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 this form, irrespective of when fever first appeared.

PHC: …… Subcentre: …..…… Village: …… Provider: ……

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

Serial number	Village name	Village/ provider code	Name of patient (suspected malaria case)	Head of family	Active (A) / Passive (P) case detection	Age (Years / months)	Sex (M /F)	Duration of fever (days)	Date of RDT / BSC	RDT				Blood slides						Pregnant (if yes, □)	Date of starting treatment	Number of tablets/packs given for treatment					Suspected severe malaria (□)	Date of referral	If died, date of death	Verified by (signature)
										Pf positive (□)	Pv positive (□)	Negative (□)	Mixed infection + ve (□) -ve (-)	Slide number (Ser No./Provider/ Village/SC code)	Date of dispatch to lab	Receipt date of report	Pv +ve (□) -ve (-)	Pf + ve (□) -ve (-)	Mixed infection + ve (□) -ve (-)			CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (□)	ACT-AL (□)				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total																														

A. Positive results to be marked in red.

B. Use '991', '992', etc. for village code when patient is not a usual resident of your village.

Stock Position	Pf RDT	Bivalent RDT	CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (Pink)	ACT-SP (Yellow)	ACT-SP (Green)	ACT-SP (Red)	ACT-SP (White)	ACT-AL (Yellow)	ACT-AL (Green)	ACT-AL (Red)	ACT-AL (White)	Slides	Lancets	Verified by (Signature)
Opening Balance																	
Received during fortnight Opening balance																	
Total of above																	
Utilization during fortnight																	
Closing Balance																	

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-1A: Report of ASYMPTOMATIC malaria surveillance by ASHA / Health Care Provider / Health Facility

Year: …… Month ……

* *All Asymptomatic malaria cases should be recorded in this form.*

PHC: …… Sub centre: …..…… Village: …… Provider: ……

PHC code: ……..…… Sub Centre code: …… Provider code: ……

Serial number	Village name	Village/ provider code	Name of Asymptomatic Person	Head of family	Age (in Years)	Sex (M /F)	Date of RDT / BSC	RDT				Blood slides							Pregnant (if yes, □)	Date of starting treatment	Number of tablets/packs given for treatment					Verified by (signature)
								Pf positive (□)	Pv positive (□)	Negative (□)	Mixed infection (Pf & Pv) (□)	Slide number (Sl. No./Provider/ Village/SC code)	Date of dispatch to lab	Receipt date of report	Pv positive (□)	Pf positive (□)	Mixed infection (Pf & Pv) (□)	Negative (□)			CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (□)	ACT-AL (□)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Total																										

A. Positive results to be marked in red.
B. Use '991', '992', etc. for village code when patient is not a usual resident of your village.

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 12 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 on which the form is received back in column 13.*

Slid e No.	Name of patient	Age	Sex	Durati on of fever	Active/ passive	Date of dispatch	Date of receipt in lab	Pv: Positive (□) Negative (-)	Pf: Positive (□) Negative (-)	Mixed infection: Positive (□) Negative (-)	Feedback on quality of smear by LT (Good/Satis fact ory/Poor)	Date of result received back by provider
1	2	3	4	5	6	7	8	9	10	11	12	13

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-2A: Slide examination request to laboratory for ASYMPTOMATIC cases

(For the use of ASHA/ village level volunteer/MPHW)

Village: …… Village code: ……. Provider code …… Sub centre …….

* *Fill the form in duplicate.*
* *Fill the columns 1 to 6 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 7 to 11 to be filled by the LT and the form to be returned to the provider*
* *Once the form is received back from the laboratory, enter the results in your form and also fill the date in column 12 on which the result is received back by you*

Slide No.	Name of Asymptomatic Person	Age	Sex	Date of Blood Slide Collection	Date of dispatch	Date of receipt in lab	Pv: Positive (□)	Pf: Positive (□)	Mixed infection: (Pf & Pv) Positive (□)	Feedback on quality of smear by LT (Good /Satisfactory /Poor)	Date on which result received back by provider
1	2	3	4	5	6	7	8	9	10	11	12

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
M-3: Laboratory register of slide examination in laboratory

District: …….…… Subcentre ……..

