**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,numberofsamplescollectedandtested,Whattests,where,results)  |  |
| Controlmeasuresundertaken(InvestigatedbyRRTornot) |  |
| Presentstatus |  |
| Anyotherinformation |  |