Government of Karnataka
DISTRICT SURVEILLANCE UNIT, BANGALORE URBAN DIST
District Health and Family welfare Office, Bangalore Urban District Premises
Old Madras Road Indiranagar, Bangalore -560038
Email ID – dsubangaloreurban@gmail.com
Phone No: 080-25266143

Integrated Disease Surveillance Programme

Integrated Health Information Platform (IHIP) for Integrated Disease –
Training for Medical College Doctors

Dr .N Manohar
District Surveillance Officer
Bangalore Urban District

What is Integrated Health Information Platform

- IHIP is an information platform that provide real-time information on health surveillance
- All data contained in IHIP: Person, Place, Time and all data has geocoded for geographic reference
- Strengthening of India's Public Health Surveillance System
- Comprehensive information system to monitor emerging and emerging public health threats, disasters and mass events
- IHIP provides the Union health ministry, State health ministries, local governments, municipalities to real-time information on health surveillance from anywhere on any electronic device

What are the essential differences between previous and new IDSP portal

- IDSP was designed to:
  - Capture aggregate data only
  - Paper-based data collection
  - Not to link data from S, P and L forms
  - Weekly surveillance
  - Monitor only 13 health conditions
- IHIP is designed to:
  - Capture disaggregate data of persons at all levels
  - Link data from S, P L, EWS 1 and 2 forms
  - Capture real-time or daily surveillance data
  - Provide analysis on mobile and electronic devices
  - Monitor more than 33+ health conditions
  - Integrate with ongoing surveillance programs

IDSP's Workflow in India's Geographic Context





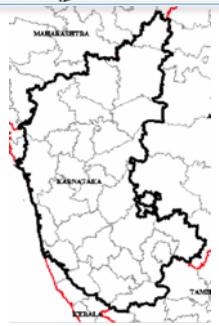
Village
(655075)



Sub-district
(6267)

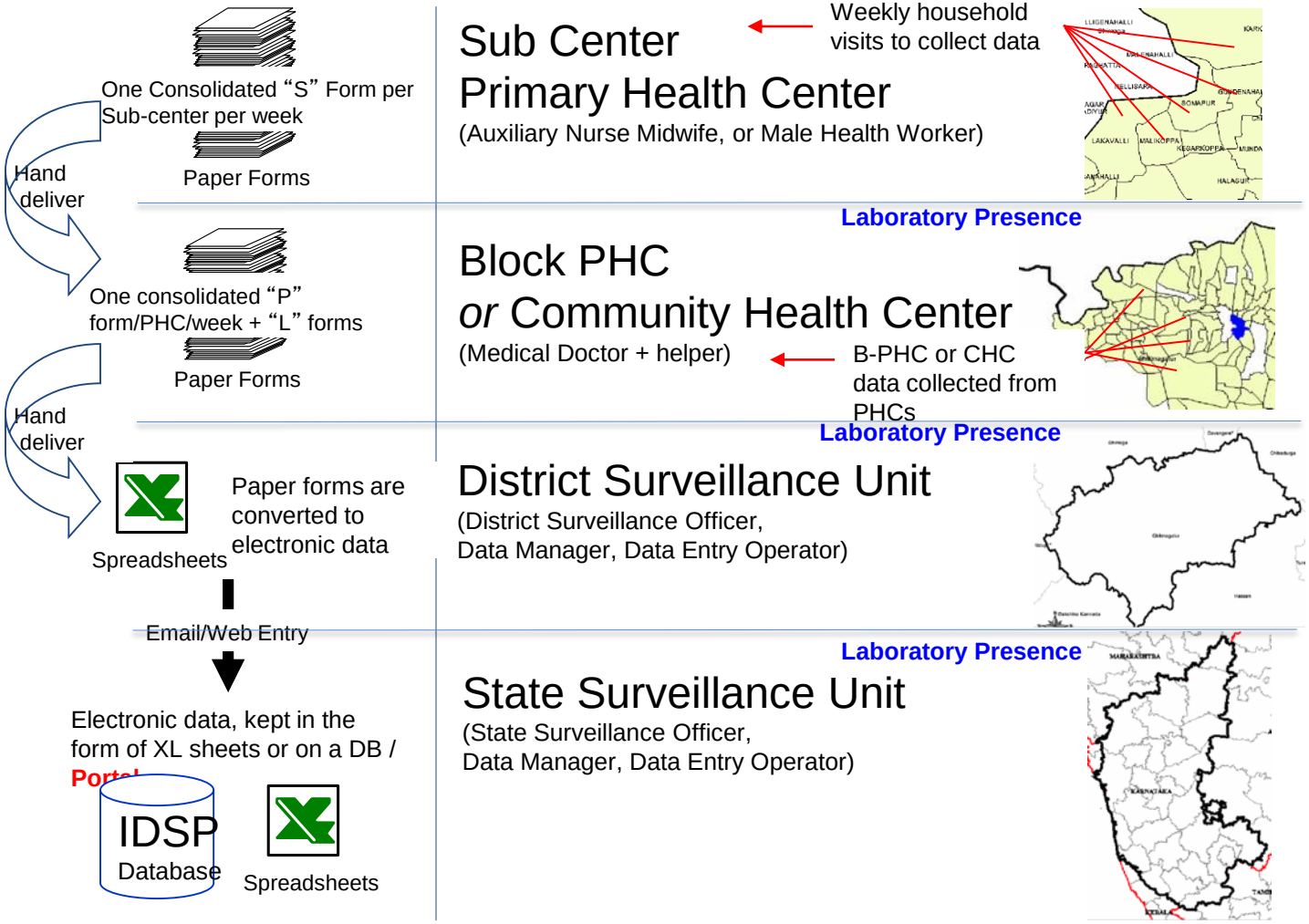


District
(707)



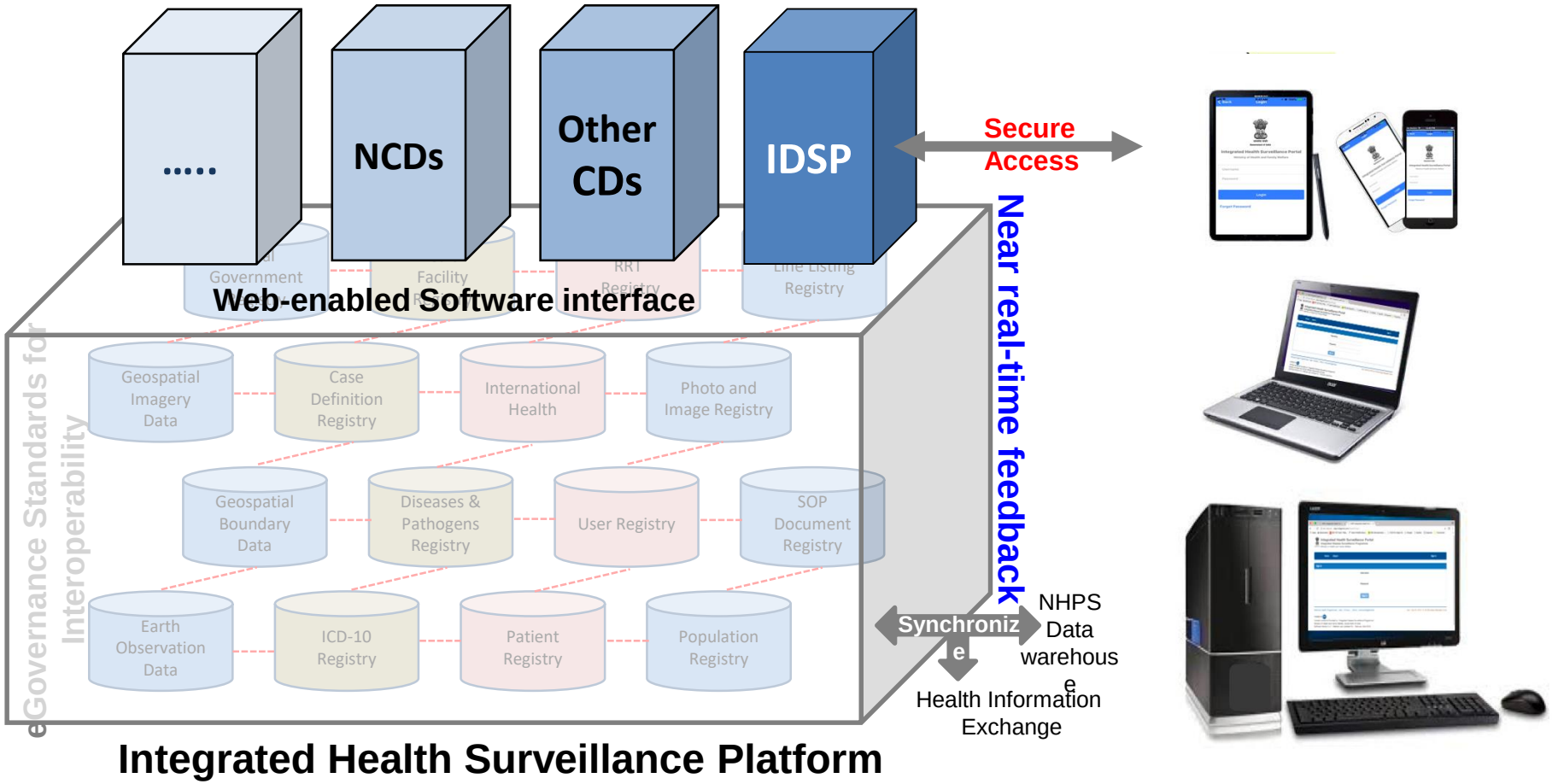
State
(36 States/UTs)

IDSP's Data Collection Process at State-level




9689

India's Integrated Health Information Architecture



Linking Surveillance Data Records

Facility NIN; Geocoded PIN; Reporting Unit ID; Reporting Person ID; Person Aadhar or other IDs

S Form Entry at Field level

Please open the web Browser (ex. Google chrome, Mozilla Firefox) please enter web sit

idsp.nhp.gov.in

ihip.indigoind.com/#!/

Integrated Health Surveillance Portal

Ministry of Health and Family Welfare

Home



National Health Programmes

Programmes for communicable diseases

National Centre for Disease Control
Integrated Disease Surveillance Programme
Antimicrobial Resistance
National Vector Borne Disease Control Programme (NVBDCP)
Viral Hepatitis
Human Rabies
National Public Health Surveillance Programme
National AIDS Control Programme(NACP)
Revised National Tuberculosis Control Programme(RNTCP)
National Leprosy Eradication Programme(NLEP)
Universal Immunization programme

Programmes Non-communicable diseases,Injury and Trauma

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National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
National Programme for Control Treatment of Occupational Diseases
National Programme for Prevention and Control of Deafness (NPPCD)
National Mental Health Programme (NMHP)
National Programme for Control of Blindness (NPCB)
National Nutritional Programmes (NNP)
National Iodine Deficiency Disorders Control Programme (NIDDCP)
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National Programme for Prevention and Control of Fluorosis (NPPCF)
Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A)
National Rural Health Mission(NRHM)
National Urban Health Mission(NUHM)
National Mental Health Programme

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Joint monitoring mission – IDSP

Recent monitoring and evaluation of the national disease surveillance programme, IDSP has highlighted that investment into surveillance , laboratories ,data analysis and information systems

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Disease reprioritization workshop IDSP

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Influenza strengthening workshop

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Harmonizing data tools for Influenza

