

## CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)

## Syndromic Surveillance Reporting Form

Country:	ST. EUSTATIUS			
Year:	2020	Epi Week:	38	

Syndromes	Cases
Fever and Hemorrhagic Symptoms	0
Fever and Neurological Symptoms	0
Fever and Respiratory Symptoms (ARI) < 5 yrs	
Fever and Respiratory Symptoms (ARI) $\geq$ 5 yrs	4
Gastroenteritis < 5 yrs	0
Gastroenteritis ≥ 5 yrs	0
Undifferentiated Fever < 5 yrs	0
Undifferentiated Fever ≥ 5 yrs	1

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

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

Were any o	utbreaks/cluster/ur	nusual events observed	this we	ek?	□ YE S	Ми⊘
		IF YES, REPORT	EVENT I	MMEDIATELY TO CARPHA	3	
		COMPLETE C	DUTBRE/	AK REPORTING FORM		
<u>Reminder:</u>		Acute Flaccid Paralysis will veekly notification and rep		e to be reported through the Pa ystem.	AHO/WHO Exp	oanded Programme on
Name of Rep	porting Officer:		-	Signature:		
	Designation:		-	Date:		
Submit to :	5.1.2e	@carpha.org	OR	CARIBBEAN PUBLIC HEALTH AGE P.O. BOX 164, Port-of-Spain, TRI p: 1-868-6224261/2 f:1-868-62	NIDAD and TOP	

v.HDA/Synd/Rev02.2015