Serial Number	Date of examination	Village code	Provider code	Slide number	Name of patient	Age	Sex (M/F)	Duration of fever	Date of dispatch of slide to lab	Date of receipt of slide in lab	Pv	Pf (R/G/ RG)	Mixed infection: Positive (□) Negative (-)	Date of sending result to provider	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

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

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-3A: Laboratory register of slide examination in laboratory for ASYMPTOMATIC Person

District: ……..…… Sub Centre ……..

Serial Number	Date of examination	Village code	Provider code	Slide number	Name of Asymptomatic Person	Age	Sex (M/F)	Date of BSC	Date of dispatch of slide to lab	Date of receipt of slide in lab	Pv positive (□)	Pf positive (□) (R/G/ RG)	Mixed infection (Pf & Pv) (□)	Date of sending result to provider	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

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

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-4: Fortnightly report of malaria surveillance from subcentre / PHC / district / State

Subcentre/PHC ..... Subcentre code ..... Year: ..... Month: ..... Fortnight I / II .....

S. No	Village/ Subcentre / PHC/ District/ State Name	Village/ Subcentre / PHC/ District/ State Code	Population	Total fever cases recorded during fortnight in M1	No. of RDTs performed	No. of Pf positive by RDT	No. of Pv positive by RDT	No. of mixed infections detected by RDTs	Total positive cases detected by RDT	No. of slides taken	No. of slides examined	No. of slides examined in PCD	No. of slides reported within 24 h	No. of Pf positive by microscopy	No. of Pv positive by microscopy	No. of mixed infections detected by microscopy	Total malaria positives detected by microscopy	Total Pf detected by RDT + microscopy	Total Pv detected by RDT + Microscopy	Total mixed infections detected by RDT + Microscopy	Total malaria cases detected by RDT + Microscopy	No. of slides positive in PCD	Malaria Cases 0-4 years (Male)	Malaria Cases 0-4 years (Female)	Malaria cases 5-14 years (Male)	Malaria cases 5-14 years (Female)	Malaria cases ≥ 15 years (Male)	Malaria cases ≥ 15 years (Female)	Malaria cases (Pregnant women)	Severe cases treated	Outbreaks reported (Y/N)	No. of cases referred	No. of deaths due to malaria	Name/Age/Sex of death case
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
	MPHW (M)																																	
	MPHW (F)																																	
	Subcentre (Total)																																	
	PHC																																	
	TOTAL																																	

Stock Position	Bivalent RDT	CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (Pink)	ACT-SP (Yellow)	ACT-SP (Green)	ACT-SP (Red)	ACT-SP (White)	ACT-AL (Yellow)	ACT-AL (Green)	ACT-AL (Red	ACT-AL (White)	Inj. Artesunate	Inj. Artemether	Inj. Arteether	Slides	Lancets	Verified by (Signature)
Opening Balance																			
Received during fortnight Opening balance																			
Total of above																			
Utilization during fortnight																			
Closing Balance																			

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-4A: Report of ASYMPTOMATIC malaria surveillance from subcentre / PHC / district / State

Sub centre/PHC …… Sub centre code …….. Year: …… Month: ……

S. No.	Village/ Subcentre / PHC/ District/ State Name	Village/ Subcentre / PHC/ District/ State Code	Population	No. of Asymptomatic Person	No. of RDTs performed	No. of Pf positive by RDT	No. of Pv positive by RDT	No. of mixed infections detected by RDTs(Pf+Pv)	Total positive cases detected by RDT	No. of slides taken	No. of slides examined	No. of slides reported within 24 h	No. of Pf positive by microscopy	No. of Pv positive by microscopy	No. of mixed infections detected by microscopy (Pf+Pv)	Total malaria positives detected by microscopy	Total Pf detected by RDT + microscopy	Total Pv detected by RDT + Microscopy	Total mixed infections detected by RDT + Microscopy	Total malaria cases detected by RDT + Microscopy	Malaria Cases 0-4 years (Male)	Malaria Cases 0-4 years (Female)	Malaria cases 5-14 years (Male)	Malaria cases 5-14 years (Female)	Malaria cases ≥ 15 years (Male)	Malaria cases ≥ 15 years (Female)	Malaria cases (Pregnant women)	Outbreaks reported (Y/N)	NName/Age/Sex of death case
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	MPHW (M)																												
	MPHW (F)																												
	Subcentre (Total)																												
	PHC																												
	TOTAL																												