Emergency Operations Centres

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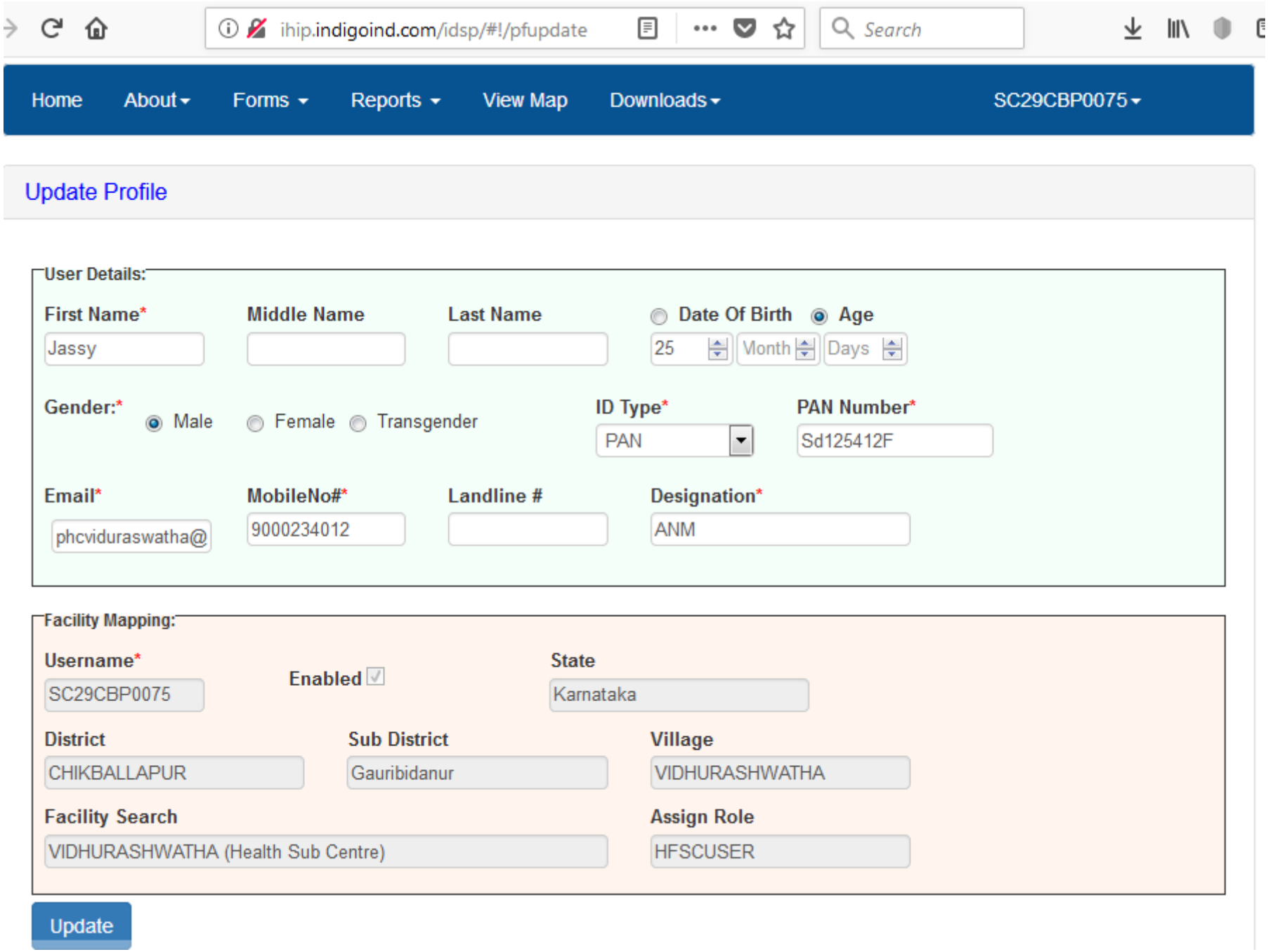
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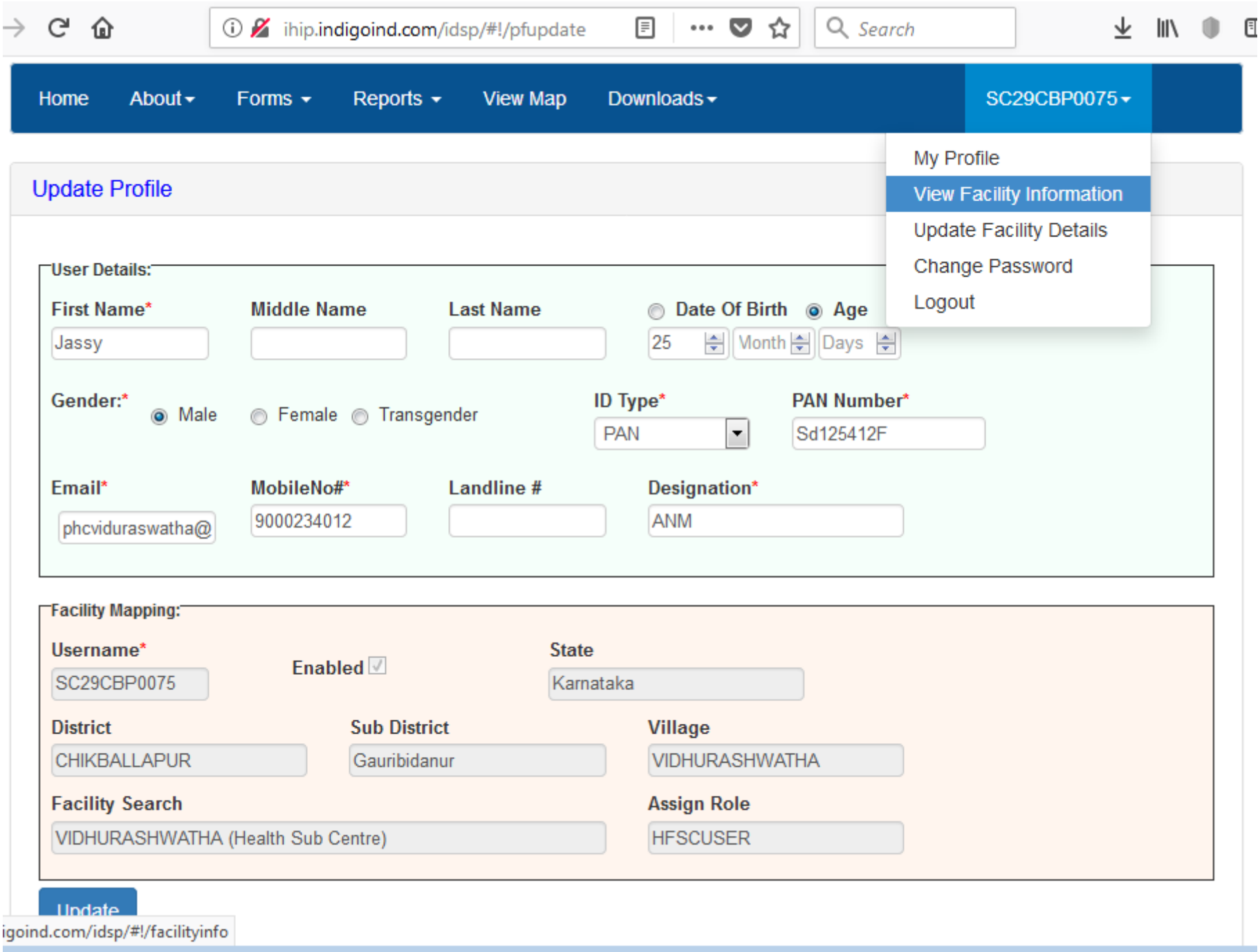


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Update Profile
User Details:
First Name*
Jassy
Middle Name
Last Name
Date Of Birth
Age
25
Month
Days
Gender:*
Male
Female
Transgender
ID Type*
PAN
PAN Number*
Sd125412F
Email*
phcviduraswatha@
MobileNo#*
9000234012
Landline #
Designation*
ANM
Facility Mapping:
Username*
SC29CBP0075
Enabled
State
Karnataka
District
CHIKBALLAPUR
Sub District
Gauribidanur
Village
VIDHURASHWATHA
Facility Search
VIDHURASHWATHA (Health Sub Centre)
Assign Role
HFSCUSER
Update


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Search
Home
About
Forms
Reports
View Map
Downloads
SC29CBP0075
My Profile
View Facility Information
Update Facility Details
Change Password
Logout
Update Profile
User Details:
First Name*
Jassy
Middle Name
Last Name
Date Of Birth
Age
25
Month
Days
Gender:*
Male
Female
Transgender
ID Type*
PAN
PAN Number*
Sd125412F
Email*
phcviduraswatha@
MobileNo#*
9000234012
Landline #
Designation*
ANM
Facility Mapping:
Username*
SC29CBP0075
Enabled
State
Karnataka
District
CHIKBALLAPUR
Sub District
Gauribidanur
Village
VIDHURASHWATHA
Facility Search
VIDHURASHWATHA (Health Sub Centre)
Assign Role
HFSCUSER
Update
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SC29CBP0167

Password

Invalid Username/Password. Try agian.

Login

Facility Information



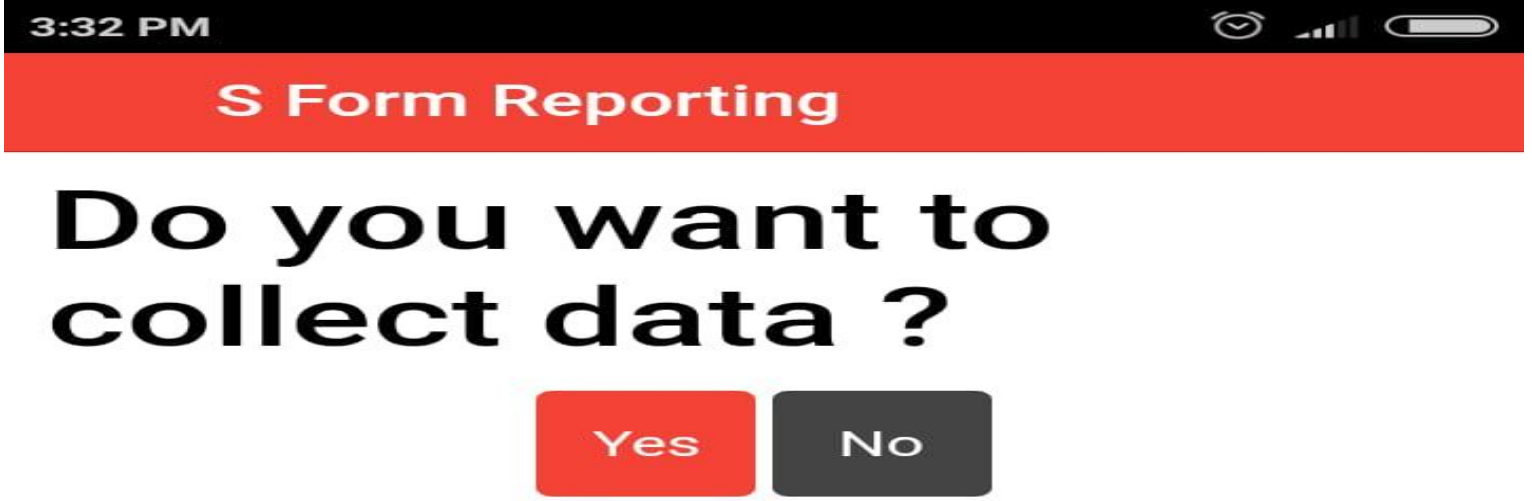
Integrated Disease Surveillance Programme

