

Communicable Disease Notifying Form Health Protection Agency Lot No. 11506 Onu Gas Magu

Lot No. 11506, Onu Gas Magu, Hulhumale', Republic of Maldives

HPA-SUR-U00049-F-2024-11

Reporting Facility		-	□*Re-notification (required for changes in diagnosis (e.g. Dengue Fever to DHF), case confirmation or outcome (e.g., death).			
<u>Notifiable Diseases</u> (place ✓ appropriate	· · · · · · · · · · · · · · · · · · ·					
Immediately notifiable via form and Telephone			Notifiable within 24 hrs. to HPA via email			
(3+9603024525/contact HPA surveillance focal point)		(phpse.hpa@health.gov.mv)				
☐Adverse Event Following Immunizati	-	□Chikungunya / □Zika				
☐Acute Flaccid Paralysis (use Polio investigation form)		□COVID-19				
□ Cholera		□Dengue Fever (DF) / □Severe Dengue Fever				
Diphtheria		☐GBS (Guillain–Barré syndrome)				
□ Encephalitis (specify organism if known)		☐ Hepatitis A / B/ C/ D/E (circle as appropriate)				
□Food Poisoning (use investigation form) □Leprosy		□Influenza (□SARI / □ILI) □Leptospirosis				
☐ Lymphatic Filariasis		□Plague				
□Lymphatic rilanasis □Malaria		☐Pneumonia with cause				
☐Measles (complete fever and rash investigation form)			□Rota virus			
☐Meningitis (specify organism if known)		□Scrub Typhus				
□Mpox			□Scabies			
☐Mumps		□STIs (specify)				
☐MERS (Middle East Respiratory Synd	=	☐Syphilis / ☐ Congenital Syphilis				
☐Pertussis/whooping cough (use investing the cough)	stigation form)	☐Typhoid/ ☐ Paratyphoid (complete case investigation form)				
□Rabies		☐Toxoplasmosis/☐ Congenital toxoplasmosis				
☐Rubella/Congenital Rubella Syndrom	e (use investigation	⊔Othe	ers (speci	fy)	<u>—</u>	
form)						
□Shigella □Tetanus / □ Neonatal tetanus						
☐Tuberculosis						
□Yellow Fever						
Case Details (Mandatory fields are marked with (*) and <u>underlined</u> . Please make sure to complete them.						
1-* Case classification: Suspect □ Pro	obable 🗀 🛮 Confirmed	d □ (a	s per sur	veillance case definition)		
1-*Case classification: Suspect ☐ Pro 2-*Patient National ID No:	obable	d □ (a	s per sur	veillance case definition) 4-*Age: YY / MM	5-* <u>Sex</u> : □M □F	
		d □ (a	s per sur		5-* <u>Sex</u> : □M □F If pregnant □	
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