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GUIDE FOR THE REPORTING OF STATISTICAL INFORMATION IN THE HEALTH FIELD

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau - Regional Office of the
WORLD HEALTH ORGANIZATION

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GUIDE FOR THE REPORTING OF
STATISTICAL INFORMATION IN THE HEALTH FIELD

Pan American Health Organization
Pan American Sanitary Bureau, Regional Office of the
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GENERAL INTRODUCTION

One of the functions assigned to the Pan American Health Organization by the Pan American Sanitary Code is the collection and dissemination of statistical information in the health field. To discharge this function the Organization requests inter alia, periodical reports from national health authorities in the Americas. The information received through these and other reports is disseminated chiefly through publications of the Pan American Health Organization and the World Health Organization.

The present Guide* is intended to serve as a manual of procedures for this exchange of information. It consists of four parts. Part I replaces the Guide for the Reporting of Communicable Diseases in the Americas, first issued in 1953 and re-issued in revised form in 1955⁽¹⁾. It describes the current reports needed for the continuous surveillance of quarantinable and other communicable diseases. Part II presents the joint WHO/PAHO questionnaires which are sent to national health administrations annually for the reporting of data on health conditions, activities and resources. Part III deals with the routine collection of data from educational institutions. Part IV is concerned with special reporting forms used by the Organization to meet particular needs for information. Statistical information is also collected from the projects of the Organization and internal reporting forms used for this purpose are described in an Annex. Copies of relevant reporting forms and questionnaires are included in the Guide.

The Organization's program for data collection is constantly being revised to meet the changing needs for statistical information in the health field of the countries of the Americas. To permit this guide to be kept up to date revisions of its different parts and sections will be issued as necessary.

*Issued as a draft in December 1964 and revised in June 1965.
(1) PASB Misc. Pub. No. 6 (Rev.) 1955.

I. CURRENT REPORTING OF COMMUNICABLE DISEASES

INTRODUCTION

The procedures for the reporting of communicable diseases to the Pan American Health Organization described in this section follow the provisions of the Pan American Sanitary Code⁽¹⁾ and of the International Sanitary Regulations.^(2,3)

The Code contains various provisions relating to the reporting of quarantinable and other communicable diseases. As prescribed in the Code it is the function of the Pan American Sanitary Bureau (the operating arm of the Pan American Health Organization) "To supply the sanitary authorities of the signatory Governments ... all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken and the progress effected in the control or eradication of such diseases ..." A program of exchanging epidemiological information has been in effect in the Americas since the founding of the Bureau in 1902.

The International Sanitary Regulations, adopted by the Fourth World Health Assembly as WHO Regulations No. 2, are a revision and consolidation of several previous conventions and agreements. Their essential aim is to ensure the maximum security against the international spread of disease with the minimum interference with world traffic. The Regulations which entered into force on October 1, 1952, prescribe the manner in which quarantinable diseases are to be reported to the World Health Organization for distribution of the reports to all national administrations. Amendments to the Regulations have been approved by the Eighth, Ninth, Thirteenth and Sixteenth World Health Assemblies in 1955, 1956, 1960 and 1963. This guide follows the amended text of the Regulations as in force on October 1, 1963.

Since January 1, 1962 the responsibility for the receipt and dissemination of information on quarantinable diseases under the Regulations has been centralized in the Headquarters of the WHO. This change, however, does not affect the responsibilities of the PAHO as prescribed by the Pan American Sanitary Code. In the Americas reports on quarantinable diseases are therefore made both to the PAHO and to the Headquarters of the WHO.

(1) The Pan American Sanitary Code, PASB Publication No. 193, March 1943.

(2) International Sanitary Regulations, Second Annotated Edition, World Health Organization, 1961.

(3) WHO Official Records No. 127, pp. 16-17.

Specific recommendations as to the basic procedures to be used for local, national and international reporting of communicable diseases in the Americas were prepared at a seminar held in Chile in 1953 with the participation of epidemiologists and statisticians of the National Health Services of the countries of South America. The report of this seminar, Basic Procedures for the Reporting of Communicable Diseases, published by the PAHO (Scientific Publications No. 9, June 1954) served health workers concerned with the methods of collection of data in case reporting systems. The XIV Pan American Sanitary Conference in its Resolution XIX recommended the improvement of the reporting of communicable diseases through the use of the Basic Procedures. The recommendations of the seminar have been considered in this part.

A. TELEGRAPHIC REPORTS

1. Notification of Presence of Quarantinable Disease in a Local Area

a. Data reported: The occurrence of a quarantinable disease* in a local area previously free from the disease (notification that a local area has become an infected local area)

i. The occurrence of one or more human cases of any of the following diseases:

Cholera
Plague
Smallpox
Yellow fever

ii. An epidemic** of:

Relapsing fever, louse-borne
Typhus fever, louse-borne

iii. The presence in animals of infection with:

Plague
Yellow fever

In addition the following is to be reported:

iv. The importation or transfer of one or more cases of a quarantinable disease into a local area free from the disease.

v. The arrival of a ship or aircraft with one or more cases of a quarantinable disease on board.

b. To whom report is sent: Central Office of the Pan American Health Organization and WHO Headquarters, Geneva. (See also "D. Transmittal of Current Reports").

*i.e., cholera, plague, relapsing fever (louse-borne), smallpox, typhus (louse-borne), or yellow fever.

**For a definition of epidemic see under f. Definitions.

- c. When report is sent: Within 24 hours after the notification has been received by the National Health Administration.
- d. Form of report: Telegram stating the disease, local area or areas of occurrence and if possible, the number of cases and deaths.
- For imported or transferred cases the origin of the infection should be given. For cases arriving on board a ship or aircraft the telegram should state the name of the ship or the flight number of the aircraft, its previous and subsequent ports-of-call and whether the ship or aircraft has been dealt with.
- e. Special instructions:
- i. The existence of the disease notified by telegram on the establishment of a reasonably certain clinical diagnosis should be confirmed as soon as possible by laboratory methods, and the results of the laboratory tests should be reported in a subsequent telegram.
 - ii. The notifying telegram should be followed promptly by an airmail letter containing additional details on the source and type of the disease, the number of cases and deaths, conditions affecting the spread of the disease and the prophylactic measures taken. Yellow fever should be reported as jungle yellow fever or aegypti yellow fever. The presence or absence of Aedes aegypti in the area should be specified.
 - iii. If cases of and deaths from a quarantinable disease occur in cities or towns adjacent to a port or airport, a weekly telegraphic report should be sent giving the numbers.
- f. Definitions:
- i. A "local area" is defined in the International Sanitary Regulations as follows: "(a) the smallest area within a territory which may be a port or an airport, having a defined boundary and possessing a health organization which is able to apply the appropriate sanitary measures permitted or prescribed by these Regulations; the situation of such an area within

a larger area which also possesses such a health organization shall not preclude the smaller area from being a local area for the purposes of these regulations; or (b) an airport in connection with which a direct transit area has been established."

- ii. The definition of an "infected local area" is "(a) a local area where there is a case of plague, cholera, yellow fever, or smallpox that is neither an imported case nor a transferred case; or (b) a local area where plague infection among rodents exists on land or on craft which are part of the equipment of a port; or (c) a local area where activity of yellow fever virus is found in vertebrates other than man*; or (d) a local area where there is an epidemic of typhus or relapsing fever."
 - iii. "Epidemic" is defined as "an extension of a quarantinable disease by a multiplication of cases in a local area." For the purposes of the list of infected areas published by the WHO in its Weekly Epidemiological Record an epidemic of typhus is taken to mean the occurrence of two or more non-imported cases in a local area during a four-week period; an epidemic of relapsing fever is taken to mean the occurrence of two or more non-imported cases in a local area during a three-week period.
- g. Uses made of the report by PAHO:
- i. The information is sent by telegram by the Pan American Health Organization to the health administrations of neighboring countries or other American countries potentially endangered. Appropriate action is taken for the protection of the countries.

*One of the following criteria should be used in determining activity of the virus in vertebrates other than man:

- (i) the discovery of the specific lesions of yellow fever in the liver of vertebrates indigenous to the area, or
- (ii) the isolation of yellow fever virus from any indigenous vertebrates.

- ii. All reports received during the week ending on Monday are included in the Weekly Epidemiological Report of the Pan American Health Organization, which is published every Wednesday and distributed by airmail to National Health Administrations, and other health agencies of the American countries.

B. WEEKLY REPORT

1. Weekly Report of Communicable Diseases

a. Data reported: Cases of communicable diseases reported to the National Health Administration during the previous week. Both the total number of cases reported for the week and the cumulative total number for the year should be given. The notifiable communicable diseases include the six quarantinable diseases and a minimum list of other diseases:

i. Quarantinable diseases:

Cholera (043)*	Smallpox (084)
Plague (058)	Typhus, louse-borne (100)
Relapsing fever, louse-borne (071.0)	Yellow fever (091)

ii. Other communicable diseases for which reporting is justified because of severity and/or spread of the disease, the existence of effective control measures or other technical-administrative reasons:

Tuberculosis (001-019)
Syphilis (020-029)
Gonorrhoea (030-034)
Typhoid fever (040)
Paratyphoid fever (041)
Brucellosis (044)
Dysentery, bacillary (045)
Amebiasis (046)
Dysentery, other and unspecified (047-048)
Scarlet fever (050)
Diphtheria (055)
Whooping cough (056)
Meningococcal infections (057)
Yaws (073)

*The numbers in brackets refer to the International Statistical Classification of Diseases, Injuries and Causes of Death.

