

**GOVERNMENT OF NAGALAND**  
**DIRECTORATE OF HEALTH & FAMILY WELFARE**  
**NAGALAND : KOHIMA**

No: DHFW/COVID-19/2019-20/322-26

Dated Kohima, the 20<sup>th</sup> April 2020

**ORDER**

In exercise of the powers conferred by the Nagaland Epidemic Disease (COVID-19) Regulations, 2020 under the Epidemic Disease Act 1897 and in the interest of public services, all categories of Healthcare Establishment, both Public (DH/CHC/PHC/UPHC/HWC/SC) and Private or other system of medicine in the State shall mandatorily submit the following Health Reports:

1. **The Healthcare Service Delivery Report** in the prescribed format (Annexure 1) to be submitted to the Department of Health & Family Welfare through WhatsApp No.: **9402245812** at 2.00pm everyday with immediate effect.
2. To continue **Daily reporting for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) Surveillance** (Annexure: 2) to the local Health Authority. Compiled report from the district to be sent to SSU, IDSP by 2:00 pm every day.
3. To continue the **District Daily COVID-19 Status Report** (Annexure 3) from CMO / DSU to SSU, IDSP daily by 2:00 pm every day.
4. To continue the routine **Integrated Disease Surveillance Programme (IDSP) Report** (Annexure: 3) by all health units with a Medical Officer to the respective local Health Authority, on a weekly basis (Every Monday).

Any act of non-compliance shall be deemed to have committed an offence punishable as per the provisions of the Epidemic Disease Act, 1897. Districts are to freeze all data for the day at 2:00 pm. The remaining data, if any, will be included in the next day's report.

The District Health Authority shall ensure wide publicity of the order to various Public and Private Hospitals and to enforce submission of the above mentioned Reports.

(DR. VIZOLIE Z. SUOKHRIE)

Principal Director

Directorate of Health and Family Welfare  
Nagaland : Kohima

No: DHFW/COVID-19/2019-20/322-26

Dated Kohima, the 20<sup>th</sup> April 2020

1. The Deputy Secretary to Chief Secretary, Government of Nagaland for kind information
2. The Principal Secretary, Health and Family Welfare Department for kind information
3. The DC / CMO / MS / DSO of all districts for informing all health units and private health institutions in respective districts for necessary action
4. All Joint Directors in-charge of districts, Directorate of Health and Family Welfare, for information and necessary action
5. State Nodal Officer (IDSP) for information and necessary action
6. Guard File / Office copy

(DR. VIZOLIE Z. SUOKHRIE)

Principal Director

Directorate of Health and Family Welfare  
Nagaland : Kohima

**DAILY HEALTHCARE SERVICE DELIVERY REPORT FORMAT**

(Health Units to directly submit through WhatsApp to the Mobile Number: 9402245812 at 2.00pm every day)

Name of the Hospital / Health Centre:.....

Address:.....

Category: Public/ Private Type: Daycare / With IPD Date of Reporting:.....

KPI	Nos	Remarks
1. Total No. of OPD Patients		
2. Total No of Emergency Patients		
3. Total No of IPD Patients		
4. Total No of Operation (Major)		
5. Total No of Operation (Minor)		
6. No. of Ante Natal Checkups (ANC)		
7. Total No of Deliveries		
8. Total No of Caesarian Section		
9. Total No of Deaths		
10. No. of Dental Procedures		
11. No. of HIV/AIDS cases		
12. No. of Malaria cases		
13. No. of Tuberculosis cases		
14. No. of Viral Encephalitis cases		
15. No. of Measles cases		
16. No. of Chicken Pox cases		
17. No. of Viral Hepatitis cases		
18. No. of Hypertension cases		
19. No. of Diabetes Mellitus cases		
20. No. of Cancer cases		
Comments, if any		

Signature of reporting authority





**DAILY REPORTING FORMAT for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI)**

(DSU / CMO to compile and send to SSU, IDSP latest by 2:00 pm every day)

Sl	Health Unit	Public / private	Name of Patient	Age	Sex	Mobile no	Address	Date of Reporting (DD/MM/YY)	PRESENTING SYMPTOMS			Sample sent for COVID-19 test
									Fever	Cough	Shortness of Breath	
									Y/N	Y/N	Y/N	

Signature

**NB:** From the above format, all those who meet the ICMR criteria for COVID-19 testing, sample should be collected at the District sample collection centre.

**Contact Details (Please send through WhatsApp OR email)**

Sl.	District	WhatsApp No. (May click report and send to)	Email ID
1	Dimapur	8575017642	idsp.dmr@gmail.com
2	Kiphire	8729995646	vbd.kpr@gmail.com
3	Kohima	8974382253	dsukohima@gmail.com
4	Longleng	8974382925	vbd.lng@gmail.com
5	Mokokchung	9402901569	dvbomkg@gmail.com
6	Mon	9612929150	dvbomon@gmail.com
7	Peren	9856230432	drmeyasekv@gmail.com
8	Phek	8730940014	dvbophk@gmail.com
9	Tuensang	9612724367	dmutuensang@gmail.com
10	Wokha	9862792199	dr.t.patton@gmail.com
11	Zunheboto	8837321055	dpmuzunhebot@gmail.com

**DISTRICT DAILY COVID-19 STATUS REPORT: .....**

(DSU / CMO to compile and to send SSU, IDSP every day by 2:00 pm every day)