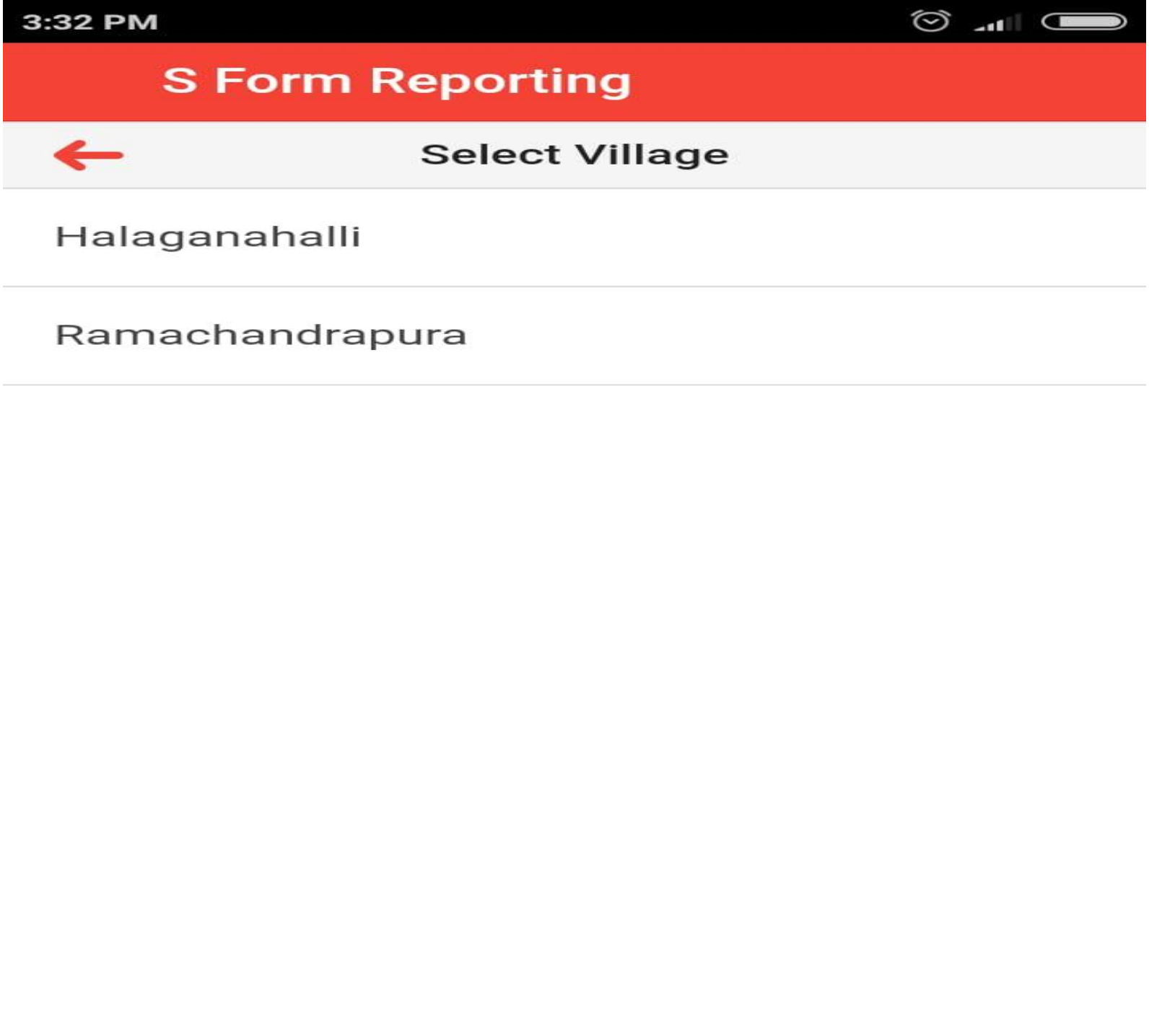
Ministry of Health and Family Welfare

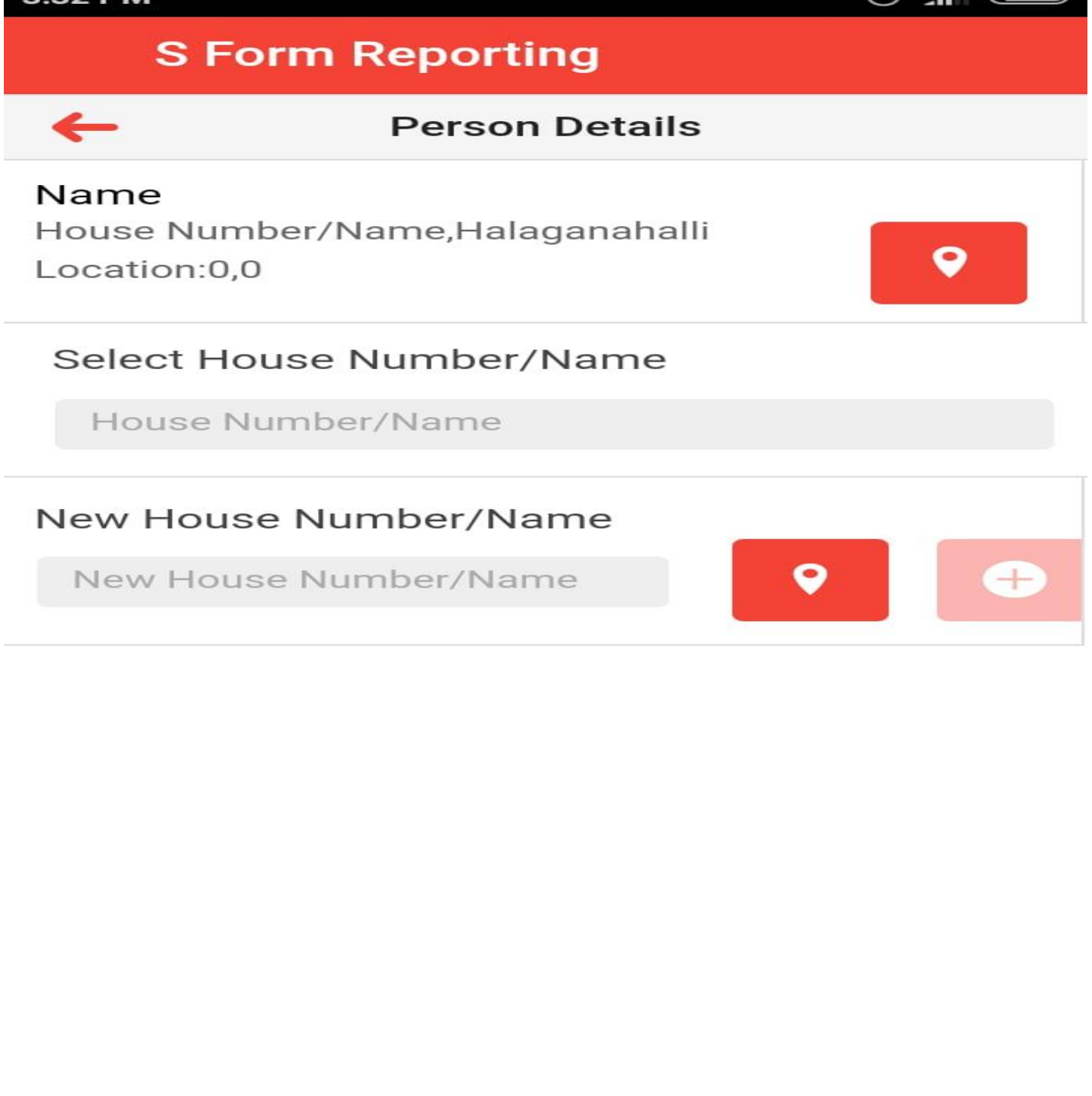
Facility Name	VIDHURASHWATHA Health Sub Centre
Officer Inch.	Unavailable **Phone:**
Health Worker	Jassy **Phone:** 9000234012
Village	Not Available
Sub District	Gowribidanur (5595)
District	Chikkaballapur (630)
State	Karnataka (29)

