NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-1: Report of malaria surveillance by ASHA / health care provider / health facility

Year: ......................  Month: ......................  Fortnight I / II: ......................

* All cases of suspected malaria should be recorded in this form, irrespective of whether they are tested or treated.
* Start with patient number “1” each month. Use more than one sheet per fortnight, if needed and mention sheet number.
  Cases that presented to you during the fortnight should be included in that's form, irrespective of when fever first appeared.


PHC code: ......................  Subcentre code: ......................  Provider code: ......................

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Village name</th>
<th>Village/provider code</th>
<th>Name of patient (suspected malaria case)</th>
<th>Head of family</th>
<th>Active (A)/Passive (P) case detection</th>
<th>Age (Years / months)</th>
<th>Sex (M/F)</th>
<th>Duration of fever (days)</th>
<th>Date of RDT / BSC</th>
<th>RDT</th>
<th>Blood slides</th>
<th>Number of tablets/packs given for treatment</th>
<th>Date of starting treatment</th>
<th>Suspected severe malaria</th>
<th>Date of referral</th>
<th>Date verified by</th>
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Total

A. Positive results to be marked in red.

B. Mixed Infections to be marked as Pf.

C. Use ‘991’, ‘992’, etc. for village code when patient is not a usual resident of your village.
<table>
<thead>
<tr>
<th>Stock position</th>
<th>PF RDT</th>
<th>Bivalent RDT</th>
<th>CQ</th>
<th>PQ (2.5 mg)</th>
<th>PQ (7.5 mg)</th>
<th>ACT-SP (Pink)</th>
<th>ACT-SP (Yellow)</th>
<th>ACT-SP (Green)</th>
<th>ACT-SP (Red)</th>
<th>ACT-SP (White)</th>
<th>ACT-AL (Yellow)</th>
<th>ACT-AL (Red)</th>
<th>ACT-AL (White)</th>
<th>Slides</th>
<th>Lancets</th>
<th>Verified by (Signature)</th>
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NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-2: Slide examination request to laboratory
(For the use of ASHA/village level volunteer/MPHW)

Village: .......................... Village code: .................. Provider code ........................................... Subcentre ..........................................

* Fill the form in duplicate.
* Fill the columns 1 to 7 and send one copy of the form to the lab along with the slide(s)
* Fill the form even if there is only one slide
* Columns 8 to 11 to be filled by the LT and the form returned to the provider
* Once the form is received back from the laboratory, enter the results in your form and also fill the date the form is received back in column 12.

<table>
<thead>
<tr>
<th>Slide No.</th>
<th>Name of patient</th>
<th>Age</th>
<th>Sex</th>
<th>Duration of fever</th>
<th>Active/passive</th>
<th>Date of dispatch</th>
<th>Date of receipt in lab</th>
<th>Pv: Positive (√) Negative (-)</th>
<th>Pf: Positive (√) Negative (-)</th>
<th>Feedback on quality of smear by LT (Good/Satisfactory/Poor)</th>
<th>Date result received back by provider</th>
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</thead>
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</table>
NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-3: Laboratory register of slide examination in laboratory

<table>
<thead>
<tr>
<th>District: ........................................................................................................</th>
<th>Subcentre .......................................................................................................</th>
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<tbody>
<tr>
<td><strong>Serial Number</strong></td>
<td><strong>Date of examination</strong></td>
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</table>

In cases of RDT done at the PHC laboratory, entries will be made, except in columns 5, 10 & 11.

R: Ring stage   G: Gametocytes   RG: Ring stage and Gametocytes
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Village/SC/PHC/District/State name</th>
<th>Population</th>
<th>Total fever cases recorded in fortnight in M-I</th>
<th>No. of RDTs performed</th>
<th>No. of Pf positive by RDT</th>
<th>No. of Pf positive by microscopy</th>
<th>Total malaria infections detected by RDT</th>
<th>Total malaria infections detected by RDT + Microscopy</th>
<th>Total Pf detected by RDT + Microscopy</th>
<th>Total malaria infections detected by PCD</th>
<th>Severe cases reported</th>
<th>No. of cases referred</th>
<th>No. of deaths due to malaria</th>
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**MPHW (M)**
**MPHW (F)**
**Subcentre (Total)**
**PHC**
**Total**
<table>
<thead>
<tr>
<th>Stock position</th>
<th>Bivalent RDT</th>
<th>CG</th>
<th>PQ (2.5 mg)</th>
<th>PQ (7.5 mg)</th>
<th>ACT-SP (Pink)</th>
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