Acute poliomyelitis (080)
 paralytic (080.0, 080.1)
 non-paralytic (080.2)
 unspecified (080.3)
Acute infectious encephalitis (082)
Arthropod-borne encephalitis (082.0)
Measles (085)
Dengue (090)
Infectious hepatitis (092)
Rabies in man (094)
Rabies in animals
Hemorrhagic fever (096.9)
Flea-borne endemic typhus (murine) (101)
Malaria (110-117)
Influenza (480-483)

The above list is based on that recommended by the Seminar on Reporting of Communicable Diseases. The list has been and will continue to be subject to revision to meet the needs of the countries. Each country should add to this list other diseases of importance within its territory.

- b. To whom report is sent: See "D. Transmittal of Current Reports"
- c. When report is sent: Regularly, as soon as possible after the end of each week by airmail.
- d. Form of report: Form PASB 192E (Rev. 3-65) or similar form released routinely by the National Health Administration.
- e. Special instructions: Cases of all notifiable diseases reported to the National Health Administration during the previous week are to be included. Form PASB 192E (Rev. 3-65) contains on the front a list of communicable diseases recommended for notification in all countries. After the name of each disease, the code number of the International Statistical Classification of Diseases, Injuries and Causes of Death is given. If the reporting is not in accordance with these code numbers, a footnote is advisable. Spaces are provided for the reporting of other communicable diseases notifiable in the country.

- f. Uses made of the report by PAHO:
- i. The information enables the Pan American Health Organization and the health administrations of the American countries to take appropriate action for protection of the countries.
 - ii. The reports of quarantinable diseases and certain other notifiable diseases are included in the Weekly Epidemiological Report of the Pan American Health Organization which is issued every Wednesday and distributed by airmail to National Health Administrations and other health agencies of the Americas. All reports of quarantinable diseases received during the week ended on Monday appear in the Weekly Epidemiological Report published the following Wednesday.
 - iii. Data on all notifiable diseases are transmitted routinely to headquarters of the World Health Organization and are released in periodical publications.

2. Weekly Report of Quarantinable Diseases

- a. Data reported: Cases of and deaths from the six quarantinable diseases, reported to the National Health Administration during the previous week. The location (including the local area see A.l.f.i.) of the cases of the quarantinable diseases, and also of the deaths, are needed in accordance with the International Sanitary Regulations. Every fatal case should be reported both as a case and as a death.

Note: According to Article 9 of the Regulations, if cases and deaths occur in cities or towns adjacent to a port or airport, a weekly telegraphic report should be sent.

- b. To whom report is sent: See "D. Transmittal of Current Reports"
- c. When report is sent: Regularly, as soon as possible after the end of each week, by air-mail.

- d. Form of report: The weekly report of quarantinable diseases is made on the reverse side of Form PASB 192E (Rev. 3-65). In addition a weekly telegraphic report is required of cases and deaths in cities or towns adjacent to a port or airport.
- e. Uses made of the report by PAHO: The reports are published in the Weekly Epidemiological Report of the Pan American Health Organization. The objective of these reports is the protection of the countries.

3. Declaration of a Local Area as Free of a Quarantinable Disease

- a. Data reported: Disease and local area declared free from the disease in accordance with the International Sanitary Regulations. The pertinent paragraph of the Regulations reads as follows:

"An infected local area may be considered as free from infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when:

(a) in the case of plague, cholera, smallpox, typhus or relapsing fever, a period of time equal to twice the incubation period of the disease, as hereinafter provided,* has elapsed since the last case identified has died, recovered or been isolated, and infection from that disease has not occurred in any other local area in the vicinity, provided that, in the case of plague with rodent plague also present, the period specified under subparagraph (c) of this paragraph has elapsed;

(b) (i) in the case of yellow fever not transmitted by Aedes aegypti, three months have elapsed without evidence of activity of the yellow fever virus; (ii) in the case of yellow fever transmitted

*For the purposes of the Regulations the incubation periods are defined as follows: plague - six days; cholera - five days; smallpox - fourteen days; typhus - fourteen days; relapsing fever - eight days.

by Aedes aegypti, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the Aedes aegypti index has been continuously maintained below one per cent;

(c) in the case of rodent plague, one month has elapsed after suppression of the epizootic."

- b. Form of report: Space is provided for such declarations on the reverse side of Form 192E (Rev. 3-65).
- c. Uses made of the report by PAHO: The declaration is published in the Weekly Epidemiological Report of the Pan American Health Organization.

4. Notification of Epidemics or Unusual Occurrence of Communicable Diseases

- a. Data reported: Diseases of particular interest are influenza, poliomyelitis, meningococcal infections, infectious encephalitis, typhoid and paratyphoid fevers and dengue. Also of interest are epidemics of diseases of unknown etiology.
- b. Form of report: Space is provided for such notifications on the reverse side of Form PASB 192E (Rev. 3-65).
- c. Uses made of the report by PAHO: The data are published in the Weekly Epidemiological Report of the Pan American Health Organization. The information enables the Pan American Health Organization and the National Health Administration to take the appropriate action for control of the disease.

WEEKLY REPORT OF COMMUNICABLE DISEASES

Country _____ Week Ended _____ 19 ____ Number _____

Disease	Total for week	Cumulative total for year
Tuberculosis, all forms (001-019)		
Tuberculosis, respiratory (001-008)		
Syphilis (020-029)		
Gonorrhoea (030-034)		
Typhoid fever (040)		
Paratyphoid fever (041)		
Cholera* (043)		
Brucellosis (044)		
Dysentery, bacillary (045)		
Amebiasis (046)		
Dysentery, other and unspecified (047-048)		
Scarlet fever (050)		
Diphtheria (055)		
Whooping cough (056)		
Meningococcal infections (057)		
Plague* (058)		
Relapsing fever, louse-borne* (071.0)		
Yaws (073)		
Poliomyelitis, paralytic (080.0,080.1)		
Poliomyelitis, non-paralytic (080.2)		
Poliomyelitis, unspecified (080.3)		
Acute infectious encephalitis (082)		
Arthropod-borne encephalitis (082.0)		
Smallpox* (084)		
Measles (085)		
Dengue (090)		
Yellow fever: urban* (091)		
jungle* (091)		
Infectious hepatitis (092)		
Rabies in man (094)		
Rabies in animals (094)		
Hemorrhagic fever (096.9)		
Louse-borne epidemic typhus* (100)		
Flea-borne endemic typhus (murine) (101)		
Malaria (110-117)		
Influenza (480-483)		

* Quarantinable disease, list by political subdivisions on reverse.

Symbols: ... Data not available
- Quantity zero
* Disease not notifiable

C. MONTHLY REPORT

- a. Data reported: Cases of all notifiable diseases reported to the National Health Administration during the previous month (or four-week period). The monthly report form provides for the total number of cases reported for the month and the cumulative total number for the year.
- b. To whom report is sent: See "D. Transmittal of Reports"
- c. When report is sent: Regularly, as soon as possible after the end of each month, by airmail.
- d. Form of report: Form PASB 193E (Rev. 3-65), or similar form released routinely by the National Health Administration.
- e. Special instructions: Prompt reporting of notifiable diseases is highly important and it is therefore recommended that weekly reports be prepared by each country and territory. Insofar as possible monthly reports should not serve as a substitute for weekly reports but should provide a revised summary of the weekly totals.

D. TRANSMITTAL OF CURRENT REPORTS

Telegraphic, weekly and monthly reports of communicable diseases are to be sent directly to the Central Office of the Pan American Health Organization in Washington:

Pan American Health Organization*
525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.

Cable address: OFSANPAN, Washington, D. C.

Telegraphic and weekly reports concerning the quarantinable diseases are also to be sent directly to the Headquarters of the World Health Organization in Geneva, Switzerland. Cable address: EPIDNATIONS, Geneva.

All weekly and monthly reports should be sent to the Central Office in two copies. The Central Office forwards routinely copies of all reports received to the Headquarters of the World Health Organization in Geneva.

National Health Administrations which mimeograph or otherwise reproduce their weekly reports are also requested to transmit one copy to the Zone Office and one copy to the Country Representative of the Pan American Health Organization. All countries are encouraged to reproduce their weekly reports.

*Prior to September 1, 1965:
Pan American Health Organization
1501 New Hampshire Avenue, N.W.
Washington, D.C. 20036, U.S.A.

For easy reference the countries and territories included in the six Zones and addresses of the Zone Offices are given below:

ZONE I - Jamaica, Trinidad and Tobago, Venezuela, and territories of France, the Netherlands and the United Kingdom in the Americas

Oficina Sanitaria Panamericana
46 Avenida Los Jabillos (Apartado 6722)
Urbanización La Florida
Caracas, Venezuela
Cables: OFSANPAN, CARACAS (VENEZUELA)

ZONE II - Cuba, Dominican Republic, Haiti and Mexico

Oficina Sanitaria Panamericana
Calle de Havre 30, 3er piso
Colonia Juárez
Mexico 6, D.F., México
Cables: OFSANPAN, MEXICO, D.F. (MEXICO)

ZONE III - British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama

Oficina Sanitaria Panamericana
Galerías España
Plazuela España, Zona 9 (Apartado 383)
Guatemala, Guatemala
Cables: OFSANPAN, GUATEMALA (GUATEMALA)

ZONE IV - Bolivia, Colombia, Ecuador and Peru

Oficina Sanitaria Panamericana
Av. Salaverry 722 (Casilla 2117)
Lima, Perú
Cables: OFSANPAN, LIMA (PERU)

ZONE V - Brazil

Repartição Sanitária Pan-Americana
Rua Paissandú 231, Flamengo
Caixa Postal Nº 159-ZC-00
Rio de Janeiro, GB, Brasil
Cables: OFSANPAN, RIO (BRASIL)

ZONE VI - Argentina, Chile, Paraguay and Uruguay

Oficina Sanitaria Panamericana
Charcas 684 - 4to. Piso
Buenos Aires, Argentina
Cables: OFSANPAN, BAIRE (ARGENTINA)

The Central Office in Washington is responsible for activities in the United States, Puerto Rico, the U.S. Virgin Islands, Canada, St. Pierre and Miquelon and the Falkland Islands.

