



Communicable Disease Notifying Form

Health Protection Agency
Male', Republic of Maldives

FORM 001
HPA/2015

Reporting Facility

***Re-notification** (required for changes in diagnosis (e.g. Dengue Fever to DHF), case confirmation or outcome (e.g. death).

Notifiable Diseases (place ✓ appropriately)

Immediately notifiable via form and Telephone (+960 3014496)

- Acute Flaccid Paralysis (use Polio investigation form)
- Cholera
- Diphtheria
- Encephalitis (specify organism if known) _____
- Food Poisoning (use investigation form)
- Measles (complete measles investigation form)
- Meningitis (specify organism if known) _____
- Mumps
- Rabies
- Rubella / Congenital rubella syndrome
- Tetanus / Neonatal tetanus
- Tuberculosis (use TB investigation form)
- Whooping Cough
- Yellow Fever

Notifiable within 24 hrs to HPA

- Chikungunya
- DF/ DHF/ DSS
- Filariasis
- Hepatitis A / B/ C/ D/E (circle appropriately)
- Leprosy
- Leptospirosis
- Malaria
- Plague
- Scrub Typhus
- SARI (Severe Acute Respiratory Infection = ARI requiring hospital admission)
- Typhoid/ Paratyphoid (complete case investigation form)
- Toxoplasmosis/ Congenital toxoplasmosis
- Other emerging disease (specify) _____

Case Details (Mandatory fields are marked with (*) and underlined. Please make sure to complete them.

1-***Case classification:** Suspect Probable Confirmed (as per surveillance case definition)

2-***Patient Nation ID No:**

A _____
For foreigners include passport number

3-***Patient Name:**

4-***Age:** YY / MM

5-***Sex:** M F
If pregnant

6- ***Patient's residential Address** (pls confirm with patient.)

7-***Atoll/Island**

8-**Contact number**

9-**Foreigners**
country of origin

10-***Date of onset of illness:** DD / MM / YYYY

11-**Date of consultation:** DD / MM / YYYY

12-***Patient category**

- Out-patient
- In-patient: Ward _____ Bed _____
 ICU _____ Bed _____

13-***Case outcome:**

- Death On treatment Referred to higher center
- Recovered with disability Recovered fully

14- Recent **travel history** if relevant (include countries visited)

15- **Date of arrival** in Maldives: DD / MM / YYYY

16-**Clinical details** (include risk factors, mode of transmission, etc.)

18-**Laboratory Confirmation:**

- Confirmed: Test specifics _____
- If Requested, Date: DD / MM / YYYY
- Not Requested

17- **Condition of patient:** Stable Sick Critically ill

Notifier details (eg:Dr, Nurse ,HW or other designated person)

Name: _____ Designation: _____

Signature: _____ Date: DD / MM / YYYY

Data entry use (use by PHUs and entry users)

Date received: DD / MM / YYYY Date of entry: DD / MM / YYYY

Checked and entered by: _____

For further information or inquiries, please contact:

Health Protection Agency, Ministry of Health,
Roshanee Building, Sosun Magu, Male'.

Telephone: +960-3014 496, Hotline: +960-3014 333, Fax: +960-3014 484 email: hpa@health.gov.mv

Forms and case definition booklet are available on <http://www.hpa.gov.mv> , <http://www.health.gov.mv>

The revised International Health Regulations (IHR 2005) adopted by the 58th World Health Assembly of WHO provide the legal framework for mandating countries to have a disease surveillance system. It is **Mandatory** under the *International Health Regulations (IHR 2005)* and the *Public Health Protection Act 7/2012* of Maldives to **notify** communicable diseases.

1. Reporting institution name and contact phone number should be in each form. (a seal may be used)
2. Tick the appropriate notifiable disease. The diseases in **bold** in this list should be notified within **24 hours**. For a new emerging disease, i.e. a disease new to Maldives or not frequently seen, specify the disease in the space, and inform by telephone as well. For other diseases not listed, please see notes below.
3. **Case classification:** if uncertain, please check case definitions and confirmatory lab tests with the booklet: *Case definition for notifiable diseases in Maldives 2008*, available in hospitals and on the Ministry of Health and Gender website.
4. **Patient ID card no.:** Please write the national ID card number for Maldivians, and for foreigners the passport number. This is a unique identifier number that will help to prevent duplicating records.
5. **Name:** as in ID card, passport or work permit card (for non-nationals)
6. **Address of residence** at time of onset of illness: Please specifically ask the patient or care-giver and write the address **where patient lived when the symptoms began**. Do not simply copy the permanent address on the patient's ID card.
7. **Date of onset** = approximate date when symptoms first began. Please ask the patient or caregiver if it is not mentioned or not clear in the notes.
8. **Re-notification:** This is required for changes in diagnosis, case confirmation or outcome.
 - Change of diagnosis includes change from DF (Dengue fever) to DHF or DSS.
 - Case confirmation includes change in status i.e. suspect, probable or confirmed according to the case definition, e.g. confirming diagnosis or causative organism by laboratory tests.
 - Case outcome: This is often not known at time of reporting. However, if a patient with the disease dies, develops life-long sequelae or disability, or develops chronic disease status or chronic carrier status, please repeat notification mentioning the new outcome. In case of death, please attach a copy of death certificate and death summary.

You may use either the previous form, a clear copy of it or a fresh form for re-notification.

The following diseases do not require case-based notification:

- Viral fever
- Diarrhoeal disease (AGE)
- Chickenpox / zoster
- Out-patient Acute Respiratory Infections (ARIs)
- Conjunctivitis
- Hand Foot and Mouth Disease

This form need not be completed for these diseases unless you have some particular concern. These diseases are notified by institutions on a daily count basis.

The following diseases have separate forms which are available from HPA and on the website

- Acute flaccid paralysis (AFP)
- Tuberculosis
- Measles
- Vaccine preventable diseases
- HIV, STD's
- Food poisoning
- Typhoid

These diseases should be informed to HPA by **telephone** as soon as possible. You may report it in this form if you wish, particularly when specific forms are not available. However, you should complete and send the disease-specific form also.

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