



Web Based (online) reporting for M&E, Malaria

National Vector Borne Disease Control Programme

Ministry of Health and Family Welfare, Government of India



Malaria Form Summary

Facility Information:

Facility Name	Contact Number
Facility Type	Village
Facility NIN	Sub District
Personnel in Charge	District:
Contact Number	State:
Data Entry Personnel	

Patient Details:

Phone No	:	Landline No	:	Citizenship	:
Person Name	:	Head of Household	:	Age	:
Gender	:	Male Female	:	State	:
Sub District	:	Village	:	District	:
ID Type/ID No	:	Address	:	Migratory	: Yes No

Clinical Details:

Provisional Diagnosis	:	Malaria	Date of Onset of Fever	:	Duration of Fever(no of days)	:
Illness Status	:		Patient Health Id	:	Patient Transaction Id	:
Disease Condition Name	:	Malaria	Remarks	:		

Test Details:

Test Suspected For	:	Malaria	Type Of Sample	:
Test Performed	:		Sample Collection Date	:
Test Performed Date	:		Test Result	:
Pathogen Name	:		Remarks	:

Malaria Form Summary

Treatment Details:

Pathogen Name : Malaria Falciparum

Pregnancy 1st Trimester :

ACT-SP for 3 days + Primaquine Single dose on second day :

ACT-AL for 3 days + PQ Single dose on second day(North Eastern States) : Quinine (10mg/

Kg) for 7 days :

Pathogen Name : Malaria Mixed

ACT-SP 3 days + Primaquine (PQ) 0.25 mg per kg body weight daily for 14 days :

ACT-AL for 3 days + PQ Single dose on second day(North Eastern States) :

Pathogen Name : Malaria Vivax

Chloroquine 3 days + Primaquine 14 days :

Treatment Start Date / Follow-Up Date :

Status :

Next Follow-Up Date :

End Of Report