<b>Date of Reporting:</b>		<b>Reporting Time:</b>	<b>3.00 PM</b>
---------------------------	--	------------------------	----------------

**A. NO OF ENTRY POINTS:**

District	Airport	Railway Station	Road	Total

**B. TOTAL NO OF PERSONS SCREENED AT VARIOUS ENTRY POINTS-AIRPORT/ RAILWAY STATION AND ROAD:**

District	Airport		Railway Station		Road		Total	
	Today	Cumulative	Today	Cumulative	Today	Cumulative	Today	Cumulative

**C. STATUS OF INTERNATIONAL TRAVELLERS:**

District	Non-Resident Foreigners in the State		Resident Foreigners in the State		Domestic International Travellers in the State	
	Today	Cumulative	Today	Cumulative	Today	Cumulative

**D. STATUS OF HOME QUARANTINE (HQ):**

District	Total no of persons PUT under HQ	Total no of persons OUT of HQ	Total number of persons currently under HQ	No of Calls received through Helpline

**E. STATUS OF DESIGNATED QUARANTINE (DQ) FOR SUSPECTED CASE:**

DISTRICT	Total Facilities	Total No of beds	No of beds Added Today	No of Persons put under DQ (A)	No of Persons out of DQ (B)	No of persons currently under DQ (A-B)

**F. STATUS OF DESIGNATED QUARANTINE (DQ) FOR PERSONNEL ENGAGED IN COVID-19 DUTY:**

DISTRICT	Total Facilities	Total No of beds	No of beds Added Today	No of Personnel put under DQ (A)	No of Personnel out of DQ (B)	No of Personnel currently under DQ (A-B)

**G. CAPACITY OF DEDICATED COVID-19 HOSPITALS (CH)**

Districts	COVID -19 Hospitals		No of beds		Total No of Beds in Ward etc as on date	ICU Beds as on date	
	Total Nos	Nos Added Today	Total No of beds	No of beds Added Today		Total Nos	Total Nos with Ventilators

**H. CAPACITY OF COVID ISOLATION WARDS (IW)\* FOR COVID-19 CASES:**

Districts	Isolation Wards		No of beds		Total No of Beds in Ward etc as on date	ICU Beds as on date	
	Total Nos	Nos Added Today	Total No of beds	No of beds Added Today		Total Nos	Total Nos with Ventilators

NB: \*Where there is no dedicated COVID-19 Hospitals.



**I. CAPACITY OF ISOLATION WARDS (IW)\* FOR SUSPECTED CASES REQUIRING HOSPITALIZATION:**

Districts	Isolation Wards		No of beds		Total No of Beds in Ward etc as on date	ICU Beds as on date	
	Total Nos	Nos Added Today	Total No of beds	No of beds Added Today		Total Nos	Total Nos with Ventilators

**J. STATUS OF SAMPLE COLLECTION AND TESTING:**

Districts	No of samples sent for testing		No of Test results received		No of Test results Pending	Positive cases		Negative cases	
	Today	Cumulative	Today	Cumulative		Today	Cumulative	Today	Cumulative

**K. STATUS OF COVID CASES ADMITTED IN COVID-19 HOSPITAL (CH):**

Districts	No of COVID-19 cases admitted		No of COVID-19 Cases discharged		No of COVID-19 Deaths	
	Today	Cumulative	Today	Cumulative	Today	Cumulative

**L. STATUS OF COVID-19 CASES ADMITTED IN ISOLATION WARDS\* (IW):**

Districts	No of COVID-19 cases admitted		No of COVID-19 Cases discharged		No of COVID-19 Deaths	
	Today	Cumulative	Today	Cumulative	Today	Cumulative

NB: \*Where there is no dedicated COVID-19 Hospitals.

**M. AMBULANCE**

Ambulance	DMR	KPE	KMA	LLG	MKG	MON	PRN	PHK	TSG	WKA	ZBO	Total
• Govt												
• Private												

**N. HEALTH PERSONNEL IN POSITION IN PUBLIC SECTOR:**

District	No of Doctors		No of Nurses	
	On Duty	On Leave	On Duty	On Leave

NB: Changes in personnel on Leave to be updated, Total HR is compiled from state level inclusive of all Allopathy, AYUSH, Dentists

**O. LOGISTICS STATUS:**

- Item wise status of Received, Distribution to various facilities and Stock Position in Annexure: 1  
NB: The District Logistic Team shall submit the reports by 4.00pm every day to DPM/ DSU/ Control Room.

**NOTE:**

- The Format will be the standard reporting format for District which will be revised as per situation from time to time.
- The DPM NHM will compile the reports from all Facilities and send a soft copy to: [nssu.idsp@nic.in](mailto:nssu.idsp@nic.in); [pddhfw@gmail.com](mailto:pddhfw@gmail.com) daily by 2.p.m and also share with district authorities.
- This will be the Official Report till the next Report is released the following day.

Signature and Seal of Chief Medical Officer



.....

**FORM P**  
**(Weekly Reporting Format –IDSP)**

(This is a routine reporting format. All health institutions with Medical Officer will report weekly to local health authority every Monday)

Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	/ /	/ /	/ /

S.no	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue / DHF / DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknown Origin (PUO)	
15	Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 Years of <u>Age</u>	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
23	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
24	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	



Signature