

Immediate Disease Reporting Form

(To be filled by SFP)

Reporting Site: _____ Date of Reporting: _____

Disease ID	Diseases/syndromes	0-29 Days		1-11 Months		1-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-49 Years		50-64 Years		65+ Years		Unknown	
		Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death
100	Anthrax																						
101	Acute Flaccid Paralysis																						
102	Acute Haemorrhagic Fever Syndrome																						
103	Avian Influenza																						
104	Bacterial Meningitis																						
105	Cholera																						
106	Malaria																						
107	Measles & Rubella																						
108	Pertussis																						
109	Congenital Rubella Syndrome																						
110	Rabies (human)																						
111	Dengue Hemorrhagic Fever																						
112	Neonatal Tetanus																						
113	Diphtheria																						
114	Acute Encephalitis Syndrome																						

Reported by: _____ Dated Initial : _____