



ANNEXURE 4: CDC WEEKLY PRIORITY CONDITION SUMMARY REPORTING FORM

Report to be completed by the focal person at the reporting site (health facility) and faxed (086-611-1092 / 021-483-2682) or emailed every Monday (for the previous week). Please submit a zero / nil report if there have been nil cases (EPI conditions). **NB! Please attach the notification form and/or the Case Investigation Form, laboratory report of reported cases.**

Weekly Summary Reporting Form					
Year:		Week	Month:		
Province:		District		Reporting Site Name (Health Facility)/district	
Officially expected reports:		Number of reports received:		Reports received on time:	
Name of reporting official/person:		Telephone and fax number:			
PRIORITY CONDITION / DISEASE		Cases	Deaths	Laboratory confirmed cases	Observations/Comments
1	Acute Flaccid Paralysis (AFP)				
2	Adverse Events Following on Immunisation (AEFI)				
3	Cholera				
4	Foodborne Illness / Food poisoning case/outbreaks				
5	Malaria				
6	Suspected Measles				
7	Meningococcal Meningitis				
8	Neonatal Tetanus				
9	Rabies				
10	Shigella Dysentery				
11	Enteric Fever				
12	Viral Haemorrhagic Fever				
13	Any other event of public health importance (Specify)				Condition/Disease/Diagnosis:
14	Outbreaks (suspected / confirmed)				Condition/Disease/Diagnosis: Facility, Sub-district: Description of event:

Disease/Condition/Event: Acute Flaccid Paralysis (AFP), Adverse Events following Immunisation (AEFI), Cholera, Foodborne Illness/Food poisoning cases/outbreaks, Malaria, suspected Measles, Meningococcal Meningitis, Neonatal Tetanus, Rabies, Shigella Dysentery, Enteric fever, Viral Haemorrhagic Fever, Any other event or disease of public health importance (specify)/ outbreaks