

# Health Information System

Organisation: \_\_\_\_\_

## 3.0 Morbidity

Location: \_\_\_\_\_

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### Out-Patient Department Tally Sheet

For use in emergency settings

#### Note

Remove tally sheets from pad when finished and attach to corresponding weekly report.





# Health Information System

Name of Staff Member \_\_\_\_\_

## Emergency Tally Sheet

Health Facility \_\_\_\_\_

Date (s) \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_

NEW VISITS	DIAGNOSIS	
	Record New Visits ONLY	
0000 0000 0000 0000 0000	1. * Malaria (suspected)	< 5
0000 0000 0000 0000 0000		≥ 5
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	2. * Malaria (confirmed)	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	3. URTI	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	4. LRTI	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	5. Skin disease	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	6. Eye disease	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	7. * Watery diarrhoea	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	8. * Bloody diarrhoea	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	9. * Acute jaundice syndrome	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	10. * Acute Flaccid Paralysis / Polio	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	11. * Measles	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	12. * Meningitis	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	13. * Neonatal tetanus	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	14. STI (non HIV/AIDS)	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	15. * Acute malnutrition	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	16. Injuries	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	17. Mental illness	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	18. * Fever of unknown origin	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	19.	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	20.	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	21.	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	22. Unknown	
0000 0000 0000 0000 0000		
0000 0000 0000 0000 0000	23. Other	
0000 0000 0000 0000 0000		

**Weekly Alert Thresholds for each Health Facility:**

Malaria	1.5 times the baseline <sup>†</sup>
Watery diarrhoea	1.5 times the baseline <sup>†</sup>
Bloody diarrhoea	5 cases
Acute jaundice syndrome	5 cases
Acute Flaccid Paralysis / Polio	1 case
Measles	1 case
Meningitis	5 cases or 1.5 times the baseline <sup>†</sup>
Neonatal tetanus	1 case
Acute malnutrition	2 cases
Fever of unknown origin	5 cases or 1.5 times the baseline <sup>†</sup>

***If weekly thresholds are exceeded:***

- 1. Report to clinic supervisor*
- 2. Complete Outbreak Alert Form*

<sup>†</sup> Baseline = average weekly number of cases of the disease calculated over the past 3 weeks