

Outbreak Alert Form

Name of CampProvince..... Agency

Week No..... (from **Sunday**...../...../.....to **Saturday**...../...../.....)

Reporter..... Date of report (dd/mm/yy)...../...../.....

Alert based on absolute value:

Diseases	case	death
1. Avian Influenza		
2. Suspect cholera		
3. Suspect measles		
4. AFP/suspect poliomyelitis		
5. Suspect meningitis/encephalitis		
6. Severe case or death of unknown etiology from any suspected cause of infectious disease		

Alert based on statistical cut-off:

Diseases	This week		
	2008	2007	Mean 2005-2007
7. Acute jaundice			
8. Dengue infection			
9. Watery diarrhoea			
10.Acute bloody diarrhoea			
11.Malaria			

Zero report [] No case (No.1-12) during this week

Note: Notify diseases or zero report before **next Tuesday.**

Send this form via email to DHO, PHO and cc to ODPC, BoE
outbreak@health.moph.go.th, CCSDPT and WHO

Response to the outbreak or epidemic detected

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