II. ANNUAL REPORTING OF DATA ON HEALTH CONDITIONS, ACTIVITIES AND RESOURCES

INTRODUCTION

Pursuant to the general objectives of the Pan American Sanitary Code the Pan American Health Organization has developed a program for the collection and distribution of statistical information "which may be of value in improving the public health and combating the diseases of man."

Data are collected on an annual basis from the national health authorities of the Americas on such subjects as cases of notifiable diseases, deaths by causes, vaccinations, hospitals and health personnel.

Beginning in 1961 the PAHO and the WHO have coordinated their programs for data collection in the Americas through the introduction of joint annual questionnaires for the reporting of such data.

The data collected are published by the WHO in the World Health Statistics Annual* and in the Reports on the World Health Situation and by the PAHO in its periodical and special publications.

In the following the general procedures for the annual reporting of health data are outlined and the different forms provided for this purpose are described.

*Formerly Annual Epidemiological and Vital Statistics.

A. GENERAL REPORTING PROCEDURES

The annual questionnaires (reporting forms) are transmitted to the national health authorities through the Country Representative normally within six months after the end of the year for which the data are desired.

As soon as any one of the forms has been completed it should be returned in two copies to the following address:

Pan American Health Organization*
525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.

One copy will then be forwarded immediately from Washington to the Headquarters of the WHO, Geneva.

Note: National health authorities are also requested to transmit to the Pan American Health Organization two copies of all published statistical reports in the health field.

To ensure inclusion of the data in the publications of the WHO and the PAHO the completed forms on notifiable diseases should normally be returned within nine months and the other forms within twelve months after the end of the year for which the data are desired.

Copies of the annual reporting forms (revised July 1964 and April 1965) are included in this section. The forms are identified by numbers (1-5) or capital letters (A-G); they are available in English, Spanish and French.

*Prior to September 1, 1965:
Pan American Health Organization
1501 New Hampshire Avenue, N.W.
Washington, D.C. 20036, U.S.A.

B. ANNUAL REPORTING OF NOTIFIABLE DISEASES

Information regarding notifiable diseases is desired by WHO and PAHO from three sources: (1) the notifiable disease reporting system, (2) the death registration system and (3) reports of cases in animals received by veterinary agencies. The following forms are used to report this information:

Reported Cases of Certain Notifiable Diseases by Month (Form WHO/PAHO 1a)

Selected notifiable diseases, for which the seasonal distribution of reported cases is of particular interest, are included in this form. The numbers of cases are recorded by month or four-week period. If data are not available by month or four-week period, the total for the year should be given. Diseases that are not notifiable in the country are to be indicated by an asterisk.

If any of the data given in this form do not refer to the same population as the data recorded in Form 2 (see below), the difference(s) should be specified in a footnote.

Annual Reported Cases of Other Notifiable Diseases (Form WHO/PAHO 2)

For the diseases listed in this form only the annual total of reported cases is required.

Two entries for tuberculosis are included in this form, viz. "Tuberculosis, all forms" and "Tuberculosis, respiratory." If possible both entries should be completed. In case only respiratory tuberculosis is notifiable this should be indicated by an asterisk in the line for "Tuberculosis, all forms." If all forms of tuberculosis are notifiable but separate tabulations for respiratory tuberculosis are not available the symbol ... should be used in the line for "Tuberculosis, respiratory."

The population to which the annual totals refer should be specified using the appropriate lines at the bottom of the form. If the totals refer to a reporting area both the population of the reporting area and the total population of the country should be given.

Deaths from Certain Notifiable Diseases by Month (Form WHO/PAHO 1b)

This form includes the same diseases as Form 1a. The data to be recorded are numbers of deaths by month or four-week period as obtained from the death registration system. If provisional data are available these may be entered and indicated by the symbol #.

If the mortality data do not refer to the entire country but are limited to a death registration area this should be stated in a footnote giving both the population of the death registration area and the total population of the country.

Reported Cases of Notifiable Diseases by Age and Sex (Form WHO/PAHO-3)

Available data on reported cases by age and sex are recorded on this form. If the data are not tabulated by sex only the "total" lines should be completed. As in Form 2 (see above) there are two entries for tuberculosis viz., "Tuberculosis, all forms" and "Tuberculosis, respiratory."

Reported Cases of Certain Notifiable Diseases by Major Political Divisions (Form WHO/PAHO-4)

Tabulations of reported cases by major political divisions of the country are requested for the following notifiable diseases:

Leprosy	Smallpox
Malaria	Typhus, louse-borne
Plague	Yaws
Relapsing fever, louse-borne	Yellow fever

Summary of Cases of Zoonoses in Man and Animals (Form WHO/PAHO-5)

Form 5 is designed to obtain information on zoonoses in animals in each country. Available data from veterinary services are reported on this form.

Year _____

REPORTED CASES OF CERTAIN NOTIFIABLE DISEASES BY MONTH

Country _____

DISEASE AND CATEGORY INTERNATIONAL CLASSIFICATION OF DISEASES	TOTAL	MONTH OR FOUR-WEEK PERIOD												NOT STATED				
		JAN. I	FEB. II	MAR. III	APR. IV	MAY V	JUNE VI	JULY VIII	AUG. IX	SEPT. X	OCT. XI	NOV. XII	DEC. XIII					
040-041 Typhoid and paratyphoid fevers																		
040 Typhoid																		
041 Paratyphoid																		
042 Other salmonella infections																		
044 Brucellosis																		
045-048 Dysentery, all forms																		
045 Dysentery, bacillary																		
046 Amebiasis																		
047-048 Dysentery, other and unspecified																		
050 Scarlet fever																		
051 Streptococcal sore throat																		
055 Diphtheria																		
056 Whooping cough																		
057 Meningococcal infections																		
058 Plague																		
071 Relapsing fever																		
071.0 Louse-borne																		
071.1 Tick-borne																		
072 Leptospirosis																		
080 Acute poliomyelitis																		
080.0-080.1 Paralytic																		
080.2 Non-paralytic																		
080.3 Unspecified																		
082 Encephalitis, acute infectious																		
082.0 Encephalitis, arthropod-borne																		
084 Smallpox																		
085 Measles																		
087 Chickenpox																		
089 Mumps																		
091 Yellow fever																		
092 Infectious hepatitis																		
100 Typhus, louse-borne epidemic																		
101 Typhus, flea-borne (murine)																		
102-108 Other rickettsial diseases																		
Specify																		
110-117 Malaria																		
480-483 Influenza																		

Symbols: ... Data not available
 - - None
 * Disease not notifiable

Signature _____ Date _____

Division _____

Year _____

Country _____

DEATHS FROM CERTAIN NOTIFIABLE DISEASES BY MONTH

DISEASE AND CATEGORY INTERNATIONAL CLASSIFICATION OF DISEASES	TOTAL	MONTH OR FOUR-WEEK PERIOD													
		JAN. I	FEB. II	MAR. III	APR. IV	MAY V	JUNE VI	JULY VII	AUG. VIII	SEPT. IX	OCT. X	NOV. XI	DEC. XII	NOT STATED	
040-041 Typhoid and paratyphoid fevers															
040 Typhoid															
041 Paratyphoid															
042 Other salmonella infections															
044 Brucellosis															
045-048 Dysentery, all forms															
045 Dysentery, bacillary															
046 Amebiasis															
047-048 Dysentery, other and unspecified															
050 Scarlet fever															
051 Streptococcal sore throat															
055 Diphtheria															
056 Whooping cough															
057 Meningococcal infections															
058 Plague															
071 Relapsing fever															
071.0 Louse-borne															
071.1 Tick-borne															
072 Leptospirosis															
080 Acute poliomyelitis															
080.0-080.1 Paralytic															
080.2 Non-paralytic															
080.3 Unspecified															
082 Encephalitis, acute infectious															
082.0 Encephalitis, arthropod-borne															
084 Smallpox															
085 Measles															
087 Chickenpox															
089 Mumps															
091 Yellow fever															
092 Infectious hepatitis															
100 Typhus, louse-borne epidemic															
101 Typhus, flea-borne (murine)															
102-108 Other rickettsial diseases															
Specify															
110-117 Malaria															
480-483 Influenza															

Symbols: ... Data not available # Provisional data

- None
* Disease not notifiable

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Washington, D.C., 20037, U.S.A.

Signature _____ Date _____

Division _____

ANNUAL REPORTED CASES OF OTHER NOTIFIABLE DISEASES

		Country	Year
DISEASE AND CATEGORY INTERNATIONAL CLASSIFICATION OF DISEASES	TOTAL	DISEASE AND CATEGORY INTERNATIONAL CLASSIFICATION OF DISEASES	TOTAL
001-019 Tuberculosis, all forms		073 Yaws	
001-008 Tuberculosis, respiratory		090 Dengue	
020-029 Syphilis, total		094 Rabies	
020 Congenital syphilis		095 Trachoma	
021 Early syphilis		096.2 Psittacosis	
022-029 Other syphilis		120 Leishmaniasis	
030-035 Gonococcal infection		121 Trypanosomiasis	
049.1 Botulism		123 Schistosomiasis	
049.0 & 049.2 Other food poisoning		125 Hydatid disease	
052 Erysipelas		127 Filariasis	
059 Tularemia		128 Trichiniasis	
060 Leprosy		129 Ankylostomiasis	
061 Tetanus		400-402 Rheumatic fever	
062 Anthrax			

Symbols: . . . Data not available
 - None
 * Disease not notifiable

Please specify the population to which the data refer:

1. The entire country: population _____
2. Reporting area: population _____
3. Other (specify): _____

Signature _____ Date _____

Division _____

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 525 Twenty-third Street, N.W.
 Washington, D.C., 20037, U.S.A.