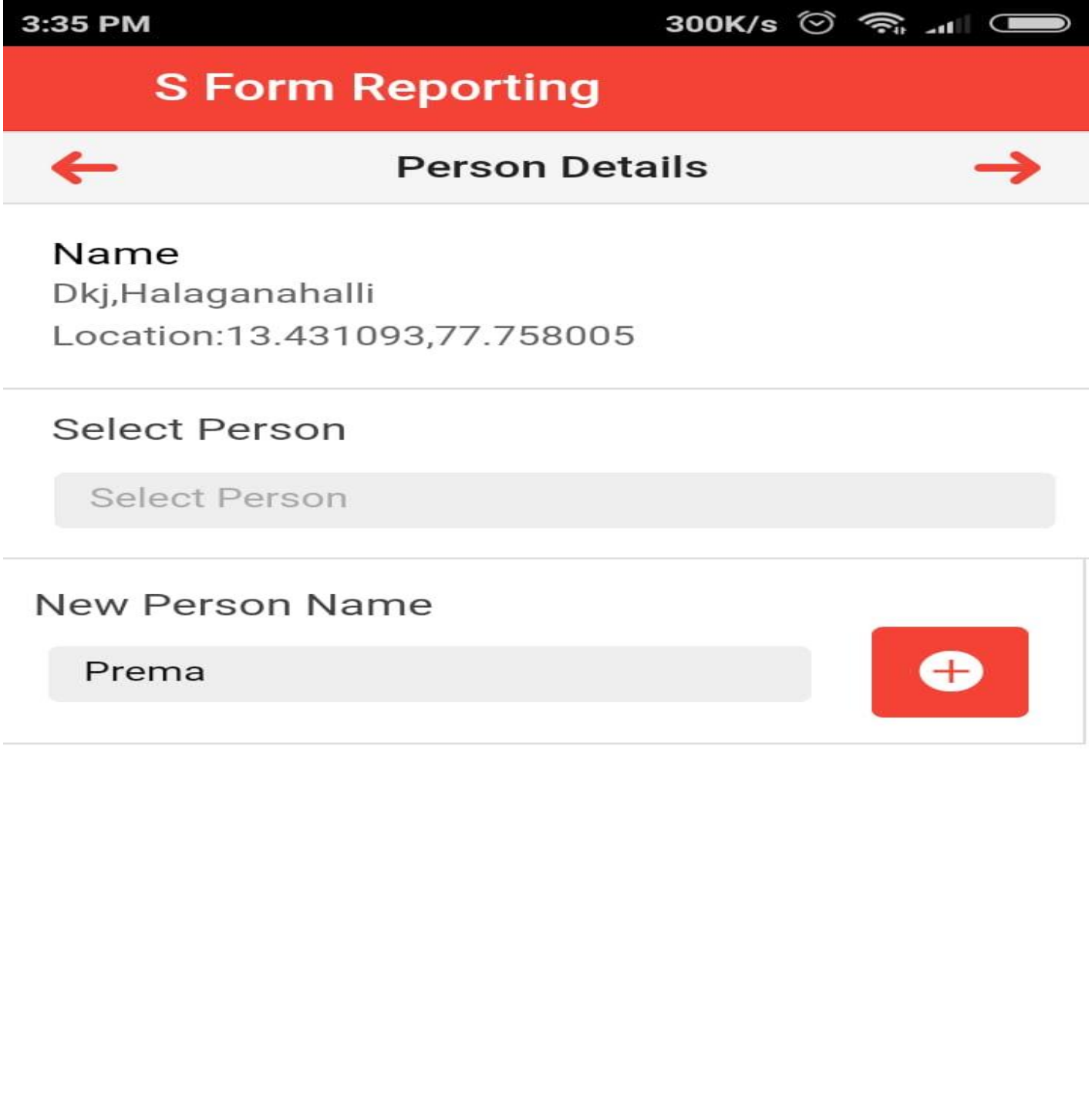
Get Started

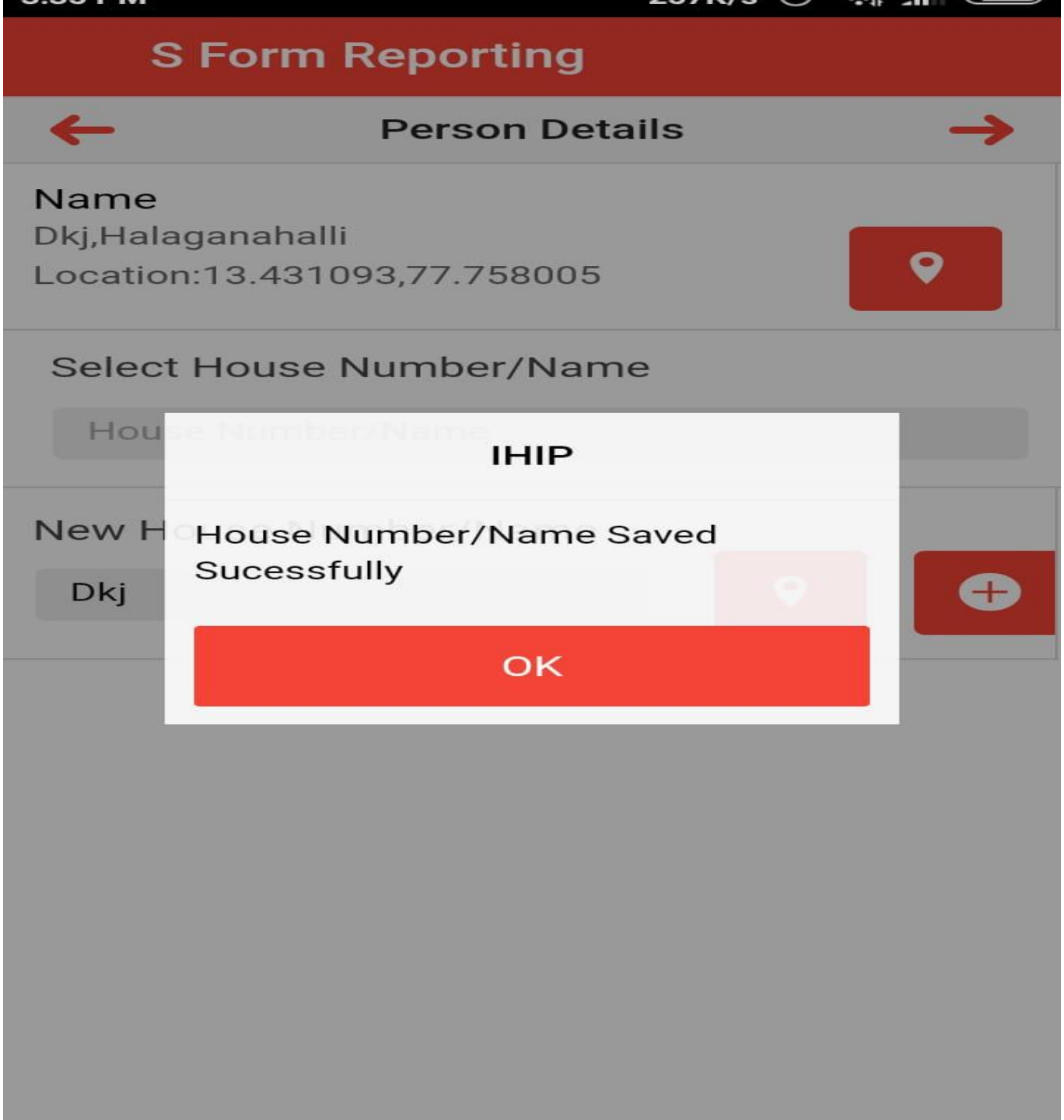
Sync

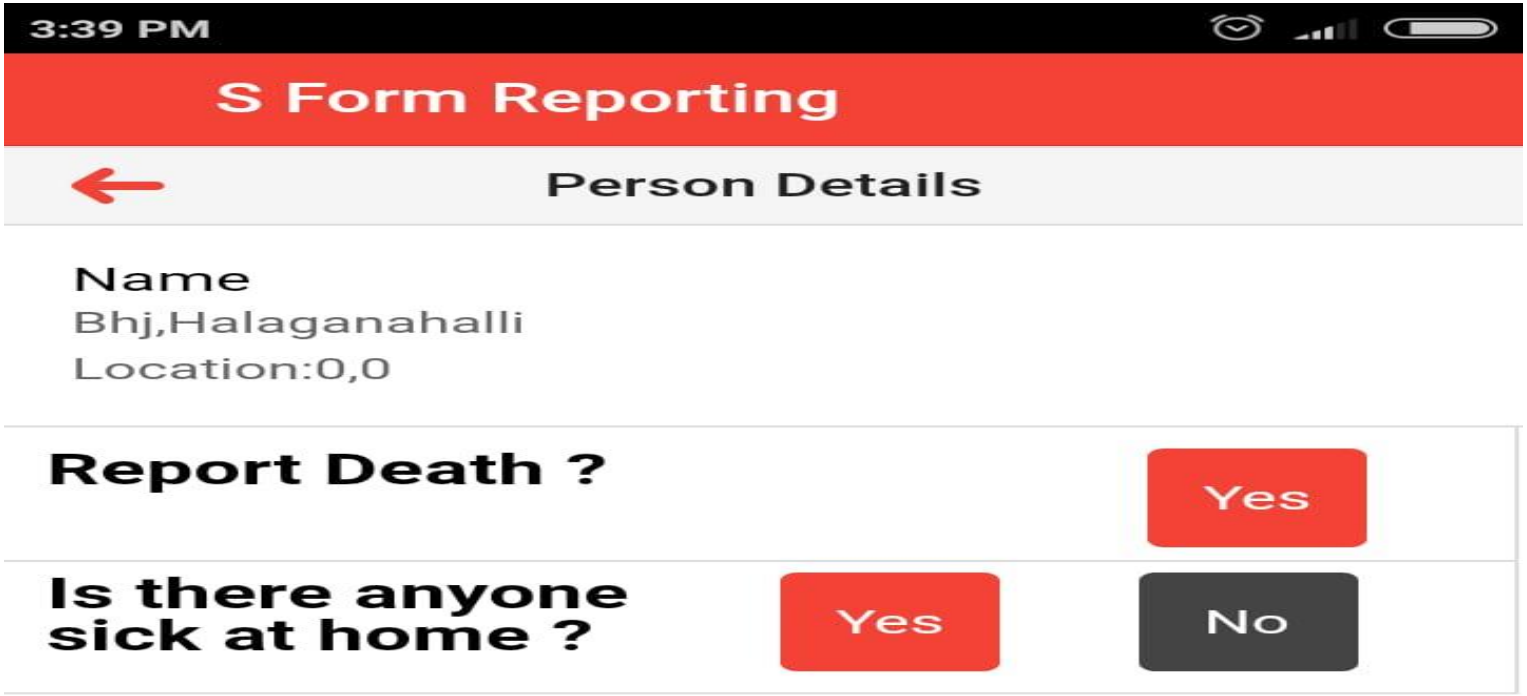

3:32 PM
S Form Reporting
Do you want to collect data ?
Yes
No

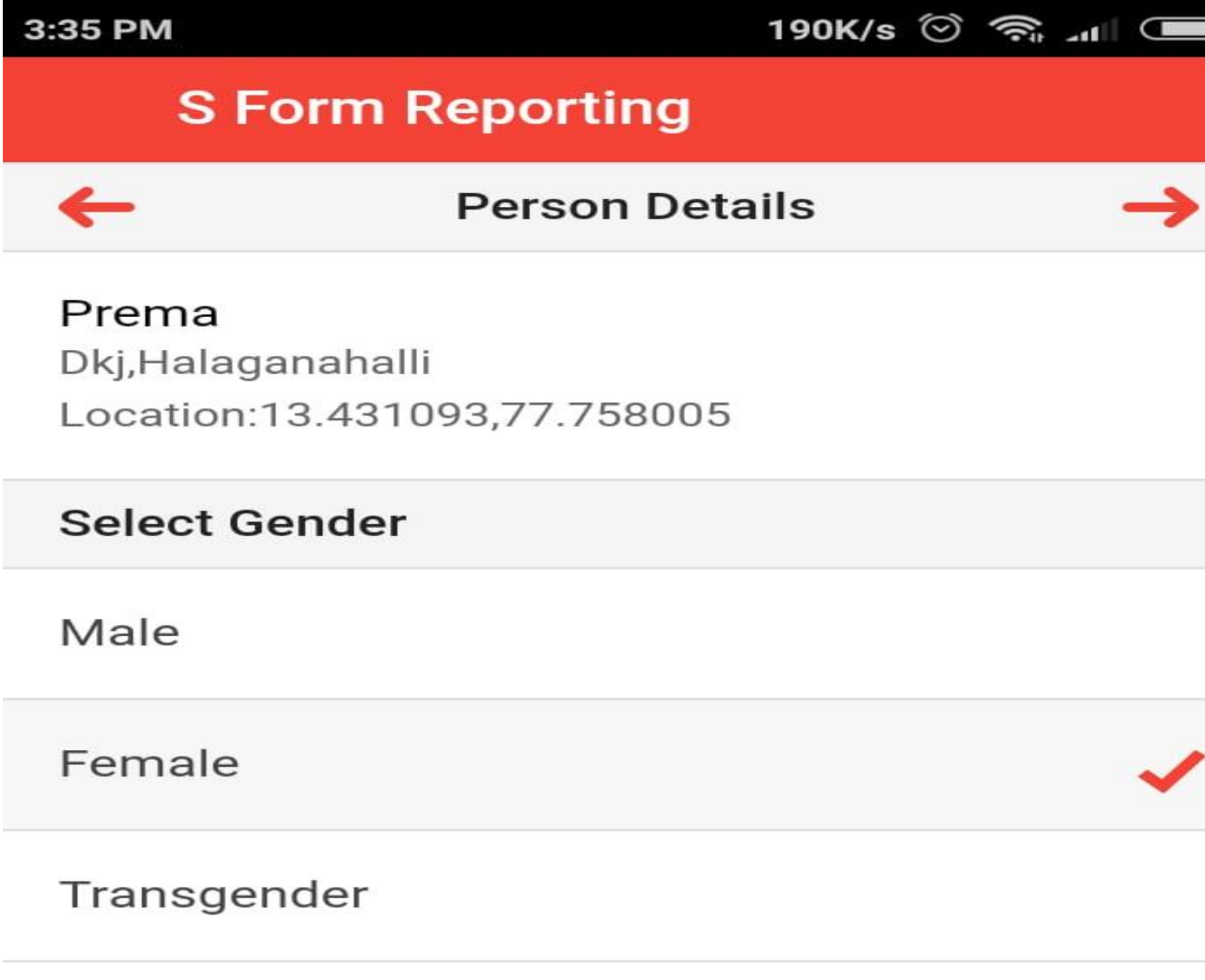

3:32 PM
S Form Reporting
Select Village
Halaganahalli
Ramachandrapura

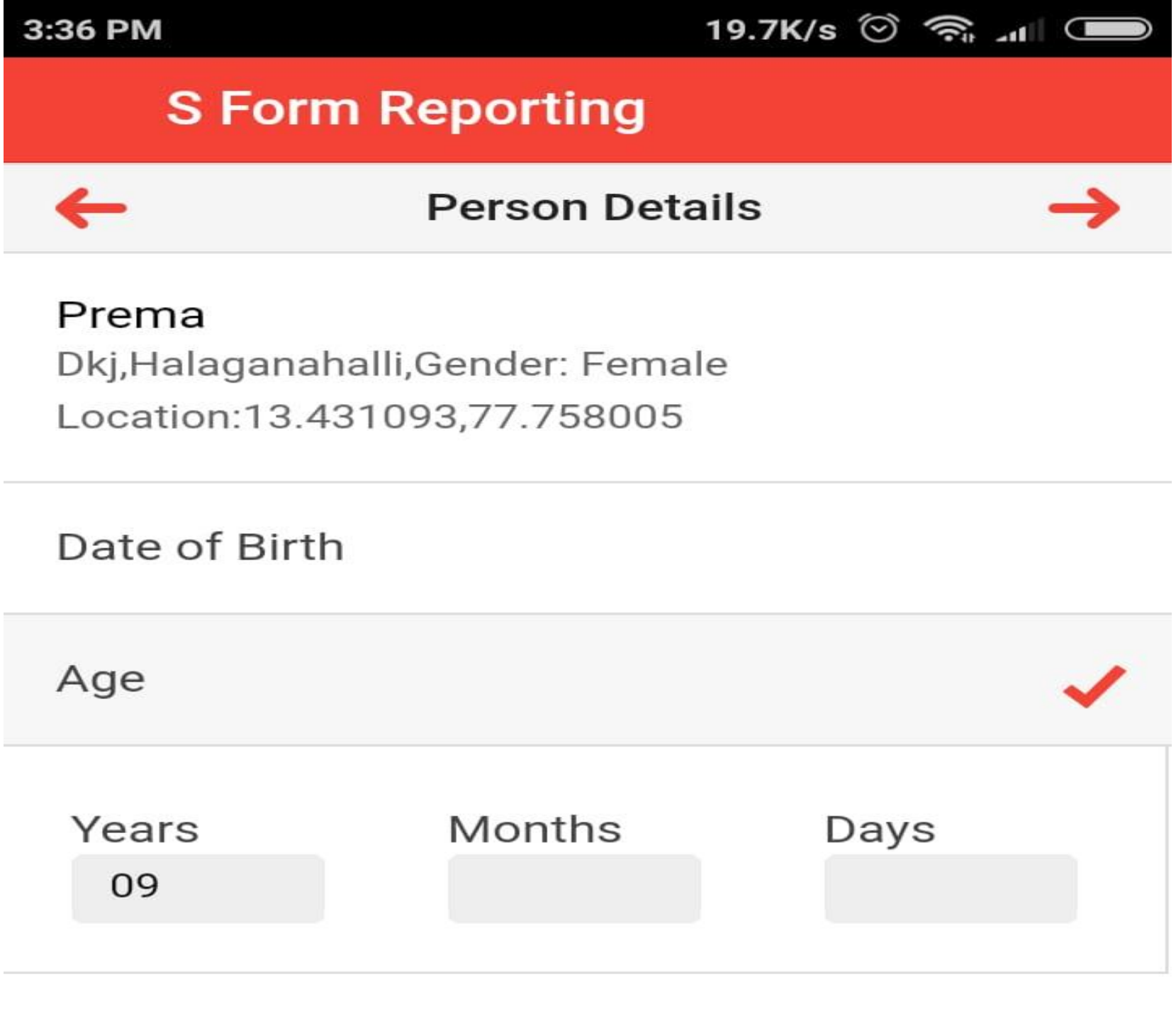

S Form Reporting
Person Details
Name
House Number/Name,Halaganahalli
Location:0,0
Select House Number/Name
House Number/Name
New House Number/Name
New House Number/Name


3:35 PM
300K/s
S Form Reporting
Person Details
Name
Dkj,Halaganahalli
Location:13.431093,77.758005
Select Person
Select Person
New Person Name
Prema


S Form Reporting
Person Details
Name
Dkj,Halaganahalli
Location:13.431093,77.758005
Select House Number/Name
IHIP
House Number/Name Saved Sucessfully
OK
Dkj


3:39 PM
S Form Reporting
Person Details
Name
Bhj,Halaganahalli
Location:0,0
Report Death ?
Yes
Is there anyone sick at home ?
Yes
No


3:35 PM
190K/s
S Form Reporting
Person Details
Prema
Dkj,Halaganahalli
Location:13.431093,77.758005
Select Gender
Male
Female
Transgender


3:36 PM
19.7K/s
S Form Reporting
Person Details
Prema
Dkj,Halaganahalli,Gender: Female
Location:13.431093,77.758005
Date of Birth
Age
Years
09
Months
Days

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Only Fever >= 7 days

Only Fever < 7 days ✓

Fever with Rash

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Fever with Bleeding

Fever with Altered sensorium

Cough <= 2 weeks with fever

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Cough <= 2 weeks without fever

Cough > 2 weeks with fever

Cough > 2 weeks without fever

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Loose watery stools with blood < 2 weeks

