

### Annex 3: Weekly Disease Report Form for Outpatient and Inpatient Cases and Deaths (WRF)

Health facility name and type		Woreda	
Zone		Region	
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 and deaths for each disease/condition for the current week.**

Indicator	Out - Patient		In - Patient	
	Cases		Cases	Deaths
Total Malaria (confirmed and clinical)				
Total malaria suspected fever cases examined by RDT or Microscopy				
Number cases positive for malaria parasites (either by RDT or Microscopy)	<i>P. falciparum</i>			
	<i>P. vivax</i>			
Meningitis				
Dysentery				
Typhoid fever				
Relapsing fever				
Epidemic Typhus				
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. Report timeliness and completeness (to be filled only by Woreda Health Office and Zone/Regional Health Bureaus)**

Indicator	Government			NGO	Others
	H. Post	H. Center	Hospital	Health Facility	
Number of sites that are supposed to report weekly					
Number of sites that reported on time					

**3. Summary for Immediately Reportable Case-based Disease / Conditions: (Total cases and deaths reported on case-based forms or line lists during the reporting week)**

DISEASE	C	D	DISEASE	C	D	DISEASE	C	D
AFP/Polio			Maternal Death (Confirmed )			SARS		
Anthrax			Measles			Small pox		
Cholera			Neonatal Tetanus			Viral hemorrhagic fever		
Dracunculiasis (Guinea worm)			Pandemic Influenza			Yellow fever		
Deaths of women of reproductive age (15-49)years			Rabies			Other(specify): _____		
Maternal Death (Suspected)			Other (specify): _____			_____		

*C = case; D = death; SARS = severe acute respiratory syndrome NOTE: Official counts of immediately notified cases come only from case forms or line lists.*

Look at the trends, abnormal increase in cases, deaths, or case fatality ratios? 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: \_\_\_\_\_