



CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)

Syndromic Surveillance Reporting Form

Country: **BONAIRE**Year: **2020**Epi Week: **17**

Syndromes	Cases
Fever and Hemorrhagic Symptoms	0
Fever and Neurological Symptoms	0
Fever and Respiratory Symptoms (ARI) < 5 yrs	
Fever and Respiratory Symptoms (ARI) ≥ 5 yrs	3
Gastroenteritis < 5 yrs	2
Gastroenteritis ≥ 5 yrs	2
Undifferentiated Fever < 5 yrs	2
Undifferentiated Fever ≥ 5 yrs	3

Surveillance Coverage for Syndromic Reporting			
Reporting Source	Expected # of Sources	No Received	Percent Reporting
Hospitals			#DIV/0!
Health Centres			#DIV/0!
Private Physicians/Sentinel Sites	3	3	1
Laboratories			#DIV/0!
*Collective Reporting Sources			#DIV/0!
TOTAL	3	3	100%

*Note: ONLY use the row labeled 'Collective Reporting Sources' when the breakdown for the Reporting Sources is unknown.

Were any outbreaks/cluster/unusual events observed this week?

☐ YES ☒ NO
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IF YES, REPORT EVENT IMMEDIATELY TO CARPHA

COMPLETE OUTBREAK REPORTING FORM

Reminder: Fever and Rash and Acute Flaccid Paralysis will continue to be reported through the PAHO/WHO Expanded Programme on Immunization (EPI) weekly notification and reporting system.

Name of Reporting Officer: _____

Signature: _____

Designation: _____

Date: _____

Submit to : (10)(2e) @carpha.org

OR CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)

P.O. BOX 164, Port-of-Spain, TRINIDAD and TOBAGO

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