Loose watery stools without blood < 2 weeks

Jaundice of < 4 weeks

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Acute Flaccid Paralysis

Malaria Vivax RDT Positive

Malaria Falciparum RDT positive

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Malaria Mixed RDT Postive

Animal Bite

Snake Bite

S Form Reporting

Person Details

Prema
Dkj,Halaganahalli,Gender: Female
Age: 9 Years
Location:13.431093,77.758005

Select Syndrome

Others

Unknown

Cough with Blood

Prema

Dkj,Halaganahalli,Gender: Female

Age: 9 Years

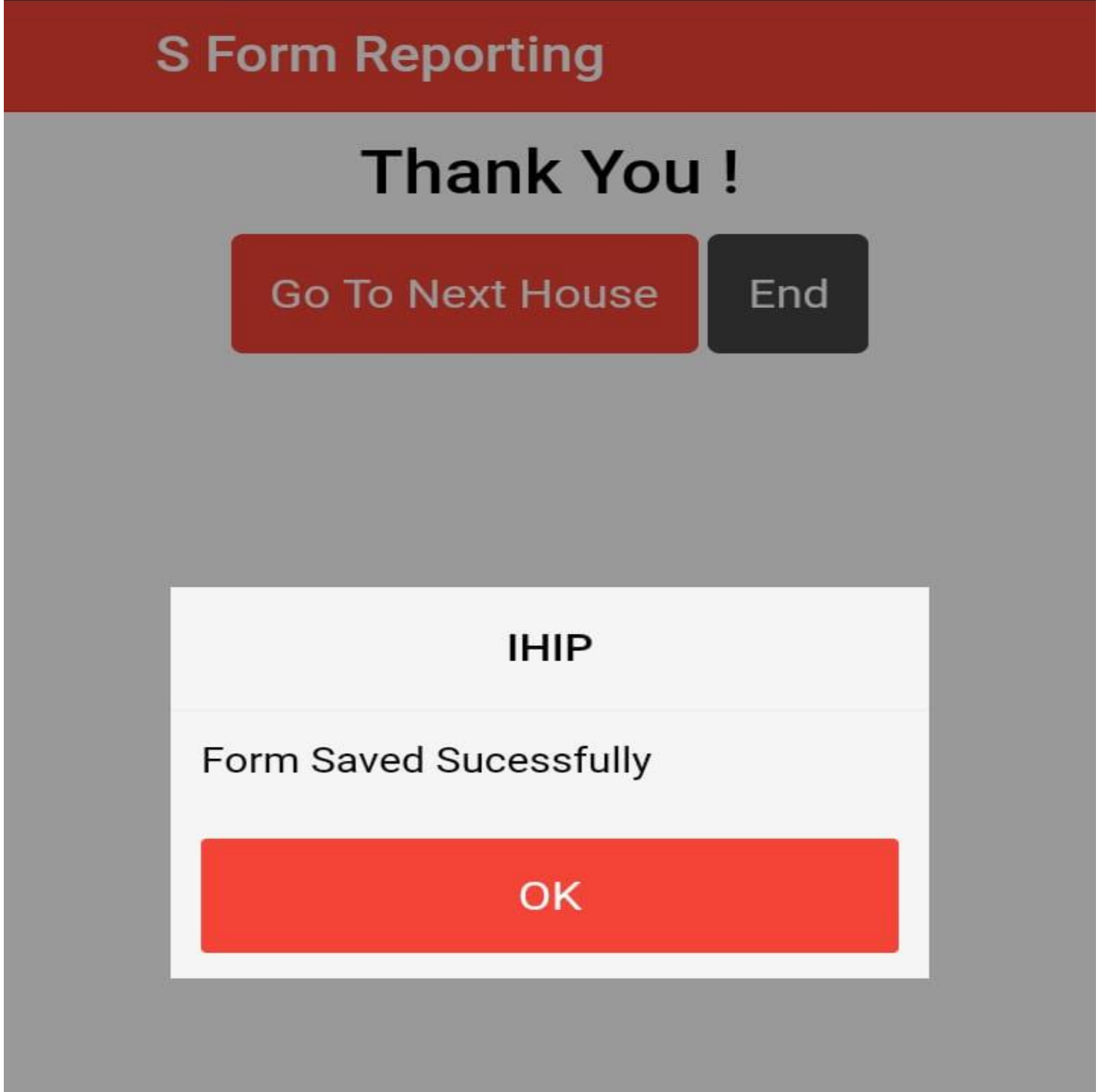
Syndrome

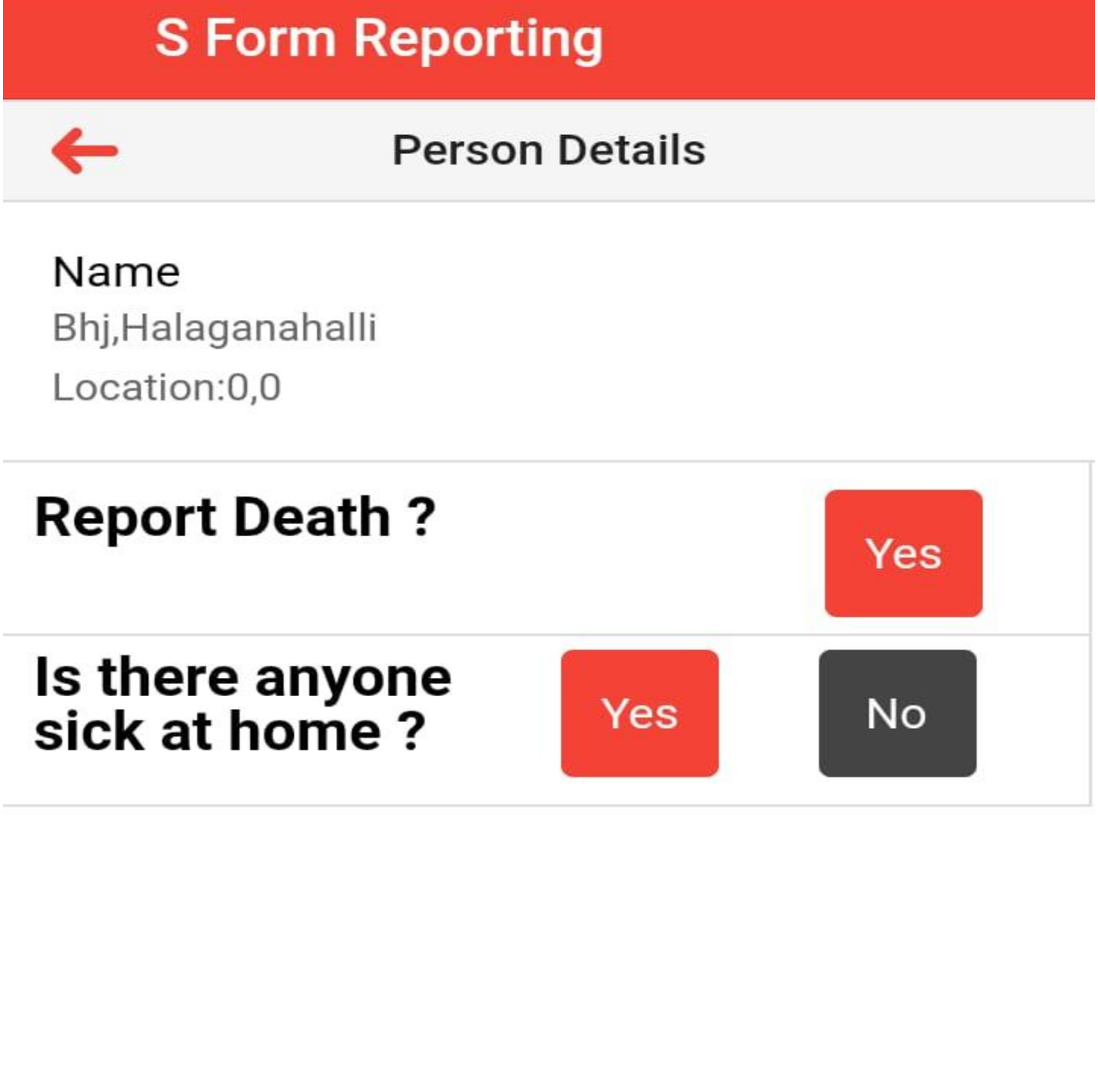
Only Fever < 7 days

Location:13.431093,77.758005

Submit Data ?

Yes No


S Form Reporting
Thank You !
Go To Next House
End
IHIP
Form Saved Sucessfully
OK


S Form Reporting
Person Details
Name
Bhj,Halaganahalli
Location:0,0
Report Death ?
Yes
Is there anyone sick at home ?
Yes
No

S Form Reporting

Reporting Death - Person Details

Bjdhd

Bhj,Halaganahalli,Gender: Male

Age: 45 Years

Syndrome

Jaundice of < 4 weeks

Location:0,0

Date of Death

dd/mm/yyyy

S Form Reporting

Reporting Death - Person Details

Bjdhd

Bhj,Halaganahalli,Gender: Male

Age: 45 Years

Date of Death: 17/07/2018

Syndrome

Jaundice of < 4 weeks

Location:0,0

Submit Data ?

Yes No

S Form Review at PHC

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Print

1. S Form (Suspected Cases Form) (Click to View)

2. Reporting Deaths (Click to View)

4. List of Reported Deaths

Sl#	Action	2.2. Person Name	3.1. Probable Cause Of Death	3.3. Date of Death	3.4. Remarks

Submit

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Print

1. S Form (Suspected Cases Form) (Click to View)

Village*
-----Select-----

Document Number:
29-630-5595-0-7486645653-18072018-S-1

	Number of cases of illness							Number of cases of deaths [click here to report deaths]		
	Male			Female			Grand Total			
	<= 5 Yr	> 5 Yr	Total	<=5 Yr	> 5 Yr	Total		Male	Female	Total Death
2.1 Only Fever >= 7 days										
2.2 Only Fever < 7 days										
2.3 Fever with Rash										
2.4 Fever with Bleeding										
2.5 Fever with Altered sensorium										
2.6.1 Cough <= 2 weeks with fever										
2.6.2 Cough <= 2 weeks without fever										
2.7.1 Cough > 2 weeks with fever										
2.7.2 Cough > 2 weeks without fever										
2.8.1 Loose watery stools with blood < 2 weeks										

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Print

1. S Form (Suspected Cases Form) (Click to View)

2. Reporting Deaths (Click to View)

Name:
2.2. First Name*
2.3. Middle Name
2.4. Last Name
2.5. Date Of Birth
2.6. Age
dd/mm/yyyy

2.7. Gender:* Male Female Transgender

2.8. ID Type*
-----Select-----

2.10. Identification Number*

Address:
2.11. State*
Karnataka

2.12. District*
CHIKBALLAPUR

2.13. Sub District*
Gauribidanur

2.14. Village*
-----Select-----

2.15. House No
2.16. Street Name
2.17. Landmark

3. Death Case Details:

3.1. Probable Cause Of Death *
----Select----

3.3. Date Of Death*
dd/mm/yyyy

3.4. Remarks

Save Reset

4. List of Reported Deaths

Presumptive Cases Entry

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Programmes for communicable diseases

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Integrated Disease Surveillance Programme
Antimicrobial Resistance
National Vector Borne Disease Control Programme (NVBDCP)
Viral Hepatitis
Human Rabies
National Public Health Surveillance Programme
National AIDS Control Programme(NACP)
Revised National Tuberculosis Control Programme(RNTCP)
National Leprosy Eradication Programme(NLEP)
Universal Immunization programme

Programmes Non-communicable diseases,Injury and Trauma

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National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
National Programme for Control Treatment of Occupational Diseases
National Programme for Prevention and Control of Deafness (NPPCD)
National Mental Health Programme (NMHP)
National Programme for Control of Blindness (NPCB)
National Nutritional Programmes (NNP)
National Iodine Deficiency Disorders Control Programme (NIDDCP)
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National Oral Health Programme (NOHP)
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Joint monitoring mission – IDSP

Recent monitoring and evaluation of the national disease surveillance programme, IDSP has highlighted that investment into surveillance , laboratories, data analysis



Disease reprioritization workshop IDSP

Workshop on reprioritization of diseases under IDSP was organized in collaboration with MoHFW, NCDC and CDC, India Office from 6-7



Influenza strengthening workshop

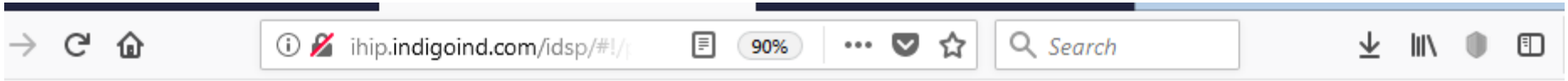
A workshop on strengthening Influenza Surveillance was held in Delhi from 4-6 October 2016 in collaboration with Ministry of Health & Family



Surveillance standards IDSP

WHO supported the finalization surveillance standards (Minimum Datasets) for diseases under IDSP which was were organized in collaboration with NCDC

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Update Profile

User Details:

First Name* | Middle Name | Last Name | Date Of Birth / Age

12/07/2018

Gender:* Male / Female / Transgender

ID Type*: Not Available

Email* | MobileNo#* | Landline # | Designation*

9000234438 | Medical Officer

Facility Mapping:

