

Integrated Disease Surveillance (IDS) Form for Web-based Reporting

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Upazila: District:

Reporting week:/...../..... to/...../.....

Name of Disease	0-28 days		1-12 months		1-5 years		5-15 years		15+ years		Male Total	Female Total	Total
	M	F	M	F	M	F	M	F	M	F			
Acute watery diarrhoea													
Blood dysentery													
Pneumonia													
Severe pneumonia													
Very severe disease													
Name of disease	0-5 years				5-15 years		15+ years		Male Total	Female Total	Total		
	M		F		M	F	M	F					
SARI													
Acute meningitis-encephalitis syndrome													
Dengue fever													
Acute hepatitis													
Kala-azar													
Malaria													
Cutaneous Anthrax													
Enteric fever													
Probable Rabies													
PTB+													
PTB-													
EPTB													
Tuberculosis in children													