

WEEKLY EPIDEMIOLOGICAL REPORT ON CHOLERA(A00) / PLAGUE(A20) IN STATE/UT

NAME OF STATE / UT	
WEEKLY EPIDEMIOLOGICAL REPORT FOR THE WEEK ENDING (date)	
Week No.	YEAR

(A) WEEKLY REPORT ON CHOLERA (A00)

Sl. No.	Name of DISTRICT /CITY reported the case	NUMBER DURING THE REPORTING WEEK						CUMULATIVE TOTAL (Till this reporting Week)						Whether Area notified as Cholera infected (yes/no) if Yes Give details of Area	
		Cases			Deaths			Cases			Deaths				
		M	F	T	M	F	T	M	F	T	M	F	T		

M - Male; F - Female; T - Total

A.1 DELAYED AND/OR CORRECTED REPORT ON INCIDENCE OF CHOLERA (A00)

Sl. No.	Name of DISTRICT/CITY reported the case	Week No.	Week ending date	No. of Cases / Deaths						Whether Area notified as Cholera infected (yes/no) if Yes Give details of Area
				Cases			Deaths			
				M	F	T	M	F	T	

ICD 10 codes in Parenthesis

Note : This weekly report for the week "Sunday through Saturday (7 days)" should be dispatched on the reporting week ending Saturday itself to CBHI, New Delhi through E-mail "dircbhi@nb.nic.in"

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(B) WEEKLY REPORT ON PLAGUE (A20)

Sl. No.	Name of DISTRICT /CITY reported the case	NUMBER DURING THE REPORTING WEEK						CUMULATIVE TOTAL (Till this reporting Week)						Whether Area notified as Cholera infected (yes/no) if Yes Give details of Area
		Cases			Deaths			Cases			Deaths			
		M	F	T	M	F	T	M	F	T	M	F	T	

B.1 DELAYED AND/OR CORRECTED REPORT ON INCIDENCE OF PLAGUE (A20)

Sl. No.	Name of DISTRICT/CITY reported the case	Week No.	Week ending date	No. of Cases / Deaths						Whether Area notified as Cholera infected (yes/no) if Yes Give details of Area
				Cases			Deaths			
				M	F	T	M	F	T	

ICD 10 codes in Parenthesis

C.AREA(S) NOTIFIED AS CHOLERA / PLAGUE INFECTED EARLIER BUT DECLARED CHOLERA / PLAGUE FREE DURING THIS REPORTING WEEK

Cholera
Plague

NAME OF DISTRICT /TALUKA/CITY/ TOWN/VILLAGE DECLARED FREE

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To
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Signature	
Name & Designation	
Address with Tele/ Fax & E-Mail	