Username*: HF29CBP0078 | Enabled | State: Karnataka

District: CHIKBALLAPUR | Sub District: Bagepalli | Village: Billur

Facility Search: BILLUR (Primary Health Centre) | Assign Role: HFUSER

Update

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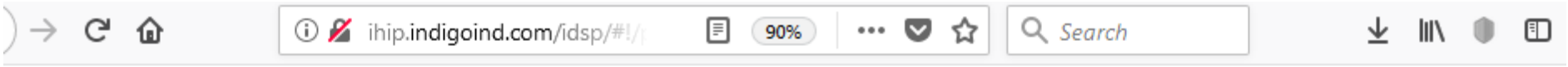
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Print

P Form (Presumptive Cases Form) Document Number: 29-630-5598-623930-3642278430-17072018-P-1

Add Patient Record | Add Death Record | Record Aggregate Data

1. Patient Details:

1.1. Phone Number: India +91

Name: 1.2. First Name* | 1.3. Middle Name | 1.4. Last Name | 1.5. Date Of Birth | 1.6. Age

1.5. Date Of Birth: dd/mm/yyyy

1.7. Gender:* Male Female Transgender

1.8. ID Type*: -----Select-----

1.10. Identification Number*

Address: 1.11. State*: Karnataka | 1.12. District*: CHIKBALLAPUR | 1.13. Sub District*: Bagepalli | 1.14. Village*: -----Select-----

1.15. House No | 1.16. Street Name | 1.17. Landmark

2. Diagnosis:

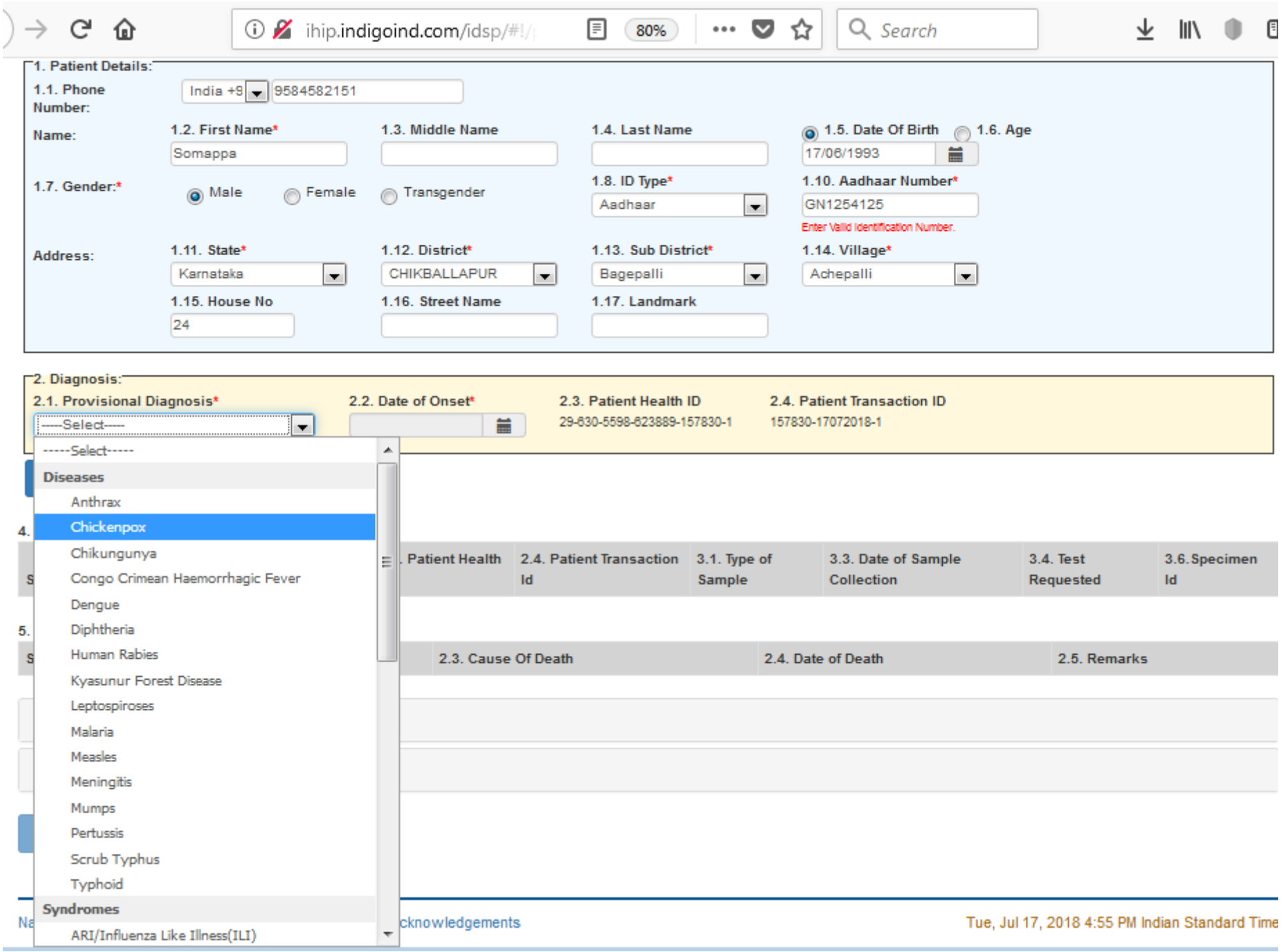
2.1. Provisional Diagnosis*: -----Select-----

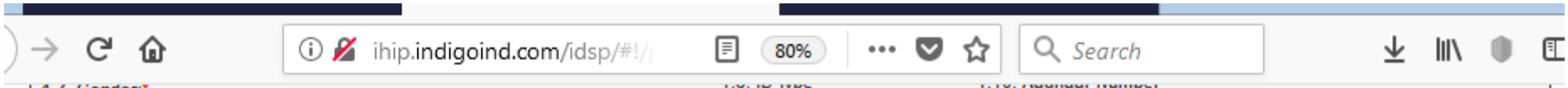
2.2. Date of Onset*

Reset | Save

4. Line Listing

Sl#	Action	1.2. Person Name →	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6. Specimen Id


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80%
Search
1. Patient Details:
1.1. Phone Number:
India +9
9584582151
Name:
1.2. First Name*
Somappa
1.3. Middle Name
1.4. Last Name
1.5. Date Of Birth
1.6. Age
17/06/1993
1.7. Gender:*
Male
Female
Transgender
1.8. ID Type*
Aadhaar
1.10. Aadhaar Number*
GN1254125
Enter Valid Identification Number.
Address:
1.11. State*
Karnataka
1.12. District*
CHIKBALLAPUR
1.13. Sub District*
Bagepalli
1.14. Village*
Achepalli
1.15. House No
24
1.16. Street Name
1.17. Landmark
2. Diagnosis:
2.1. Provisional Diagnosis*
----Select----
2.2. Date of Onset*
2.3. Patient Health ID
29-630-5598-623889-157830-1
2.4. Patient Transaction ID
157830-17072018-1
-----Select-----
Diseases
Anthrax
Chickenpox
Chikungunya
Congo Crimean Haemorrhagic Fever
Dengue
Diphtheria
Human Rabies
Kyasunur Forest Disease
Leptospiroses
Malaria
Measles
Meningitis
Mumps
Pertussis
Scrub Typhus
Typhoid
Syndromes
ARI/Influenza Like Illness(ILI)
4.
Patient Health
2.4. Patient Transaction Id
3.1. Type of Sample
3.3. Date of Sample Collection
3.4. Test Requested
3.6. Specimen Id
5.
2.3. Cause Of Death
2.4. Date of Death
2.5. Remarks
cknowledgements
Tue, Jul 17, 2018 4:55 PM Indian Standard Time



1.7. Gender:* Male Female Transgender

1.9. ID Type: Aadhaar

1.10. Aadhaar Number: 125436521452

Address:

1.11. State*: Karnataka

1.12. District*: CHIKBALLAPUR

1.13. Sub District*: Bagepalli

1.14. Village*: Achepalli

1.15. House No: 24

1.16. Street Name:

1.17. Landmark:

2. Diagnosis:

2.1. Provisional Diagnosis*: Chikungunya

2.2. Date of Onset*: 15/07/2018

Do you want to collect samples ? ☑

2.3. Patient Health ID: 29-630-5598-623889-157830-1

2.4. Patient Transaction ID: 157830-17072018-1

3. Test Details:

3.1. Test Suspected For*: Chikungunya

3.2. Type of Sample: -----Select-----

3.4. Sample Collection Date:

3.5. Test Requested: -----Select-----

3.7. Laboratory : Internal External

3.8. Specimen Id

Reset Save

4. Line Listing

Sl#	Action	1.2. Person Name ➡	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6. Specimen Id

5. List of Reported Deaths

Sl#	1.2. Person Name ➡	2.3. Cause Of Death	2.4. Date of Death	2.5. Remarks

6. Syndromes: (Click to View)

7. Diseases: (Click to View)

Submit

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2. Diagnosis:

2.1. Provisional Diagnosis*

----Select-----

2.2. Date of Onset*

Reset Save

4. Line Listing

Sl#	Action	1.2. Person Name ➡	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6. Specimen Id
1	Edit	Somappa	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1
2	Edit	Ramappa	13/07/2018	29-630-5598-623928-157830-1	157830-17072018-2				

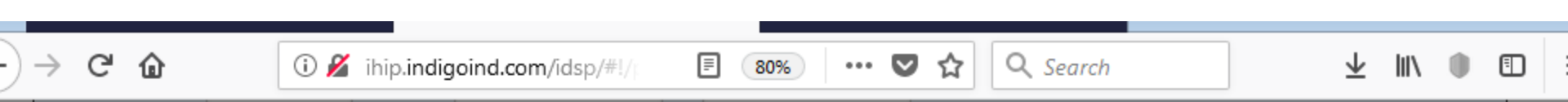
5. List of Reported Deaths

Sl#	1.2. Person Name ➡	2.3. Cause Of Death	2.4. Date of Death	2.5. Remarks

6. Syndromes: (Click to View)

7. Diseases: (Click to View)

Submit



2. Diagnosis:

2.1. Provisional Diagnosis*

-----Select-----

Reset Save

Confirmation

Are you sure you want to submit the batch of records

Yes No

4. Line Listing

Sl#	Action	1.2. Person Name	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6. Specimen Id
1	Edit	Somappa	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1
2	Edit	Ramappa	13/07/2018	29-630-5598-623928-157830-1	157830-17072018-2				

5. List of Reported Deaths

Sl#	1.2. Person Name	2.3. Cause Of Death	2.4. Date of Death	2.5. Remarks

6. Syndromes: (Click to View)

7. Diseases: (Click to View)

Submit

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P Form (Presumptive Cases Form) Document Number: 29-630-5595-623348-2656658883-18072018-P-1

Add Patient Record | Add Death Record | Record Aggregate Data

1. Patient Details:

1.1. Phone Number: India +91

Name: 1.2. First Name* | 1.3. Middle Name | 1.4. Last Name

1.5. Date Of Birth | 1.6. Age

dd/mm/yyyy

1.7. Gender:* Male | Female | Transgender

1.8. ID Type* -----Select-----

1.10. Identification Number*

Address: 1.11. State* Karnataka | 1.12. District* CHIKBALLAPUR | 1.13. Sub District* Gauribidanur | 1.14. Village* -----Select-----

1.15. House No | 1.16. Street Name | 1.17. Landmark

2. Diagnosis:

2.1. Provisional Diagnosis* -----Select-----

2.2. Date of Onset*

Reset | Save

4. Line Listing

Sl#	Action	1.2. Person Name	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6.Specimen Id

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P Form (Presumptive Cases Form)

Document Number: 29-630-5595-623348-2656658883-18072018-P-1

Add Death Record

1. Patient Details:

Name:

1.2. First Name*

1.3. Middle Name

1.4. Last Name

1.5. Date Of Birth 1.6. Age

dd/mm/yyyy

1.7. Gender:* Male Female Transgender

1.8. ID Type* -----Select-----

1.10. Identification Number*

Address:

1.11. State* Karnataka

1.12. District* CHIKBALLAPUR

1.13. Sub District* Gauribidanur

1.14. Village* -----Select-----

1.15. House No

1.16. Street Name

1.17. Landmark

2. Death Case Details:

2.3. Cause Of Death* -----Select-----

2.4. Date of Death*

2.5. Remarks

Reset Save

4. Line Listing

Sl#	Action	1.2. Person Name	2.2. Date of Onset	2.3. Patient Health ID	2.4. Patient Transaction Id	3.1. Type of Sample	3.3. Date of Sample Collection	3.4. Test Requested	3.6.Specimen Id

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Laboratory Data Entry

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L Form (Laboratory Cases Form) Document Number: 29-630-5598-623930-3642278430-17072018-L-1

