General Guidelines for the report:

- 1. Report for the last quarter to be sent by 15th April/July/October/January by State Surveillance unit (SSU) at the following email id: idsp-npo@nic.in positively.
- 2. SSU to refer their RoPs for approvals of trainings, District Public Health Labs (DPHLs) and Referral Labs. The States which have not received RoP 18-19 may mention "RoP not received in the relevant column".
- 3. Extra rows may be added in the sheet to provide complete information.
- 4. Only correct and valid information to be provided.
- 5. All efforts should be made to collect and compile the information at the level of SSU. SSU may further utilise this template for generating their State IDSP monitoring report.
- 6. Report to be signed by SSO/SNO IDSP.

1. Trainings conducted during this quarter as per training plan:

S. No.	Type of training	Number of trainings to be conducted (as per 18-19 RoP)	Number of trainings conducted in this quarter	Name of Districts where trainings conducted	Total number of people trained
1.	One day sensitization for PRIs				
2.	Medical Officers (1 day)				
3.	Medical College Doctors (1 day)				
4.	Hospital Pharmacists/Nurses Training (1 day)				
5.	Lab. Technician (3 days)				
6.	Data Managers (2days)				
7.	Date Entry Operators cum Accountant (2 days)				
8.	ASHA & MPWs, AWW & Community volunteers (1 day)				
9.	One day training for Data entry and analysis for Block Health Team (including Block Programme Manager)				
10.	Any other (please specify)				

2. Data Management

a. %Completeness of S, P and L form data reporting for the State against Targets for 19-20

Type of reporting	Targets for 19-20 (as attached)	% Reporting in this quarter	% reporting since Jan till this quarter
Syndromic 'S'			
Presumptive 'P'			
Lab confirmed 'L'			

b. Routine monthly feedback

Total Number of Districts	Number of DSU provided with monthly feedback by SSU			
	1 st month of quarter 2 nd month of quarter 3 rd month of			

3. District wise number of EWS/Outbreaks reported in this quarter

Name of District	Number of EWS/Outbreak reported to SSU in this quarter '(a)'	Number of EWS/Outbreak reported to CSU in this quarter '(b)'	Number of EWS/Outbreaks out of ' (b)' which are lab confirmed	Number of Final Investigation reports out of '(b)' submitted to CSU in this quarter
Total				

4. Status of District Public Health Labs(DPHLs) in the State:

a. Status of equipment procurement

Name of DPHLs approved	Equipment procured in the lab (Y/N)	If no, Current Status of procurement	Are all equipment in DPHL functional (Pls specify for non-functional equipment)

b. Number of routine samples tested by DPHLs strengthened in this quarter for <u>Diseases under surveillance in IDSP</u>

Name of DPHL	Microbiol ogist Posted (Y/N)	Number of Cultures performed in this quarter		Number of ELISA tests conducted in this quarter				
		Stool	Blood	Dengue	Chik	Hep A/E	State specific(pls specify)	Any other/ State specific (pls specify)

5. State Referral Lab Network performance:

Name of Referral Lab	Name of Districts linked with Referral Lab	Number of EWS/Outbreaks where samples were sent to Referral Lab in this quarter	Name of the Districts from where samples were sent	Name of the Diseases for which samples were sent

6. Monitoring and supervision activities under IDSP conducted by SSU in this quarter

	Monitoring a activities con	Number of EWS/Outbreaks investigated in this quarter	
	Number of District visited	Name of Districts Visited	
State Surveillance Officer			
State Epidemiologist			
State Microbiologist			
State Entomologist			
State Veterinary Consultant			
State Data Manager			
Any other staff (pls specify)			

7. Details of State RRT members and outbreaks investigated by them

Name of RRT member	Designation	Place of posting	Number of outbreaks investigated in this quarter

Date