**Early Warning Signal**

**Format for instantaneous reporting of Early Warning Signal as soon as it is detected**

State: District: Date of reporting:

Is the ready unusual increase in Cases/Death sorunusualeventinany area? **Yes**/No If yes, provide the following information:

|  |  |
| --- | --- |
| Disease/Syndrome  (Provisional/Confirmed) |  |
| Areaaffected  (Block,PHC,Sub-center,Village |  |
| Noofcases |  |
| Noofdeaths |  |
| Dateofstartoftheoutbreak |  |
| Totalpopulationofaffectedarea(Village) |  |
| Salientepidemiologicalobservations |  |
| Labresults(typeofsample,numberof  samplescollectedandtested,Whattests,where,results) |  |
| Controlmeasuresundertaken  (InvestigatedbyRRTornot) |  |
| Presentstatus |  |
| Anyotherinformation |  |