1. Add Patient Record (Click to Add)

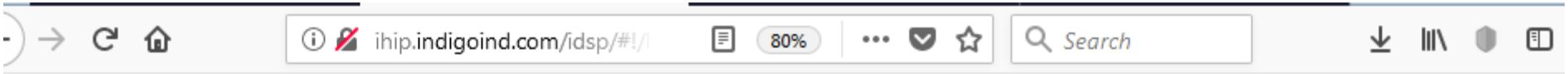
4. Line Listing

Sl#	Action	1.2. Person Name	2.1. Provisional Diagnosis	2.2. Date of Onset	2.3. Patient Health Id	2.4. Patient Transaction Id	3.1. Type Of Sample	3.3. Date Of Sample Collection	3.4. Test Performed	3.6. Specimen Id	3.7. Date of Test Performed	3.8. Resu
1	Edit	Somappa	Chikungunya	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1		

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5. Summary (Click to View)

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L Form (Laboratory Cases Form) Document Number: 29-630-5598-623930-3642278430-17072018-L-1

1. Add Patient Record (Click to Add)

1. Patient Details:

1. 1. Phone Number: India +9

Name: 1. 2. First Name* | 1. 3. Middle Name | 1. 4. Last Name

1. 5. Date Of Birth (dd/mm/yyyy) | 1.6. Age

1.7. Gender:* Male | Female | Transgender

1.8. ID Type* -----Select-----

1.10. Identification Number*

Address: 1.11. State* Karnataka | 1.12. District* CHIKBALLAPUR | 1.13. Sub District* Bagepalli | 1.14. Village* -----Select-----

1.15. House No | 1.16. Street Name | 1.17. Landmark

2. Diagnosis:

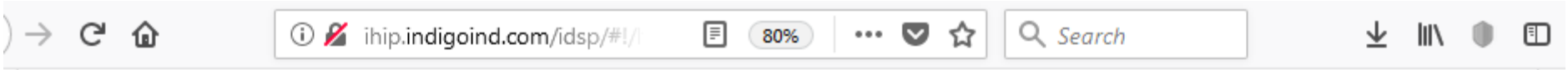
2.1. Provisional Diagnosis* -----Select----- | 2.2. Date of Onset*

Reset | Save

4. Line Listing

Sl#	Action	1.2. Person Name	2.1. Provisional Diagnosis	2.2. Date of Onset	2.3. Patient Health Id	2.4. Patient Transaction Id	3.1. Type Of Sample	3.3. Date Of Sample Collection	3.4. Test Performed	3.6. Specimen Id	3.7. Date of Test Performed	3.8. Resu
1	Edit	Somappa	Chikungunya	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1		

Submit



1. Patient Details:

1. 1. Phone Number: India +9 9854652145

Name:
1. 2. First Name*: muniyappa
1. 3. Middle Name:
1. 4. Last Name:
1. 5. Date Of Birth: 12/05/2016
1. 6. Age

1.7. Gender:* Male Female Transgender

1.8. ID Type*: Aadhaar
1.10. Aadhaar Number*: 254875632145

Address:
1.11. State*: Karnataka
1.12. District*: CHIKBALLAPUR
1.13. Sub District*: Bagepalli
1.14. Village*: Achaganapalli
1.15. House No: 14
1.16. Street Name:
1.17. Landmark:

2. Diagnosis:

2.1. Provisional Diagnosis*: Malaria
2.2. Date of Onset*: 17/07/2018
2.3. Patient Health Id: 29-630-5598-623909-157830-1
2.4. Patient Transaction Id: 157830-17072018-3

3. Test Details:

3.1. Type of Sample*: Plasma
3.3. Sample Collection Date*: 17/07/2018
3.4. Test Performed*: Peripheral smear for
3.6. Specimen Id*: 157830-17072018-26-1-1
3.7. Date of Test Performed: 17/07/2018
3.8. Test Result*: Positive
3.9. Pathogen*: Malaria Ovale
3.10. Remarks:

Reset Save

4. Line Listing

Sl#	Action	1.2. Person Name	2.1. Provisional Diagnosis	2.2. Date of Onset	2.3. Patient Health Id	2.4. Patient Transaction Id	3.1. Type Of Sample	3.3. Date Of Sample Collection	3.4. Test Performed	3.6. Specimen Id	3.7. Date of Test Performed	3.8. Resu
1	Edit	Somappa	Chikungunya	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1		

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1.15. House No | 1.16. Street Name | 1.17. Landmark

2. Diagnosis:

2.1. Provisional Diagnosis* ----Select----

2.2. Date of Onset*

Reset Save

4. Line Listing

Sl#	Action	1.2. Person Name	2.1. Provisional Diagnosis	2.2. Date of Onset	2.3. Patient Health Id	2.4. Patient Transaction Id	3.1. Type Of Sample	3.3. Date Of Sample Collection	3.4. Test Performed	3.6. Specimen Id	3.7. Date of Test Performed	3.8 Re
1	Edit	Somappa	Chikungunya	15/07/2018	29-630-5598-623889-157830-1	157830-17072018-1	Blood	17/07/2018	IgM ELISA	157830-17072018-10-11-1		
2	Edit	muniyappa	Malaria	17/07/2018	29-630-5598-623909-157830-1	157830-17072018-3	Plasma	17/07/2018	Peripheral smear for MP,	157830-17072018-26-1-1	17/07/2018	Po

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5. Summary (Click to View)

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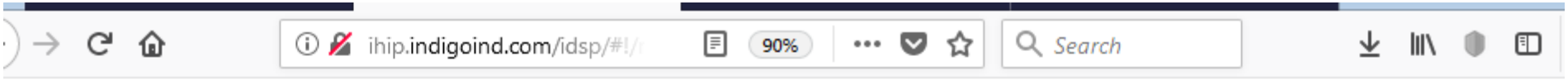
Harmonizing data tools for Influenza

A data management workshop on Influenza was organised at Manipal Centre for Virus Research, Manipal Academy of Higher Education (Manipal University)

Emergency Operations Centres

India is moving ahead in the area of strengthening its emergency operations centers (EoCs) and in 2017, there were several meetings to work out the requirements

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Event Alert

Event ID
29630201829151-EA

Event Occurred Date
17/07/2018

District
CHIKBALLAPUR

Sub District*
Bagepalli

Health Condition*
Typhoid

Source*
Media-Newspaper

Message*
24 cases of typhoid reported in the village

Document
Browse... No files selected.

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Event Alerts

Alert Date	Syndrome/Disease	Source	Action Update
Tue, Jul 17, 2018 5:21 PM	Typhoid	Media-Newspaper	New

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Health Condition Alerts

Alert Date	Disease Condition	Sub-District	View Details	Action Update

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EWS Outbreak Summary

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View Conditions / Data

Health Conditions
Acute Diarrhoeal Disease

Pathogen
Cryptosporidium

State
Karnataka

District
BIDAR
CHAMARAJANAGAR
CHIKBALLAPUR
CHIKKAMAGALURU
CHITRADURGA
DAKSHIN KANNAD

Sub-District
Bagepalli

Village/Ward
Bandakindapalli

From Date
29/12/2017

To Date
17/07/2018

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View Reports

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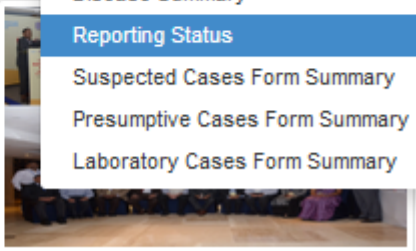
- Disease Summary
- Reporting Status
- Suspected Cases Form Summary
- Presumptive Cases Form Summary
- Laboratory Cases Form Summary



Joint monitoring mission – IDSP

Recent monitoring and evaluation of the national disease surveillance programme, IDSP has highlighted that investment into surveillance , laboratories ,data analysis and information systems

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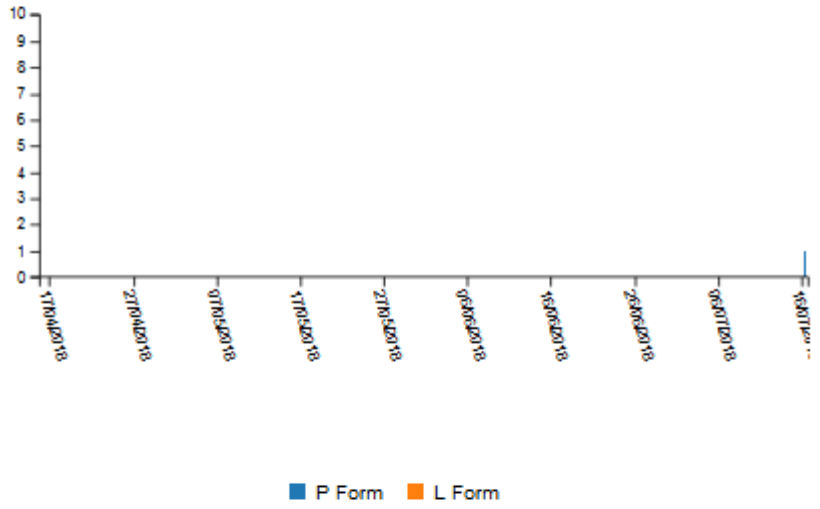
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Reporting Status

From Date: 17/04/2018 To Date: 17/07/2018 Search

Reporting Status



Submitted Date	P form	L form
17/07/2018	Y	N
16/07/2018	N	N
15/07/2018	N	N
14/07/2018	N	N
13/07/2018	N	N
12/07/2018	N	N
11/07/2018	N	N
10/07/2018	N	N
09/07/2018	N	N
08/07/2018	N	N

First | Previous | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Next | Last

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Ministry of Health and Family Welfare, Government Of India
Software Version 0.10.1 Website Last Updated On : July 16th 2018

Document Number: 29-630-5598-623930-3642278430-17072018-P-1

Line Listing:

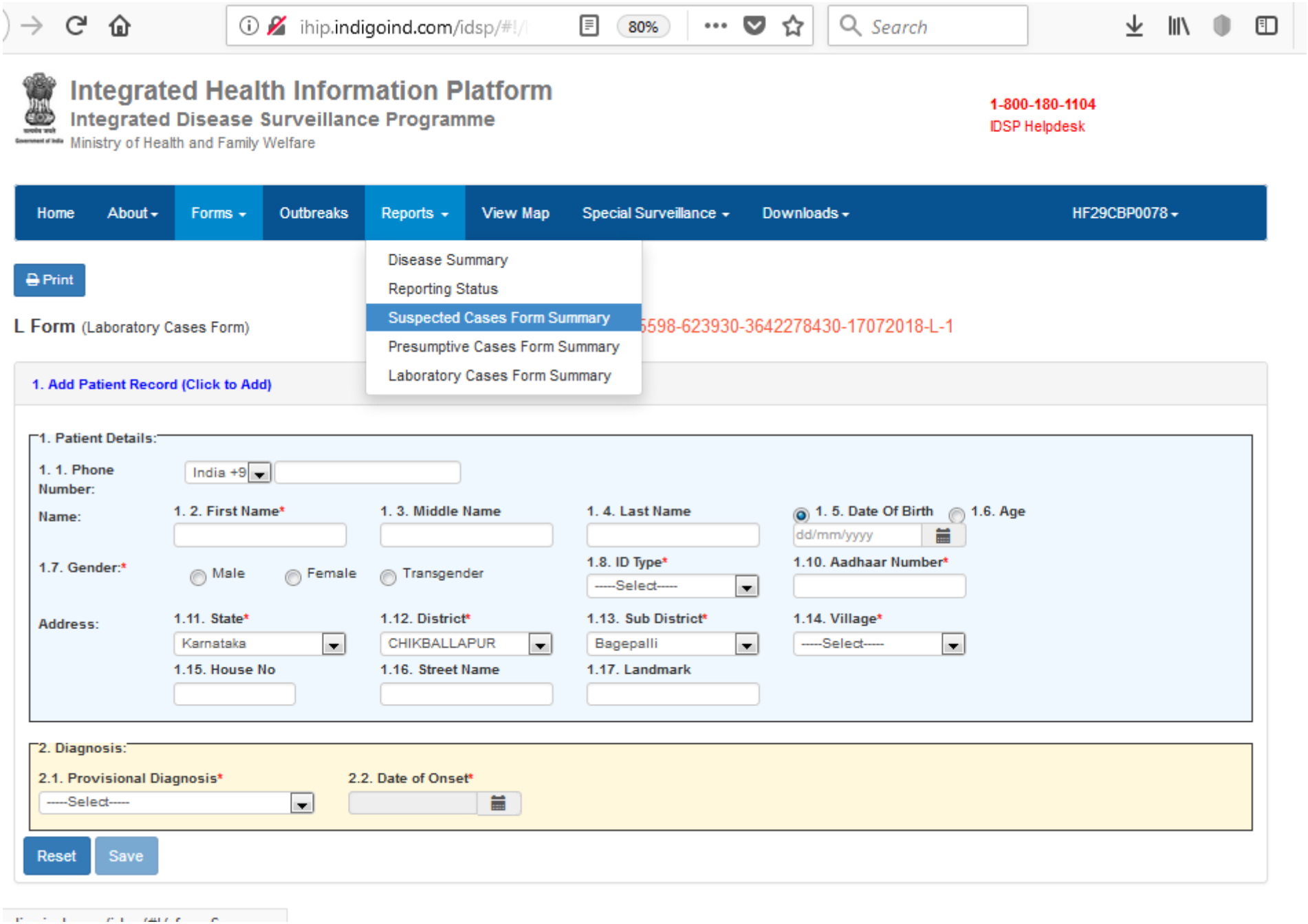
Sl#	Name	Id Type/Id No	Phone No	Age	Sex	Address	State	District	Sub District	Village	Provisional Diagnosis	Test Requested	Date of Onset	Sample Collection Date	Type of Sample	Specimen Id
1	Somappa	Aadhaar 125436521452	95******51	25 Years	Male	24	Karnataka	CHIKBALLAPUR	Bagepalli	Achepalli	Chikungunya	IgM ELISA	Jul 15, 2018	Jul 17, 2018	Blood	157830-17072018-10-11-1
2	Ramappa	Aadhaar 254689542124	99******58	20 Years	Male	21	Karnataka	CHIKBALLAPUR	Bagepalli	Babenaya kanapalli	Malaria		Jul 13, 2018			

