

SURVEILLANCE SYSTEM

dr. I Nengah Darna MKes

FORM FOR BLOOD SMEAR SURVEY OF ELEPHANTIASIS

For > 13 years old

PROVINCE :
 DISTRICT/ CITY :
 SUB DISTRICT :
 HEALTH CENTRE :

VILLAGE / URBAN AREA :
 TOPOGRAPHY (Rice Field, Swamp area, Forest, Coastal)*
 TOTAL POPULATION IN VILLAGE :
 DAT OF SURVEY :
 First Survey / repetition *

No	Name	Address	Blood Finger Prick					Remark
			Slide Code	Species			Density of <i>microfilaria</i> (20 µL)	
				<i>Brugia malayi</i>	<i>Brugia timori</i>	<i>W. bancrofti</i>		
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
20								

* Mark for not appropriate

Acknowledge by
 (The Head of Health Centre)

(.....)
 Nip.

FORM FOR CHRONIC CASE SURVEY

No.	Name	Address	Age		Lymphoedema		Initial Lymphoedema (Year)	Hydrocele	No. of acute attack within last 6 month		
			M	F	Area	Stad**			Red	Swelling	Hot

* Location:

- 1= Left forearm
- 2= Right forearm
- 3= Left foreleg
- 4= Right foreleg
- 5= Whole left arm
- 6= Whole right arm
- 7= Whole left leg

- 8= Whole right leg
- 9= Left Breast
- 10= Right breast
- 11= Vulva
- 12= Penis
- 13= Scrotum

** Stadium 1, 2, 3, 4, 5, 6, 7 (see book 5)

Acknowledged by
The Head of Puskesmas

(.....)
Nip.

FORM FOR THE RECAPITULATION OF BLOOD SMEAR AND CHRONIC CASE SURVEYS

No.	District	Sub - district	Village	Village population	Date of Survey	No. of examined slide	No. of positive slide	Species			Mf Rate	Microfilaria density	Lymphoedema		Hydrocele	
								B. Malayi	B. Timori	W. Bancrofti			No. of acute attack in last 6 month	No. of case	No. of acute attack in last 6 month	No. of case

Acknowledged by
 The Head of District Health Office

(.....)
 Nip.

Form for the Mapping of Endemic Areas

Province :

No.	District	No. of District population	Sub District	No. of chronic case (From Rapid Mapping)	Surveyed Village	Mf Rate	Classification		
							Endemic	Non Endemic	Yet to be Surveyed

Acknowledged by
The Head of Provincial Health Office.....

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Nip.....

**FORM FOR THE COVERAGE OF MASS DRUG ADMINISTRATION
IN THE IMPLEMENTATION UNIT (IU)**

Recap of family card & monitoring of side effect of filariasis treatment

Province :
District :

No.	Name of Sub District	Year of Treatment	Duration of Mass Drug Administration	No. of rural village	Population of Rural Village	No. of urban areas	Population of Urban areas	Total Population	No. of population taking drugs	Drug Coverage*
1	2	3	4	5	6	7	8	9	10	11

*Number of those taking drug / total population X 100%

Acknowledged by
The Head of District Health Office

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**FORM FOR GENERAL, LOCAL & SEVERE SIDE EFFECT MONITORING
AT THE IMPLEMENTATION UNIT (IU)**

Province

District

Sub District (IU)

Puskesmas

No.	NAME	Age		Address	Drug	Date of taking	Date of Side effect	Type of Side Effect *		
		M	F					General	Local	Severe
1	2	3	4	5	6	7	10	11	12	

*** Types of side effects :**

1. General

- a. Fever > 39 °C, first three (3) days after drug administration
- b. Muscle pain
- c. Nausea
- d. Vomit
- e. Diarrhea

2. Local

- a. Abscess
- b. Lymphangitis
- c. Lymphadenitis
- d. ADL
- e. Epididimitis
- f. Funiculitis
- g. Orchitis

3. Severe

- a. Death
- b. Referred
- c. Disabled

Acknowledged by

The Head of Puskesmas

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Form for The Coverage of MDA & Side Effects Monitoring at Sentinel / Spot site

(Conducted one month after MDA conducted by Health staffs from Puskesmas, not by community health workers)

Village name of Sentinel / Spot checkSub district : District :Province :
 Date of first day of MDA :// 20..... Date of the last MDA :/...../ 20.....
 Date of coverage evaluation :// 20.....
 No. of HH in Setinel / spot check site : No. of population at Sentinel / spot check site:

No	Name of the head of HH	No. of Family member			No. of Family member present			No. of family member Taking drug			No. of person with side effect
		2-6Yr	7-12Yr	>13Yr	2-6Yr	7-12Yr	>13Yr	2-6Yr	7-12Yr	>13Yr	
a	b	c	d	e	f	g	h	i	j	k	l
1											
2											
100											
TOTAL											

MDA coverage at Sentinel / Spot check villages

Coverage (%) for 2-6 year $i \times 100/f$
 Coverage (%) for 7-12 year $j \times 100/g$
 Coverage (%) for >13 year $k \times 100/h$

PS: Cross the unnecessary

Acknowledged by
 The Head of Puskesmas
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LONGITUDINAL FORM FOR MONITORING AT SENTINEL/SPOT CHECK VILLAGE

Province :

District :

Implementation Unit :

Sentinel Site 1 :

Sentinel Site 2 :

Year of MDA	Last date of MDA	Date of Blood Smear evaluation	Coverage of MDA (%)				Microfilaria figure							
							Mf rate (%)				Average Mf density			
			Sentinel Site 1	Sentinel Site 2	Spot 1	Spot 2	Sentinel Site 1	Sentinel Site 2	Spot 1	Spot 2	Sentinel Site 1	Sentinel Site 2	Spot 1	Spot 2
Baseline Data														
1														
2														
3														
4														
5														
6														
7														

Note :

Sentinel 1 & 2 is fixed for the next rounds

Only spot 1 & 2 which changes in each round

Grey cells is to be completed if the district conducts

Acknowledged by,

The Head of District Health Office

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