

## Annex 2: Weekly Report Form for Health Extension Workers (WRF\_HEW)

Health Post name		Woreda	
Kebele		Zone	
Start of week from Monday ____/____/____ to Sunday ____/____/____ (day) (month) (Year in Ethiopian Calendar) (day) (month) (Year in EC)			

**1. Record below the total number of cases for each disease/condition for the current week.**

Indicator	Total Cases
Total Malaria (confirmed by RDT + clinically diagnosed as malaria)	
Total malaria suspected fever cases examined by RDT	
Number of fever cases positive for malaria parasites (by RDT)	<i>P. falciparum</i>
	<i>P. vivax</i>
Meningitis (suspected)	
Bloody Diarrhea	
Acute febrile illness (other than malaria and meningitis )	
Severe Acute Malnutrition (MUAC < 11cm and/or Bilateral Edema in under 5 years children (new cases only))	

*RDT = Rapid Diagnostic Test; MUAC = mid upper arm circumference*

**2. Summary for Immediately Reportable Diseases/Conditions:**

DISEASE	C	D	DISEASE	C	D	DISEASE	C	D
AFP/Polio			Fever + Rash			Hemorrhagic Diseases		
Anthrax			Neonatal Tetanus			Guinea worm		
Acute Watery Diarrhea			Influenza Like Illnesses			Deaths of women of reproductive age (15-49)years		
Rabies			Other (specify): _____			Other (specify): _____		

*C = case; D = death*

Look at the trends, abnormal increase in cases, improving trends? Actions taken and Recommendations:

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Date sent by HF/Woreda/Zone/Region: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date received at Woreda/Zone/Region: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent by: \_\_\_\_\_

Received by: \_\_\_\_\_

Tele: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_