| surveillance |
|--------------------|
| Epidemiological S |
| Summary of Central |
| Form for Weekly S |
| Representative 1 |
| Figure 3: |

| | | Fever (100°F + 38°C +) | + + 5 | Fever and Cough | and h | Fever and Diarrhea | Vomiting and/or Diarrhea | Fever and Rash | and | Other New Medical Problems Specify | New II ms | Torrel | E Se | |
|--------------------|---------|------------------------|-------|-----------------|------------|--------------------|--------------------------|----------------|------------|------------------------------------|-----------|-----------------|--|-------------------|
| Reporting Unit | Disease | Vrs Old | SI Y | Vrs Old | Yrs Old | Vrs Old | Yrs Old | Yrs | Yrs Old | Vrs Old | Yrs | > 15 Yrs Old | <15 Yrs Old | Combined Total |
| | | | | | | | | | | | | | | |
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| COMMENTS | s | | | | | | | | | | | | | |
| Weekly Report by | ort by | Name of Reporter | rter | | | | | For _ | 9 | | | | | |
| Locating Address - | dress | | | 3 | | | | | Phone No. | , oʻz | | | | |
| | | | | | y | | | | | | | | | |
| | | | | | | | | | | | | | | |

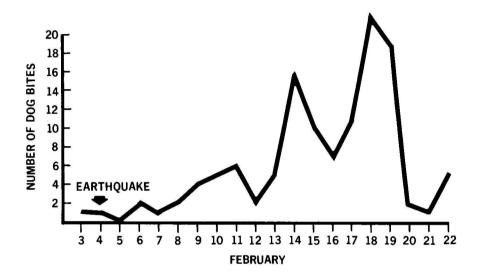


Figure 4: Number of Dog Bites in Guatemala City, February 1976

ning. Of course, deaths can be followed on a separate weekly summary sheet. Diseases not singled out for postdisaster surveillance should be tabulated on the regular weekly report form presented in Figure 1.

Weekly tabulations can occupy an inordinate amount of the time of staff members, unless care is taken to limit their proliferation. The guiding principle of reporting is to keep the number of diseases under surveillance and tabulation to an absolute minimum. Cardinal sins are, on the one hand, to not evaluate the surveillance data collected by members of the field staff and, on the other hand, to sacrifice field investigation of epidemics and disease control activities in order to keep up with tabulating the data. Arrangements should be made to whatever extent possible to delegate responsibility for tabulation to national statisticians or local individuals such as teachers, tax officers, or such volunteers as students.

The epidemiologist should also extensively use maps and graphs for visual appreciation of disease trends. This is frequently a more productive investment of the scarce time of staff members than is generating columns and figures. Maps with pins indicating the geographic clustering of cases are particularly useful for following the spread of a