REPORTED CASES OF NOTIFIABLE DISEASES, BY AGE AND SEX

Year _____

Country _____

DISEASES AND CATEGORY INTERNATIONAL CLASSIFICATION OF DISEASES	TOTAL	AGE GROUP IN YEARS										75 AND OVER	NOT STATED					
		0-5 MONTHS	6-11 MONTHS	1	2	3	4	5-9	10-14	15-19	20-24			25-44	45-64	65-74		
061 Tetanus																		
Total																		
Male																		
Female																		
073 Yaws																		
Total																		
Male																		
Female																		
080 Acute poliomyelitis																		
Total																		
Male																		
Female																		
082 Encephalitis, acute infectious																		
Total																		
Male																		
Female																		
082.0 Encephalitis, arthropod-borne																		
Total																		
Male																		
Female																		
084 Smallpox																		
Total																		
Male																		
Female																		
085 Measles																		
Total																		
Male																		
Female																		
092 Infectious hepatitis																		
Total																		
Male																		
Female																		
110-117 Malaria																		
Total																		
Male																		
Female																		
480-483 Influenza																		
Total																		
Male																		
Female																		
Total																		
Male																		
Female																		

Symbols: ... Data not available

- None

* Disease not notifiable

Return form to:

Pan American Health Organization,
525 Twenty-third Street, N.W.,
Washington, D.C., 20037, U.S.A.

Signature _____ Date _____

Division _____

C. ANNUAL REPORTING OF MORTALITY

Number of Deaths by Cause (A List) by Sex and Age (Form WHO/PAHO - A)

The WHO Expert Committee on Health Statistics in 1962⁽¹⁾ recommended that the WHO Annual Epidemiological and Vital Statistics (now: World Health Statistics Annual) should include deaths by causes according to the Intermediate (A) List of the International Classification of Diseases, Injuries and Causes of Death. Countries preparing tabulations by the A-List are therefore requested either to send copies of their publication or tabulation or to complete this form.

Deaths of Children Under One Year from Selected Causes by Sex and Age (Form WHO/PAHO - B)

This form is designed to provide additional information on the causes of death in infants and particularly their age distribution. The causes of death are selected from the A-List and include certain relevant three-digit categories. The item "Number of live births" is included to provide a basis for the computation of rates.

Causes of Foetal Death by Sex and According to Duration of Pregnancy (Form WHO/PAHO - C)

In this form data are requested on causes of all foetal deaths, by sex, on causes of late foetal deaths by sex (i.e., foetal deaths occurring after 28 or more completed weeks or six or more completed months of pregnancy) and on causes of foetal deaths by sex and duration of pregnancy.

The causes of death given follow the Classification of Causes of Stillbirth (Y30-Y39).

(1) World Health Organization, Technical Report Series, 1963, 261.

Country _____

T : total

Causes of death Intermediate list of the international classification of the 1955 revision	All ages	Age-groups							
		0	1	2	3	4	5-9	10-14	15-19
Estimated population	T								
(mean or mid-year estimate)	M								
	F								
Deaths all causes (A 1. - AE 150).	T								
	M								
	F								
A 1. Tuberculosis of respiratory	M								
system (001-008)	F								
A 2. Tuberculosis of meninges and	M								
central nervous system (010)	F								
A 3. Tuberculosis of intestines, peritoneum	M								
and mesenteric glands (011)	F								
A 4. Tuberculosis of bones and joints	M								
(012-013)	F								
A 5. Tuberculosis, all other forms (014-019).	M								
	F								
A 6. Congenital syphilis (020).	M								
	F								
A 7. Early syphilis (021)	M								
	F								
A 8. Tabes dorsalis (024)	M								
	F								
A 9. General paralysis of insane (025).	M								
	F								
A 10. All other syphilis (022, 023, 026-029)	M								
	F								
022. Aneurysm of aorta	M								
	F								
023. Other cardiovascular syphilis	M								
	F								
A 11. Gonococcal infection (030-035)	M								
	F								
A 12. Typhoid fever (040).	M								
	F								
A 13. Paratyphoid fever and other Salmonella	M								
infections (041, 042)	F								
A 14. Cholera (043).	M								
	F								
A 15. Brucellosis (undulant fever) (044)	M								
	F								
A 16. Dysentery, all forms (045-048)	M								
	F								
045. Bacillary dysentery	M								
	F								
046. Amebiasis.	M								
	F								
047. Other protozoal dysentery	M								
	F								
048. Unspecified forms of dysentery.	M								
	F								

Country _____

T : total

Causes of death Intermediate list of the international classification of the 1955 revision	All ages	Age-groups								
		0	1	2	3	4	5-9	10-14	15-19	
A 42. Other diseases due to helminths M										
(124, 126, 128, 130) F										
A 43. All other diseases classified as infective M										
and parasitic (1*). F										
049. Food poisoning (infection and . . . M										
intoxication) F										
049.1 Botulism M										
. F										
071. Relapsing fever. M										
. F										
072. Leptospirosis M										
. F										
121. Trypanosomiasis M										
. F										
A 44. Malignant neoplasms: of buccal cavity and M										
pharynx (140-148) F										
A 45. ... of oesophagus (150) M										
. F										
A 46. ... of stomach (151). M										
. F										
A 47. ... of intestine, except rectum (152, 153) M										
. F										
A 48. ... of rectum (154) M										
. F										
A 49. ... of larynx (161) M										
. F										
A 50. ... of trachea, bronchus and lung (not M										
specified as secondary) (162, 163). . . F										
A 51. ... of breast (170) M										
. F										
A 52. ... of cervix uteri (171) F										
.										
A 53. ... of other and unspecified parts of M										
uterus (172-174). F										
.										
A 54. ... of prostate (177) M										
.										
A 55. ... of skin (190, 191). M										
. F										
A 56. ... of bone and connective tissue . . . M										
(196, 197) F										
A 57. ... of all other and unspecified sites (2*) M										
. F										
A 58. Leukaemia and aleukaemia (204). M										
. F										
A 59. Lymphosarcoma and other neoplasms of M										
lymphatic and haematopoietic system . . F										
(200-203, 205)										
201. Hodgkin's disease. M										
. F										
203. Multiple myeloma M										
. F										

(1*) 036-039, 049, 054, 059, 063-074, 086-090, 093, 095, 096, 120-122, 131-138

(2*) 155-160, 164, 165, 175, 176, 178-181, 192-195,

Country _____

T: total

Causes of death Intermediate list of the international classification of the 1955 revision	All ages	Age-groups								
		0	1	2	3	4	5-9	10-14	15-19	
A 60. Benign neoplasms and neoplasms of . . . M unspecified nature (210-239) F										
210-229. Benign neoplasm M										
F										
230-239. Neoplasm of unspecified nature. M										
F										
A 61. Non-toxic goiter (250, 251) M										
F										
A 62. Thyrotoxicosis with or without goiter . M (252) F										
A 63. Diabetes mellitus (260) M										
F										
A 64. Avitaminosis and other deficiency states M (280-286) F										
A 65. Anaemias (290-293) M										
F										
290. Pernicious and other hyperchromic M anaemias F										
291. Iron deficiency anaemias (hypo- M chromic anaemias). F										
A 66. Allergic disorders; all other endocrine, M metabolic, and blood diseases (3*). F										
241. Asthma M										
F										
A 67. Psychoses (300-309) M										
F										
300. Schizophrenic disorders (dementia M praecox) F										
307. Alcoholic psychosis. M										
F										
A 68. Psychoneuroses and disorders of M personality (310-324, 326) F										
322. Alcoholism M										
F										
323. Other drug addiction M										
F										
A 69. Mental deficiency (325) M										
F										
A 70. Vascular lesions affecting central. . . M nervous system (330-334) F										
331. Cerebral haemorrhage M										
F										
332. Cerebral embolism and thrombosis . M										
F										
A 71. Non-meningococcal meningitis (340). . . M										
F										
A 72. Multiple sclerosis (345) M										
F										
A 73. Epilepsy (353). M										
F										

(3*) 240-245, 253, 254, 270-277, 287-289, 294-299

Country _____

T : total

Causes of death Intermediate list of the international classification of the 1955 revision	All ages	Age-groups								
		0	1	2	3	4	5-9	10-14	15-19	
A 74. Inflammatory diseases of eye (370-379) . M										
F										
A 75. Cataract (385) M										
F										
A 76. Glaucoma (387) M										
F										
A 77. Otitis media and mastoiditis (391-393) . M										
F										
A 78. All other diseases of the nervous system M										
and sense organs (4*). F										
A 79. Rheumatic fever (400-402). M										
F										
A 80. Chronic rheumatic heart disease (410-416) M										
F										
410. Diseases of mitral valve. M										
F										
A 81. Arteriosclerotic and degenerative heart M										
disease (420-422). F										
420. Arteriosclerotic heart disease, M										
including coronary disease. . . . F										
421. Chronic endocarditis not specified M										
as rheumatic. F										
422. Other myocardial degeneration . . . M										
F										
A 82. Other diseases of heart (430-434). . . . M										
F										
433. Functional disease of heart M										
F										
434. Other and unspecified diseases of M										
heart F										
A 83. Hypertension with heart disease. . . . M										
(440-443) F										
A 84. Hypertension without mention of heart. . M										
(444-447) F										
A 85. Diseases of arteries (450-456) M										
F										
450. General arteriosclerosis. M										
F										
453. Peripheral vascular disease M										
F										
454. Arterial embolism and thrombosis. . M										
F										
455. Gangrene of unspecified cause . . . M										
F										
A 86. Other diseases of circulatory system . . M										
(460-468) F										
463, 464. Phlebitis and thrombophlebitis M										
of lower extremities and of other sites F										
465, 466. Pulmonary embolism and infarction, M										
other venous embolism and F										
thrombosis										