Facility Information

1.1 Facility Name:	BILLUR	1.9 Contact Number:		1.16 State Surveillance	Dr. Praveen
1.2 Facility Type:	Primary Health Centre	1.10 Village:		1.17 Contact Number	+91-9999999905
1.3 Facility Official		1.11 Sub District:	Bagepalli	1.18 District	Dr. K Babureddy
1.4 Facility NIN:	3642278430	1.12 District:	Chikkaballapur	1.19 Contact Number	+91-8105203715
1.5 Officer In	Unavailable	1.13 State:	Karnataka	1.20 Sub Distict	
1.6 Contact		1.14 Reporting Date:	July 17, 2018	1.21 Contact Number	
1.7 Data Entry	Dr.Aafreen null				
1.8 Official ID					

Syndromes:

	Number of cases						Grand Total
	Male			Female			
	<= 5 Yr	> 5 Yr	Total	<= 5 Yr	> 5 Yr	Total	
Acute Diarrhoeal Disease							
Jaundice of < 4 weeks duration							
Cough with fever <= 2 weeks duration							
Cough with fever > 2 weeks duration							
Acute Flaccid Paralysis < 15 years of Age							
Only Fever >= 7 days duration							


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Reporting Status
Suspected Cases Form Summary
Presumptive Cases Form Summary
Laboratory Cases Form Summary
Print
L Form (Laboratory Cases Form)
5598-623930-3642278430-17072018-L-1
1. Add Patient Record (Click to Add)
1. Patient Details:
1. 1. Phone Number:
India +9
Name:
1. 2. First Name*
1. 3. Middle Name
1. 4. Last Name
1. 5. Date Of Birth
1.6. Age
dd/mm/yyyy
1.7. Gender:*
Male
Female
Transgender
1.8. ID Type*
-----Select-----
1.10. Aadhaar Number*
Address:
1.11. State*
Karnataka
1.12. District*
CHIKBALLAPUR
1.13. Sub District*
Bagepalli
1.14. Village*
-----Select-----
1.15. House No
1.16. Street Name
1.17. Landmark
2. Diagnosis:
2.1. Provisional Diagnosis*
-----Select-----
2.2. Date of Onset*
Reset
Save

Print

Suspected Case Form Summary

State	District	Sub District	Primary Health Center
Karnataka	CHIKBALLAPUR	Bagepalli	BILLUR

Sub Center	Village	From Date	To Date	
-----Select-----	-----Select-----	17/06/2018	17/07/2018	Include Aggregate Data Input — Search

	Number of cases of illness							Number of cases of deaths		
	Male			Female			Grand Total			
	<= 5 Yr	> 5 Yr	Total	<= 5 Yr	> 5 Yr	Total		Male	Female	Total Death
2.1 Only Fever >= 7 days										
2.2 Only Fever < 7 days										
2.3 Fever with Rash										
2.4 Fever with Bleeding										
2.5 Fever with Altered sensorium										
2.6.1 Cough <= 2 weeks with fever										
2.6.2 Cough <= 2 weeks without fever										
2.7.1 Cough > 2 weeks with fever										
2.7.2 Cough > 2 weeks without fever										
2.8.1 Loose watery stools with blood < 2 weeks										
2.8.2 Loose watery stools without blood < 2 weeks										
2.9 Jaundice of < 4 weeks										
2.10 Acute Flaccid Paralysis										

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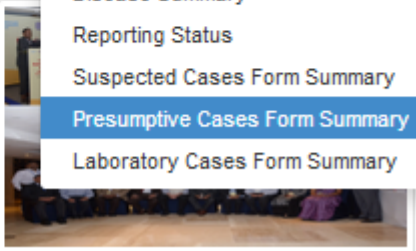
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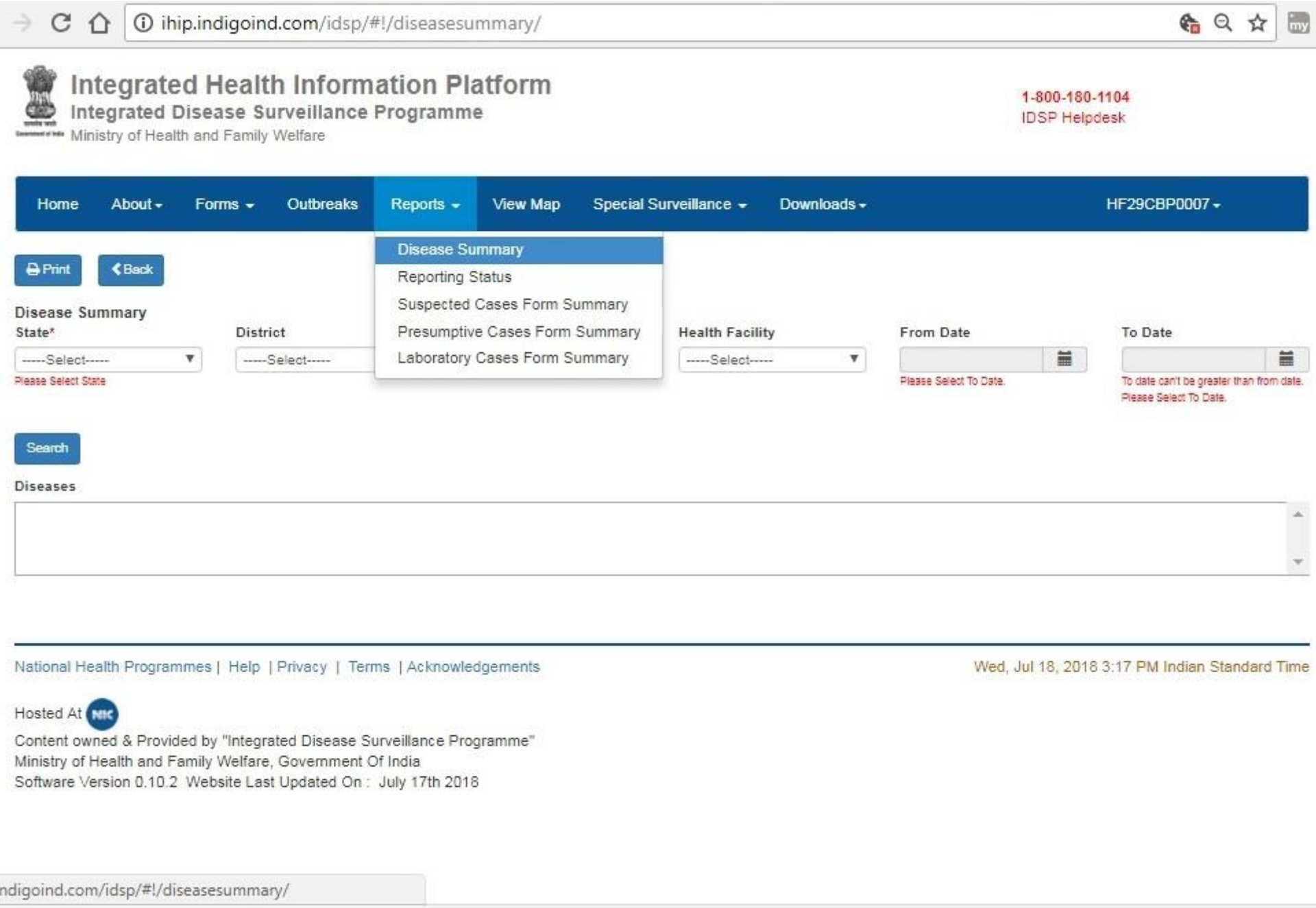
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Laboratory Cases Form Summary
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Back
Disease Summary
State*
-----Select-----
Please Select State
District
-----Select-----
Health Facility
-----Select-----
From Date
Please Select To Date.
To Date
To date can't be greater than from date.
Please Select To Date.
Search
Diseases
National Health Programmes | Help | Privacy | Terms | Acknowledgements
Wed, Jul 18, 2018 3:17 PM Indian Standard Time
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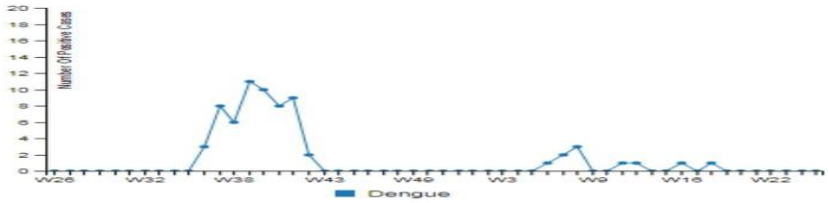
Disease Summary

State: Karnataka | District: -----Select----- | Sub District: -----Select----- | From Date: 02/07/2017 | To Date: 21/06/2018 | Search

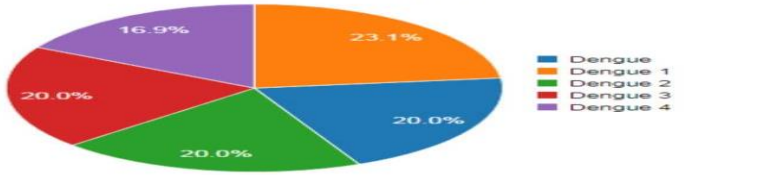
Diseases: Dengue, Influenza, Malaria

Dengue - Total: 65 Cases — Details

Week wise / Month wise

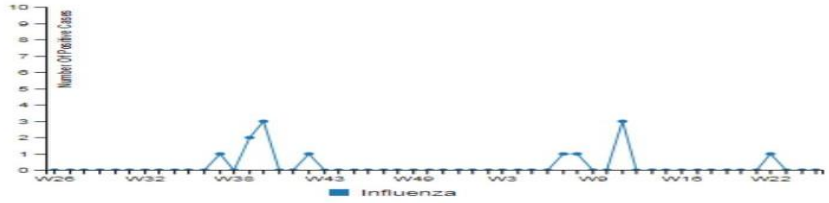


Pathogen-wise Summary

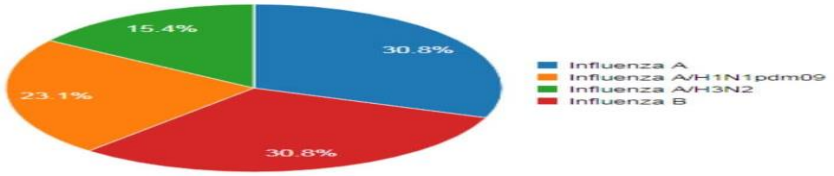


Influenza - Total: 13 Cases — Details

Week wise / Month wise



Pathogen-wise Summary

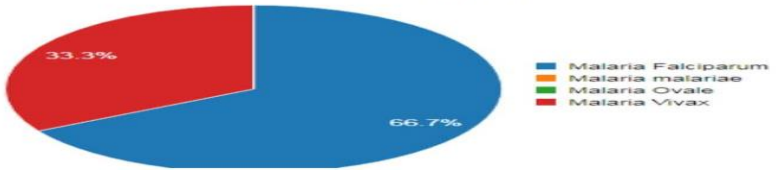


Malaria - Total: 3 Cases — Details

Week wise / Month wise



Pathogen-wise Summary



Understanding Document Number and IDs

Document Number: 29-548-5539-0-3551535564-26062018-P-1

1 2 3 4 5 6 7 8

Patient Health Id

29-548-5539-612020-157499-NaN

Patient Transaction Id

157499-03042018-1

Specimen Id

157499/03042018/33/106/1

Event Outbreak ID

295482018260130

1. State
2. District
3. Sub district
4. Village
5. Facility ID
6. Transaction Date
7. Document Type
8. Document Sequence

Thank You