | | | | | | | |
|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | TOTAL | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | TOTAL | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| If the number of cases this year > 10, analyze them by age and imm. status | | | | | | | | | | | | | If the number of cases this year > 10, analyze them by age and imm. status | | | | | | | | | | | | | | |
|--|-----|-----|------|-------|-------|-------|-----|-------|-----------------|-----|-----|------|--|-------|-------|-----|-------|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | | | | | TOTAL | | | | | | | | | | | | | | TOTAL |
| 1 dose | 0-1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | 1 dose | 0-1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL | | | | | | | | | | |
| 2 or more doses | | | | | | | | | 2 or more doses | | | | | | | | | | | | | | | | | | |
| Not immunized | | | | | | | | | Not immunized | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | TOTAL | | | | | | | | | | | | | | | | | | |

| Major reasons why cases occurred | | ... and possible actions | | Major reasons why cases occurred | | ... and possible actions | |
|---|--|--|--|---|--|--|--|
| <input type="checkbox"/> Low routine coverage | | See measures for improvement of coverage | | <input type="checkbox"/> Low routine coverage | | See measures for improvement of coverage | |
| <input type="checkbox"/> Failed to immunize contacts promptly | | Instruct health workers to report cases within 24hrs Investigate cases promptly & immunize contacts | | <input type="checkbox"/> Failed to immunize contacts promptly | | Instruct health workers to report cases within 24hrs Investigate cases promptly & immunize contacts | |
| <input type="checkbox"/> Immunizations did not protect | | Check cold chain, correctness of vaccine administration Inform NCDC | | <input type="checkbox"/> Immunizations did not protect | | Check cold chain, correctness of vaccine administration Inform NCDC | |
| <input type="checkbox"/> Migrated from other area | | Offer immunization to all migrants in your rayon | | <input type="checkbox"/> Migrated from other area | | Offer immunization to all migrants in your rayon | |

| Specify what YOU will do about this: | | Specify what YOU will do about this: | |
|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| 1 | <input type="checkbox"/> Done | 1 | <input type="checkbox"/> Done |
| 2 | <input type="checkbox"/> Done | 2 | <input type="checkbox"/> Done |
| 3 | <input type="checkbox"/> Done | 3 | <input type="checkbox"/> Done |

HEPATITIS B prevention and control worksheet

in _____ rayon/town _____ year

| Subordinated Facilities | Hepatitis B3 coverage at 12mo | | | | HEPATITIS B CASES | | | | | | | | | | | | | |
|-------------------------|-------------------------------|----|----|----|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|--|
| | Q1 | Q2 | Q3 | Q4 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | TOTAL | |
| | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | |

| If coverage is low, specify main reasons: | If the number of cases this year > 10, analyze them by age and imm. status | | | | | | | | | |
|---|---|--|-----|-----------------|------|-------|-------|-------|-----|-------------------------------|
| <input type="checkbox"/> Vaccine stockouts | <input type="checkbox"/> Many refusals | | 0-1 | 1-4 | 5-14 | 15-19 | 20-29 | 30-59 | 60+ | TOTAL |
| <input type="checkbox"/> Many contraindications | Other: _____ | | | | | | | | | |
| <input type="checkbox"/> PAU worked poorly | | | | 0-2 doses | | | | | | |
| | | | | 3 or more doses | | | | | | |
| | | | | Not immunized | | | | | | |
| | | | | Unknown | | | | | | |
| | | | | TOTAL | | | | | | |
| Major reasons why cases occurred | | | | | | | | | | |
| 1 | <input type="checkbox"/> Failed to get immunization or postexposure prophylaxis _____ | | | | | | | | | |
| 2 | <input type="checkbox"/> Violation of aseptic standards by _____ | | | | | | | | | |
| 3 | <input type="checkbox"/> Violation of sterilization procedures by _____ | | | | | | | | | |
| 4 | <input type="checkbox"/> Violation of waste disposal stanards by _____ | | | | | | | | | |
| 5 | <input type="checkbox"/> Use of infected blood productes by _____ | | | | | | | | | |
| Here are example of actions you can take: | | <input type="checkbox"/> Other (specify) _____ | | | | | | | | |
| Identify reasons for low coverage | | | | | | | | | | |
| Give instructions/feedback to pediatricians or facility heads | | | | | | | | | | |
| Inform rayon administration | | | | | | | | | | |
| Timely re-order vaccine to prevent stockouts | | | | | | | | | | |
| Specify what YOU will do about this: | | | | | | | | | | |
| Use mobile brigades to immunize children in remore areas | 1 | | | | | | | | | <input type="checkbox"/> Done |
| Use specialist brigades to review justification of contraindication | 2 | | | | | | | | | <input type="checkbox"/> Done |
| Disseminate leaflets about importance and safety of immunizatio | 3 | | | | | | | | | <input type="checkbox"/> Done |

POLIO prevention and control worksheet

in _____ rayon/town _____ year

| Subordinated Facilities | Polio-3 coverage at 12mo | | | | Polio-4 coverage at 24mo | | | | Polio-5 coverage at 5y | | | | If coverage is low, specify main reasons: | | | | | | | | |
|-------------------------|--------------------------|----|----|----|--------------------------|----|----|----|------------------------|----|----|----|--|---|---|--|------|--------|------|--|--|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | <input type="checkbox"/> Vaccine stockouts | | | <input type="checkbox"/> Many refusals | | | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> Many contraindications | | | Other: | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> PAU worked poorly | | | | | | |
| | | | | | | | | | | | | | | Specify, what needs to be done to improve coverage: | | | | | | | |
| | | | | | | | | | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | | 2 | | | | | | | |
| | | | | | | | | | | | | | | 3 | | | | | | | |
| | | | | | | | | | | | | | | 4 | | | | | | | |
| | | | | | | | | | | | | | | 5 | | | | | | | |
| | | | | | | | | | | | | | | AFP SURVEILLANCE | | | | | | | |
| | | | | | | | | | | | | | | Population under 15y in the rayon: | | | | | | | |
| | | | | | | | | | | | | | | No of AFP cases detected | | 2001 | 2002 | 2003 | 2004 | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | | | TOTAL | | | | | | | |

CONGENITAL RUBELLA prevention and control worksheet

in _____ rayon/town _____ year

| Implemented CRS surveillance measures (mark respective quarter) | Q1 | Q2 | Q3 | Q4 | Total number of clinical CRS cases this year |
|--|----|----|----|----|--|
| Follow up with all women infected with rubella during pregnancy | | | | | Notes: |
| Alert and retrain all rayon pediatricians, obstetricians, otolaryngologists, cardiologists, ophthalmologists | | | | | |
| Provide the above specialists with respective guidelines and forms | | | | | |
| Review hospital records for CRS-compatible defects | | | | | |
| Other measures (specify): | | | | | |
| Estimated proportion of pediatricians in your rayon that screen infants for CRS at DPT visits (target > 80%) | | | | | |