(4*) 341-344, 350-352, 354-369, 380-384, 386, 388-390, 394-398

Country _____

T: total

Causes of death Intermediate list of the international classification of the 1955 revision	All ages	Age-groups							
		0	1	2	3	4	5-9	10-14	15-19
A 107. Other diseases of digestive system (5*) M									
F									
576. Peritonitis M									
F									
A 108. Acute nephritis (590). M									
F									
A 109. Chronic, other, and unspecified . . . M									
nephritis (591-594) F									
A 110. Infections of kidney (600) M									
F									
A 111. Calculi of urinary system (602, 604) . M									
F									
A 112. Hyperplasia of prostate (610). M									
A 113. Diseases of breast (620, 621). M									
F									
A 114. Other diseases of genito-urinary M									
system (6*). F									
A 115. Sepsis of pregnancy, childbirth and the puerperium (640, 641, 681, 682, 684) F									
681. Sepsis of childbirth and the puerperium F									
A 116. Toxaemias of pregnancy and the puerperium (642, 652, 685, 686). F									
642. Toxaemias of pregnancy. F									
652. Abortion with toxaemia, without mention of sepsis F									
685. Puerperal eclampsia F									
A 117. Haemorrhage of pregnancy and childbirth (643, 644, 670-672). F									
670. Delivery complicated by placenta praevia or antepartum haemorrhage F									
671. Delivery complicated by retained placenta F									
A 118. Abortion without mention of sepsis or toxaemia (650) F									
A 119. Abortion with sepsis (651) F									
A 120. Other complications of pregnancy, childbirth and the puerperium, delivery without mention of complication (645-649, 660, 673-680, 683, 687-689) . . . F									
645. Ectopic pregnancy F									
A 121. Infections of skin and subcutaneous tissue (690-698) M									
F									
A 122. Arthritis and spondylitis (720-725). . M									
F									
A 123. Muscular rheumatism and rheumatism unspecified (726, 727) M									
F									
A 124. Osteomyelitis and periostitis (730). . M									
F									
A 125. Ankylosis and acquired musculoskeletal deformities (737, 745-749) M									
F									
A 126. All other diseases of skin and musculoskeletal system (7*) M									
F									

(5*) 536-539, 542, 544, 545, 573-580, 582, 583, 586, 587

(6*) 601, 603, 605-609, 611-617, 622-637

(7*) 700-716, 731-736, 738-744

DEATHS OF CHILDREN UNDER ONE YEAR FROM SELECTED CAUSES,
BY SEX AND AGE

Country _____

Year 19____

Number of live births _____

Causes of death selected from International Intermediate List of 1955	Total under 1 year	0 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days
All causes	T								
	M								
	F								
A1-A43 Infective and parasitic diseases.	M								
	F								
A1-A5 Tuberculosis, all forms.	M								
	F								
A2 Tuberculosis of meninges and central nervous system	M								
	F								
A6-A10 Syphilis and its sequelae	M								
	F								
A22 Whooping cough	M								
	F								
A23 Meningococcal infections	M								
	F								
A71 Nonmeningococcal meningitis.	M								
	F								
A89-A91 Pneumonia	M								
	F								
A90 Branchopneumonia	M								
	F								
A92, A93 Bronchitis.	M								
	F								
A103 Intestinal obstruction and hernia	M								
	F								
A101, A104 Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	M								
	F								
- Gastro-enteritis and colitis except ulcer- ative, age 4 weeks and over (571)	M								
	F								
A127-A129 Congenital malformations	M								
	F								
A128 Congenital malformations of the circula- tory system.	M								
	F								
A130, A131 Birth injuries, postnatal asphyxia and atelectasis.	M								
	F								
A130 Birth injuries.	M								
	F								
A131 Postnatal asphyxia and atelectasis.	M								
	F								
A132 Infections of the newborn	M								
	F								
- Pneumonia of newborn (763)	M								
	F								
- Diarrhoea of newborn (764)	M								
	F								

CAUSES OF FOETAL DEATH BY SEX, AND ACCORDING TO DURATION OF PREGNANCY

Country _____

Year 19__

Date _____

T = Both sexes M = Male F = Female

Causes of death	Total(1)	Total(2)	Age of foetus in months or weeks																	
			0	1	2	3	4	5	6	7	8	9	10	11						
All causes (Y30-Y39)	T																			
	M																			
	F																			
Y30 Chronic disease in mother	M																			
	F																			
Y30.0 Syphilis	M																			
	F																			
Y30.1 Tuberculosis	M																			
	F																			
Y30.2 Diabetes mellitus	M																			
	F																			
Y30.3 Chronic disease of circulatory system	M																			
	F																			
Y30.4 Chronic disease of genito-urinary system	M																			
	F																			
Y31 Acute disease in mother	M																			
	F																			
Y31.1, Y31.3 Disease of respiratory system	M																			
	F																			
Y32 Diseases and conditions of pregnancy and childbirth.....	M																			
	F																			
Y32.1 Ectopic gestation	M																			
	F																			
Y32.2 Haemorrhage	M																			
	F																			
Y32.3, Y32.4 Toxoemia	M																			
	F																			
Y32.5 Infections	M																			
	F																			
Y33 Absorption of toxic substance from mother	M																			
	F																			
Y34 Difficulties in labour	M																			
	F																			
Y34.0 Abnormality of bones of pelvis	M																			
	F																			
Y34.1 Disproportion	M																			
	F																			
Y34.2 Malposition of foetus	M																			
	F																			
Y34.3 Abnormality of forces of labour	M																			
	F																			
Y34.4 Operative delivery	M																			
	F																			
Y34.5 Abnormality of organs or tissues of pelvis	M																			
	F																			
Y35 Other causes in mother	M																			
	F																			
Y35.0 Fall	M																			
	F																			
Y35.1 Other accident or violence	M																			
	F																			
Y35.2 Overexertion	M																			
	F																			

CAUSES OF FOETAL DEATH BY SEX, AND ACCORDING TO DURATION OF PREGNANCY (Cont.)

Country _____ Year 19__ Date _____

T = Both sexes M = Male F = Female

Causes of death		Total (1)	Total (2)	Age of foetus in months or weeks (3)							
Y36 Placental and cord conditions	M										
	F										
Y36.0 Cord condition	M										
	F										
Y36.1, Y36.3 Placenta praevia with or without cord abnormality	M										
	F										
Y36.2, Y36.4 Premature separation of placenta and haemorrhage.....	M										
	F										
Y36.5 Placenta infarct	M										
	F										
Y37 Birth injury.....	M										
	F										
Y38 Congenital malformation of foetus.....	M										
	F										
Y38.0 Anencephalus	M										
	F										
Y38.1 Hydrocephalus	M										
	F										
Y38.2 Spina bifida	M										
	F										
Y38.3 Other malformation of the central nervous system	M										
	F										
Y38.4 Malformation of the cardiovascular system	M										
	F										
Y38.5 Malformation of other specified system	M										
	F										
Y38.6 Monster	M										
	F										
Y39 Diseases of foetus and ill-defined causes.	M										
	F										
Y39.0 Syphilis	M										
	F										
Y39.1 Other infections	M										
	F										
Y39.2 Erythroblastosis	M										
	F										
Y39.3 Other causes originated in the foetus	M										
	F										
Y39.4 Maceration, cause not specified	M										
	F										
Y39.5 Other ill-defined cause	M										
	F										
Y39.6 Cause unspecified	M										
	F										

(1) Irrespective of duration of pregnancy.
 (2) In weeks: Total 28 completed weeks and over of pregnancy.
 In months: Total 6 completed months and over of pregnancy.
 (3) According to your classification. Please specify.

D. ANNUAL REPORTING OF VACCINATIONS

Vaccinations (Form WHO/PAHO - D)

On the first page of this form general information regarding the more widely used prophylactic vaccinations is requested: relevant legislation, vaccine products employed, vaccination schedules.

Data on the number of persons vaccinated against different diseases are entered on page 2. For vaccinations against diseases not specifically listed, except poliomyelitis, the rubric "Other diseases" is used.

Page 3 provides space for detailed information on the extent of vaccination against poliomyelitis.

WORLD HEALTH ORGANIZATION

PAN AMERICAN HEALTH ORGANIZATION

VACCINATIONS

General Information

Country _____

Date _____

Procedures	Smallpox	Typhoid and paratyphoid fevers	Poliomyelitis
LEGISLATION			
Is vaccination compulsory			
Compulsory vaccination:			
Year started			
Population groups			
VACCINE			
Type(s) used			
Produced in country			
Imported			
Combinations used:			
INOCULATION SCHEME			
Primary course:			
At what age			
Number of doses			
Timing of doses			
Re-inforcing course (revaccination):			
Timing of dose			
Procedures	Diphtheria	Whooping cough	Tetanus
LEGISLATION			
Is vaccination compulsory			
Compulsory vaccination:			
Year started			
Population groups			
VACCINE			
Type(s) used			
Produced in country			
Imported			
Combinations used:			
INOCULATION SCHEME			
Primary course:			
At what age			
Number of doses			
Timing of doses			
Re-inforcing course (revaccination):			
Timing of dose			

PROPHYLACTIC VACCINATIONS

Country _____

Year 19____

Date _____

Please state as far as possible the numbers of vaccinations according to the vaccination procedures and groups stated in columns 1, 2 and 3:

Vaccination against	Simple or combined vaccinations <u>specify</u> (1)	Population groups or age groups vaccinated or revaccinated (2)	Complete, incomplete or reinforcing doses <u>specify</u> * (3)	Number of persons vaccinated or revaccinated (4)
Smallpox				
Tuberculosis				
Diphtheria				
Whooping cough				
Tetanus				
Typhoid and paratyphoid fevers				
Cholera				
Plague				
Yellow fever				
Epidemic typhus				
Other diseases ** (specify)				

* For smallpox and tuberculosis, specify only whether vaccination or revaccination.

** E.g. measles

E. ANNUAL REPORTING ON HEALTH INSTITUTIONS AND MANPOWER

Hospitals and Other Health Institutions with Beds (Form WHO/PAHO-E)

This form is chiefly concerned with existing hospital facilities and their utilization. The data requested are: numbers of hospitals, beds, admissions (or discharges including deaths) and patient days according to type of hospital - general or specialized. In addition space is provided for available data on beds, admissions (or discharges) and patient days for different specialized services within the general hospitals.

Hospitals providing medical and nursing care for more than one kind of medical discipline (e.g., surgery, medicine, gynecology, etc.) are included under "General Hospitals" while hospitals providing such care primarily for only one medical discipline are included under "Specialized Hospitals." Specialized hospitals of a type not specified under 3.1-3.10 should be listed under 3.11-3.13 ("Others").

"Cottage and rural hospitals" are defined as small hospitals usually in rural areas, permanently staffed by one or more physicians, which due to lack of equipment and other facilities provide medical and nursing care of a more limited range than than provided by general and specialized hospitals. This type of hospital may not exist in all countries of the Americas.

The term "Beds" refers to the normally available bed complement of the hospital i.e., beds which are regularly maintained and staffed for the accommodation and full-time care of a succession of in-patients. Thus supplementary or emergency beds should not be included. Excluded are also, for instance, recovery-room beds in surgical wards as well as cribs and bassinets maintained for use by healthy new-born infants.

Some countries may be unable to supply data concerning "Admissions" and "Patient days" for all the hospitals and hospital beds enumerated in columns 1 and 2. If this is the case, the number of beds corresponding to the data given in columns 3 and 4 should be stated in a footnote.

On page 1 of the form the data on facilities and their utilization are requested for all hospitals in the country irrespective of the type of ownership. On pages 2, 3 and 4 corresponding data are requested for government hospitals, private non-profit hospitals and private profit hospitals, respectively. In a few countries only data for the government hospitals will be available in which case only page 2 will be filled in. It is recommended, however, that every attempt be made to provide data for all

three types of hospital. The different types of hospitals are defined at the bottom of the corresponding pages of the form. It should be added that hospitals serving the armed forces or, as is the case in some countries, the police are to be included under "Government Hospitals".

A further purpose of the form is to obtain information on "Other Health Institutions with Beds". For these essentially the same kind of data are requested as for the hospitals.

Health Personnel (Form WHO/PAHO-F)

This form is for reporting of resources of trained health manpower. Totals of active physicians, dentists, nurses, sanitary engineers and health personnel of other categories are requested. The total number of active personnel in each category should be given and not the number of positions. Frequently health workers hold two or more positions and the number of positions will thus not reflect the available resources of health manpower. For each category the numbers working in government services and in private practice should also be given.

Space is provided for available information on numbers of specialized physicians by field of specialization.

For the categories "Midwives", "Nursing personnel" and "Graduate nurses with midwifery qualifications" information is requested on the years of general education and of technical education and training required. This information is of importance as there are wide variations in the requirements for admission to nursing or midwifery schools and in the length of training given.

Health Personnel and Hospital Beds by Major Country Political Divisions (Form WHO/PAHO-G)

A tabulation of the numbers of health personnel and the numbers of beds in general and in specialized hospitals by major political divisions of the country (and if possible for the major cities) is desired for this form.

HOSPITALS AND OTHER HEALTH INSTITUTIONS WITH BEDS

A. Hospitals of All Types of Ownership

Country _____

Date _____

Type of hospital or institution	Year 19____			
	Number	Beds	Admissions* or Discharges <input type="checkbox"/>	Patient days <input type="checkbox"/>
I. HOSPITALS - TOTAL.				
1. General Hospitals - Total				
of which specialized services:				
1.1 General medicine.	//////			
1.2 General surgery	//////			
1.3 Gynecology	//////			
1.4 Obstetrics	//////			
1.5 Pediatrics.	//////			
Others not included above under 1.1 and 1.2				
1.6	//////			
1.7	//////			
1.8	//////			
2. Cottage and Rural Hospitals - Total.				
3. Specialized Hospitals - Total.				
3.1 Tuberculosis hospitals (incl. sanatoria).				
3.2 Infectious disease hospitals.				
3.3 Maternity hospitals				
3.4 Pediatrics hospitals.				
3.5 Mental disease hospitals.				
3.6 Eye disease hospitals				
3.7 Chronic disease hospitals				
3.8 Cancer hospitals.				
3.9 Orthopedics hospitals				
3.10 Leprosaria.				
3.11 Others - specify:				
3.12				
3.13				
4. Clinics (including health centers) with beds				
II. OTHER HEALTH INSTITUTIONS WITH BEDS - TOTAL.				
1. Preventoria.				
2. Convalescent Homes				
3. Physiotherapy Centers and Rehabilitation Institutions.				
4. Institutions for Alcohol Addicts				
5. Others - specify:				
6.				

* Please indicate by a check mark in the corresponding box whether the number of admissions or discharges (including deaths) is given in this column.

Note: If data are not available for all hospitals in the country, please state the limitations of the data below:

HOSPITALS AND OTHER HEALTH INSTITUTIONS WITH BEDS (Cont.)

B. Government Hospitals⁽¹⁾

Country _____

Date _____

Type of hospital or institution	Year 19____			
	Number	Beds	Admissions* or Discharges <input type="checkbox"/>	Patient days
I. HOSPITALS - TOTAL				
1. General Hospitals - Total				
of which specialized services:				
1.1 General medicine	//////			
1.2 General surgery	//////			
1.3 Gynecology	//////			
1.4 Obstetrics	//////			
1.5 Pediatrics	//////			
Others not included above under 1.1 and 1.2				
1.6	//////			
1.7	//////			
1.8	//////			
2. Cottage and Rural Hospitals - Total.				
3. Specialized Hospitals - Total.				
3.1 Tuberculosis hospitals (incl. sanatoria).				
3.2 Infectious disease hospitals.				
3.3 Maternity hospitals				
3.4 Pediatrics hospitals.				
3.5 Mental disease hospitals.				
3.6 Eye disease hospitals				
3.7 Chronic disease hospitals				
3.8 Cancer hospitals				
3.9 Orthopedics hospitals				
3.10 Leprosaria.				
3.11 Others - specify:				
3.12				
3.13				
4. Clinics (including health centers) with beds				
II. OTHER HEALTH INSTITUTIONS WITH BEDS - TOTAL				
1. Preventoria.				
2. Convalescent Homes				
3. Physiotherapy Centers and Rehabilitation Institutions				
4. Institutions for Alcohol Addicts				
5. Others - specify:				
6.				

(1) All hospitals administered by a governmental authority, whether central, intermediate or local, or by a social security agency.

* Please indicate whether the number of admissions or of discharges (incl. deaths) is given by a check mark in the corresponding box.

Note: If data are not available for all government hospitals in the country, please state the limitations of the data below:

HOSPITALS AND OTHER HEALTH INSTITUTIONS WITH BEDS (Cont.)

C. Private Non-Profit Hospitals⁽¹⁾

Country _____

Date _____

Type of hospital or institution	Year 19__			
	Number	Beds	Admissions* or Discharges <input type="checkbox"/>	Patient days
I. HOSPITALS - TOTAL				
1. General Hospitals - Total				
of which specialized services:				
1.1 General medicine	//////			
1.2 General surgery	//////			
1.3 Gynecology	//////			
1.4 Obstetrics	//////			
1.5 Pediatrics	//////			
Others not included above under 1.1 and 1.2				
1.6	//////			
1.7	//////			
1.8	//////			
2. Cottage and Rural Hospitals - Total				
3. Specialized Hospitals - Total				
3.1 Tuberculosis hospitals (incl. sanatoria)				
3.2 Infectious disease hospitals				
3.3 Maternity hospitals				
3.4 Pediatrics hospitals				
3.5 Mental disease hospitals				
3.6 Eye disease hospitals				
3.7 Chronic disease hospitals				
3.8 Cancer hospitals				
3.9 Orthopedics hospitals				
3.10 Leprosaria				
3.11 Others - Specify:				
3.12				
3.13				
4. Clinics (including health centers) with beds				
II. OTHER HEALTH INSTITUTIONS WITH BEDS - TOTAL				
1. Preventoria				
2. Convalescent Homes				
3. Physiotherapy Centers and Rehabilitation Institutions				
4. Institutions for Alcohol Addicts				
5. Others - specify:				
6.				

(1) All hospitals operated on a non-profit basis by non-governmental bodies.

* Please indicate whether the number of admissions or of discharges (incl. deaths) is given by a check mark in the corresponding box.

Note: If data are not available for all private non-profit hospitals in the country, please state the limitations of the data below:

HOSPITALS AND OTHER HEALTH INSTITUTIONS WITH BEDS (Cont.)

D. Private Profit Hospitals⁽¹⁾

Country _____

Date _____

Type of hospital or institution	Year 19__			
	Number	Beds	Admissions [*] or Discharges <input type="checkbox"/>	Patient days
I. HOSPITALS - TOTAL				
1. General Hospitals - Total				
of which specialized services:				
1.1 General medicine.	//////			
1.2 General surgery	//////			
1.3 Gynecology.	//////			
1.4 Obstetrics.	//////			
1.5 Pediatrics.	//////			
Others not included above under 1.1 and 1.2				
1.6	//////			
1.7	//////			
1.8	//////			
2. Cottage and Rural Hospitals - Total.				
3. Specialized Hospitals - Total.				
3.1 Tuberculosis hospitals (incl. sanatoria).				
3.2 Infectious disease hospitals.				
3.3 Maternity hospitals				
3.4 Pediatrics hospitals.				
3.5 Mental disease hospitals.				
3.6 Eye disease hospitals				
3.7 Chronic disease hospitals				
3.8 Cancer hospitals				
3.9 Orthopedics hospitals				
3.10 Leprosaria.				
3.11 Others - Specify.				
3.12				
3.13				
4. Clinics (including health centers) with beds				
II. OTHER HEALTH INSTITUTIONS WITH BEDS - TOTAL.				
1. Preventoria				
2. Convalescent Homes				
3. Physiotherapy Centers and Rehabilitation Institutions				
4. Institutions for Alcohol Addicts				
5. Others - specify:				
6.				

(1) All private hospitals operated on a profit-making basis.

* Please indicate whether the number of admissions or of discharges (incl. deaths) is given by a check mark in the corresponding box.

Note: If data are not available for all private profit hospitals in the country, please state the limitations of the data below:

Country _____

Year 19____

Date _____

Type	Total number*	Working in Government services		Working exclusively in private practice
		Full-time	Part-time	
1. Physicians (graduates of medical schools): Total . . .				
1.1. General practitioners				
Specialists:				
1.2. Public health				
1.3. Surgery				
1.4. Internal medicine				
1.5. Pediatrics				
1.6. Psychiatry				
1.7. Radiology				
1.8. Gynecology - obstetrics				
1.9. Pathology				
1.10. Anesthesiology				
1.11. Other specialists - specify field				
1.12.				
1.13.				
1.14.				
1.15.				
2. Dentists				
3. Midwives				
3.1. With diploma: with ____ years of general education; and ____ years of technical education and training				
3.2. Assistant midwives: with ____ years of general education; and ____ years of technical education and training				
3.3. Others (e.g. traditional birth attendants) specify:				
4. Nursing personnel (male and female)				
4.1. Graduate nurses with diploma: with ____ years of general education; and ____ years of technical education and training				
4.2. Practical nurses with certificate: with ____ years of general education and ____ years of technical education and training				
4.3. Others (e.g. nursing aides - specify below)				

* Please give total number of active health personnel of specified type (not positions).

HEALTH PERSONNEL (Cont.)

Country _____

Year 19 _____

Date _____

Type	Total number*	Working in Govern-ment services		Working exclusively in private practice
		Full-time	Part-time	
5. Graduate nurses with midwifery qualifications: with _____ years of general education; and _____ years of nursing education; and _____ years of midwifery education.				
6. Pharmacists - with diploma:				
7. Veterinarians/veterinary surgeons - with diploma:				
8. Sanitary engineers:				
9. Sanitary inspectors/sanitaricians:				
10. Physiotherapists (do not include here physicians specialized in physiotherapy).				
11. Laboratory technicians:				
12. X-ray technicians:				
13. Other scientific and technical paramedical personnel (specify below)				
13.1.				
13.2.				
13.3.				
14. Other health auxiliaries (specify below)				
14.1.				
14.2.				
14.3.				

* Please give total number of active health personnel of specified type (not positions)

IMPORTANT:- Please state below in a footnote if the figures given in this form do not include all active persons (e.g. "Personnel employed in hospitals only") or if they on the contrary include persons who are no longer practicing their profession in the country (registered personnel for instance) or if they are subject to any other limitations in coverage.

III. REPORTS ON EDUCATIONAL INSTITUTIONS

Information regarding existing facilities for the training of health personnel and their utilization is of considerable importance for health planning. For many areas in the Americas, however, complete and current information on this subject is not as yet available. The development of routine reporting forms for educational institutions in the health field is envisaged. As a first step a reporting form for medical schools has been introduced.

Reporting Form for Medical Schools

This form is sent annually by the Organization to the deans of the medical schools in Latin America. The first form (Información sobre estudiantes en la escuela de medicina, 1963) was sent out in May 1964 requesting data for 1963. The data requested include number of students admitted, number enrolled and number graduated.

Reporting Form for Medical Schools

Nombre de la Escuela o Facultad: _____	
Nombre de la Universidad: _____	
Dirección: _____	
INFORMACION SOBRE ESTUDIANTES EN LA ESCUELA DE MEDICINA, 1963	
Número que ingresaron al primer año: _____	
Número matriculados: _____	Número de graduados: _____
Años de estudio, requeridos para obtener el título de médico: _____	
Nombre del Decano: _____	
Fecha: _____	Firma: _____
PAHO/WHO-HS	

IV. SPECIAL REPORTS ON SELECTED HEALTH TOPICS

A number of special reporting forms or questionnaires are sent out by the Pan American Health Organization. The information requested in these forms is usually needed for special tasks or programs.

A description is given below of special forms relating to long-term tasks or obligations which require reporting at regular intervals:

Questionnaires for Summary Reports on Health Conditions in the Americas

Summary reports on health conditions in the Americas for 1950-1953, 1953-1956 and 1957-1960 have been prepared for the XIV, XV and XVI Pan American Sanitary Conferences. Data for these reports were collected through three special questionnaires. The information in the last two questionnaires also served for the First and Second Reports on the World Health Situation published by the World Health Organization.

In December 1962 a Supplemental Questionnaire for the years 1961 and 1962 was sent out jointly by WHO and PAHO. The data obtained were published in the Supplement to the Second Report on the World Health Situation, 1961-1962 and were used for a summary report on Health Conditions in the Americas 1961-1962.

In December 1964 another special questionnaire was sent out requesting selected health data for the years 1961 - 1964. The replies to this questionnaire will be used by PAHO in conjunction with the annual reporting forms for its summary report on Health Conditions in the Americas for the XVII Pan American Sanitary Conference in 1966 and by WHO for its Third Report on the World Health Situation, 1961-1964. The request for information in this questionnaire is mainly limited to data which are not already being supplied by national health administrations in their routine annual reports.

Forms for Reports on the Aedes Aegypti Eradication Campaign

A special form - form PAHO 601 - is used for reporting the results of the Aedes aegypti eradication campaign in the Americas. This form is completed monthly and yearly for those countries with an eradication campaign in progress, and quarterly as well as yearly for those countries in which the campaign is in the stage of "vigilance." Detailed explanations and instructions on the use of this form are given in a Guide for the Reports on the Aedes Aegypti Eradication Campaign in the Americas (PAHO Miscellaneous Publications No. 49, 1960).

The data reported are used for evaluation of the status and the progress of the campaign in a given country as a whole and in each initially positive locality. Summaries of the data are published periodically in the Boletín de la Oficina Sanitaria Panamericana and in the Weekly Epidemiological Report.

Reporting Forms for the Malaria Eradication Programs

A questionnaire on selected aspects of the malaria eradication program is sent annually to countries and territories operating eradication programs. In this questionnaire data are requested inter alia on the status of the program in terms of population and area covered by its various phases, on the extent and results of spraying and evaluation operations, on mass drug distribution and on expenditures and budget commitments.

In addition a number of monthly and quarterly forms are completed: Monthly Report on Spraying Operations (PAHO/ME.SO.2.1.59); Monthly Report on Movement of Personnel (PAHO/ME.MP.6.11.59); Monthly Report on Epidemiological Evaluation (PAHO/ME.EE.4.1.59); Quarterly Report on Surveillance Operations in Areas in the Phase of Consolidation - Maintenance (PAHO/ME-13-E Rev. X-63).

Other Reporting Forms

In addition to the special reporting forms described above which are completed at regular intervals, a number of ad hoc questionnaires are sent out each year to obtain information for the use of seminars, for special studies, etc. (e.g., Encuesta sobre las Escuelas de Odontología en la América Latina; Cuestionario AS No. 29 Octubre de 1963; An International Study of Hospital Utilization WHO MHO/R/9.63; Questionnaire-National Morbidity Statistics WHO PA/246.64).

These ad hoc questionnaires are issued partly by PAHO, partly by WHO; the latter are generally transmitted by PAHO to the countries of the Americas.

Note: Users of the present Guide may find it convenient to insert here for reference a copy of each ad hoc questionnaire received.

PART II. COUNTRY TOTALS ON THE RESULTS OF OPERATIONS

Type of total (1)	Number of localities						Number of houses						Transports inspected	
	Inspected (initial survey)			Verified			Inspected (initial survey)			Verified			Total	With A. aegypti
	Total	With A. aegypti	Treated	Total	Still with A. aegypti	Without A. aegypti	Total	With A. aegypti	Treated	Total	Still with A. aegypti			
												Once	Twice	3 or more times
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
MONTHLY QUARTERLY	<input type="checkbox"/>													
CUMULATIVE: YEAR														
CUMULATIVE: FROM THE BEGINNING														

PART III. TRANSPORTS ON AN INTERNATIONAL VOYAGE, FOUND WITH AEDES AEGYPTI

Inspection airport, port or frontier post* (1)	Transport			Inspection		
	Name (2)	Type (3)	Arrived from* (4)	Date (5)	Results (6)	

REMARKS:

*After the name write A for airport, P for maritime, river or lake port, or F for frontier post.
 N.B. - Upon completion of this report send the original to Pan American Sanitary Bureau, Regional Office of the World Health Organization, Washington, D. C., USA, and one copy to the appropriate zone office of PASB.

(COUNTRY)

MONTHLY REPORT ON SPRAYING OPERATIONS

Period from _____ to _____ 19 _____ Weeks of the year _____

Date spraying work began _____ Date present cycle started _____

Total localities to be sprayed _____ N^o. once a year _____ N^o. twice a year _____

Total houses to be sprayed _____ N^o. once a year _____ N^o. twice a year _____

- WORK PERFORMED -

DESCRIPTION	SPRAYED ONCE A YEAR			SPRAYED TWICE A YEAR		
	During the month	Previously	Cumulative total	During the month	Previously	Cumulative total
N^o. LOCALITIES COMPLETED						
N^o. HOUSES TOTALLY SPRAYED						
N ^o . sprayed with 100% DDT.						
N ^o . sprayed with 75% DDT.						
N ^o . sprayed with 100% dieldrin.						
N ^o . sprayed with 50% dieldrin.						
N^o. HOUSES PARTIALLY SPRAYED						
N ^o . sprayed with 100% DDT.						
N ^o . sprayed with 75% DDT.						
N ^o . sprayed with 100% dieldrin.						
N ^o . sprayed with 50% dieldrin.						
N^o. HOUSES TOTALLY AND PARTIALLY SPRAYED						
N^o. HOUSES NOT SPRAYED						
N ^o . non-sprayable						
N ^o . unwilling						
N ^o . closed						
INSECTICIDE USED						
DDT. technical grade (grs.)						
DDT. 75% (grs.)						
Dieldrin technical grade (grs.)						
Dieldrin 50% (grs.)						

MOVEMENT OF FIELD SPRAYING PERSONNEL DURING MONTH				
P O S T	N ^o . at beginning of month.	N ^o . added during the month	N ^o . removed during the month	N ^o . at close of month
Sector Chiefs				
Squad Chiefs				
Spraymen				
Drivers				
Launch operators				
Seamen				
Others				
TOTAL				

OUTPUT:

Houses per squad-day _____

Houses per sprayman-day _____

DDT. (technical grade) grs. per house _____

Dieldrin (technical grade) grs. per house _____

N^o. Inhabitants directly protected _____

Accidents occurred during the month to field spraying personnel and their transport facilities:

(COUNTRY)

MONTHLY REPORT ON EPIDEMIOLOGICAL EVALUATION

Period from _____ to _____ 19 _____ Weeks of the year _____

Date spraying work began _____ Date present cycle began _____

MALARIA CASES REGISTERED

PERIOD	TOTAL	BY PLASMODIUM SPECIES					
		falciparum	vivax	malariae	falc.-viv.	falc.-mal.	viv.-mal.
During 1st. year of spraying							
During 2nd. year of spraying							
During 3rd. year of spraying							
During 4th. year of spraying							
In present month							
Nº. notifications by physicians _____		Nº. notifications by Health Service _____			Nº. notifications by others _____		
Nº. malaria cases _____		Nº. malaria cases _____			Nº. malaria cases _____		

INFORMATION POSTS FOR FEVER CASES

Nº. Installed during month		POSITIVE SAMPLES IN MONTH BY PLASMODIUM SPECIES	Nº.	
Nº. Installed since the beginning of Service			<i>P. falciparum</i>	
Nº. Producing samples in month			<i>P. vivax</i>	
Nº. Samples produced in month			<i>P. malariae</i>	
Nº. Positive samples in month			<i>P. falciparum + P. vivax</i>	
Nº. Negative samples in month			<i>P. falciparum + P. malariae</i>	
Nº. Posts visited in month			<i>P. vivax + P. malariae</i>	

LABORATORIES USED FOR DIAGNOSING OF MALARIA

BELONGING TO THE SERVICE	Nº.	COLLABORATING VOLUNTARILY	Nº.
Installed during month		Joined during month	
Installed since the beginning of Service		Collaborating since the beginning of Service	
Microscopists working during month		Samples examined	
Samples examined		Positive samples	
Positive samples		Negative samples	
Negative samples		Operating in gov. hosp. and health centers	
Average samples per microscopists		Operating in priv. hosp. and other priv. institutions	

HOUSE SEARCH FOR CASES

Nº. evaluation inspectors		POSITIVE SAMPLES IN MONTH BY PLASMODIUM SPECIES	Nº.	
Nº. evaluators			<i>P. falciparum</i>	
Nº. localities visited in month			<i>P. vivax</i>	
Nº. localities found with malaria			<i>P. malariae</i>	
Nº. houses visited			<i>P. falciparum + P. vivax</i>	
Nº. samples taken from present fever cases			<i>P. falciparum + P. malariae</i>	
Nº. positives			<i>P. vivax + P. malariae</i>	
Nº. samples taken from recent fever cases			Nº. epidemiologists _____	
Nº. positives				

EPIDEMIOLOGICAL INVESTIGATIONS

Nº. made during month _____ Nº. that confirmed cases indigenous in the sprayed area of the country _____

Nº. that confirmed cases imported from abroad _____ | Nº. of cases discovered during the

Nº. that confirmed cases from unsprayed areas of the country _____ | investigation _____

QUARTERLY REPORT ON SURVEILLANCE OPERATIONS IN AREAS IN THE PHASE OF :
CONSOLIDATION — MAINTENANCE

COUNTRY _____ **Area or District:** _____

Quarter N° _____ **of 19** _____ **Period from** _____ **to** _____ **19** _____ **Weeks of the year:** _____

(only in the case that a part of one quarter is reported)

1.- GENERAL INFORMATION (*)

Area (Km²) (attach one map showing the situation of the different areas in the country)			
Estimated population			
Estimated population living outside of cities of 20 000 or more persons			
Number of houses at the end of the last spray cycle			
Number of houses outside of cities with 20 000 or more population			
Population covered by active case detection only			
Population covered by passive case detection only			
Population covered by active and passive case detection simultaneously			
N° of evaluation inspectors		N° of evaluators	N° of information posts
<p>(*)- This section is to be filled in at the time of the first report, and thereafter only when changes are to be reported. Please provide a brief statement of: A)- Spraying history of the area, dates spraying began and was ended, cycles, insecticide, dosage, etc. B)- Organization of passive case detection, interval of rounds of active case detection, etc.; C)- Standard drug treatment schedule (drug, dosage, time) for single dose treatment and for radical treatment.</p>			

(Continue on the reverse or in a separate sheet)

2.- QUARTERLY INFORMATION ON CASE DETECTION

ACTIVE CASE DETECTION	SLIDES EXAM.	POSITIVES	PASSIVE CASE DETECTION	SLIDES EXAM.	POSITIVES
<i>From fever cases (present)</i>			<i>Information posts</i>		
<i>From fever cases (resent)</i>			<i>Health units</i>		
<i>From others</i>			<i>Private medical practitioners</i>		
<u>Total active case detection</u>			<u>Total passive case detection</u>		
<i>Epidemiological investigations</i>			<i>Special surveys</i>		
<i>Follow-up</i>			<i>Other sources (specify)</i>		
GRAND TOTAL OF SLIDES EXAMINED			GRAND TOTAL OF POSITIVES		

3.- ORIGIN OF INFECTION AND CLASSIFICATION BY PARASITE SPECIES

ORIGIN OF INFECTION	<i>P. falciparum</i>	<i>P. vivax</i>	<i>P. malariae</i>	Mixed infections			TOTAL
				<i>fal.-viv.</i>	<i>fal.-mal.</i>	<i>mal.-viv.</i>	
<i>Autochthonous</i>							
<i>Relapse</i>							
<i>Imported</i>	<i>a) from abroad</i>						
	<i>b) from other attack area</i>						
	<i>c) from other consol. area</i>						
<i>Introduced</i>							
<i>Induced</i>							
<i>Not classified</i>							
<i>Not investigated</i>							
TOTAL							

ANNEX - REPORTS OF PROJECTS OF PAN AMERICAN HEALTH ORGANIZATION

Statistical information is collected routinely from projects assisted by the Organization. The reporting forms to be used for this purpose will be distributed for addition to this section as they become available.

Reporting Forms for Leprosy Control Programs

Following the recommendations of a PAHO study group on leprosy, which met in Lima in November 1962, a reporting system for PAHO-assisted leprosy control programs has been introduced.

The reporting system is designed to provide data that will permit determining the status of the leprosy problem in the program area and to assess the achievements of the control program in terms of treatment and control of cases, supervision of contacts, etc.

The system includes six forms for statistical information (Tables No. 1-6) which are to be completed twice a year.

Instructions for the completion of the forms and definitions of the relevant terms and concepts are given in the report of the study group (Study Group on Leprosy, Report, 1962).

REPUBLIC OF _____
 DEPARTMENT OR PROVINCE _____
 LEPROSY CONTROL PROGRAM

TABLE N° 2
CLASSIFICATION OF CASES ON THE ACTIVE REGISTER

FOR PERIOD _____ TO _____

CLINICAL FORM	FEMALE						MALE						TOTAL SUPERVISED	TOTAL NOT SUPERVISED	GRAND TOTAL	
	0-14 YRS.		15+ YRS.		TOTAL		0-14 YRS		15+ YRS		TOTAL					
	S	NS	S	NS	S	NS	S	NS	S	NS	S	NS				
LEPROMATOUS																
TUBERCULOID																
INDETERMINATE																
DIMORPHOUS																
UNCLASSIFIED																
SUBTOTAL																
GRAND TOTAL																

S= SUPERVISED
 NS= NOT SUPERVISED

REPUBLIC OF _____
 DEPARTMENT OR PROVINCE _____
 LEPROSY CONTROL PROGRAM
 TABLE N° 5
 NEW PATIENTS

FOR PERIOD _____ TO _____

CASE FINDING	POPULATION EXAMINED	NEW PATIENTS														GRAND TOTAL		
		MALE							FEMALE									
		0-14 YEARS			15+ YEARS				0-14 YEARS			15+ YEARS						
		L	T	UC	TOTAL	L	T	I	D	UC	TOTAL	L	T	I	D		UC	TOTAL
LEPROMATOUS																		
TUBERCULOID																		
INDETERMINATE																		
DIMORPHOUS																		
UNCLASSIFIED																		
SUBTOTAL																		
SCHOOLS																		
ARMED FORCES																		
EMPLOYEES AND WORKERS																		
OTHERS																		
SUBTOTAL																		
MASS EXAMINATION OF POPULATION																		
SKIN CLINICS																		
NOTIFICATION OF PATIENTS																		
OTHER SOURCES																		
TOTAL																		

L = LEPROMATOUS T = TUBERCULOID I = INDETERMINATE D = DIMORPHOUS UC = UNCLASSIFIED

