

**Example 3:**

***Bandim Health Project (BHP): Registration of childhood interventions in urban Guinea-Bissau***

BHP follows 6 districts in the capital of Guinea-Bissau with a population of around 102,000 persons (see Map I). The first district Bandim 1 has been followed since 1978; Bandim 2 and Belem since 1983-1984; Mindara since 1992; Cuntum 1 and 2 since 1998.

The current system has been set up to measure both health outcomes and exposure to health interventions:

*Outcomes:*

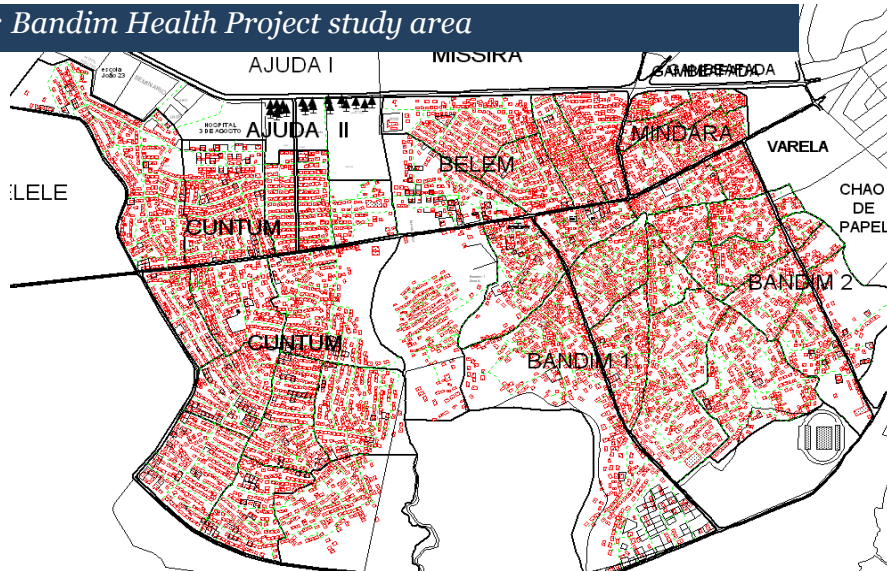
- Mortality
- Morbidity (consultations, hospitalisations)
- Growth (mid-upper arm-circumference (MUAC))

*Exposures:*

- Vaccinations
- Micronutrient supplementation
- Breastfeeding
- Bed net use
- De-worming
- Others (socio-economic conditions, hygienic conditions)

Other exposures might be relevant elsewhere, e.g. IPTi, other micronutrients, and feeding programmes, but are not relevant at the moment in Guinea-Bissau.

**MAP I: Bandim Health Project study area**



As described in the following the childhood registration system focuses on (I) the identification of pregnancies and births, (II) regular follow-up for vital status, child development and childhood interventions, (III) ongoing registration of vaccinations, (IV) campaigns, and (V) hospitalisations. Seven field workers each responsible for a certain number of sub-districts (zones – see Map 1) and

three supervisors (data control/data entry) maintain the routine registration mentioned under (I) and (II).

### ***(I)Pregnancy registration***

The basis for the demographic registration of children is the registration of pregnancies. Without registration of pregnancies it would not be possible to get accurate information on peri-natal and early child mortality since women are unlikely to report deaths if the pregnancy was not known prior to the event. The seven field workers visit all houses in the study area **every month** to identify new pregnancies and to determine whether the woman is still pregnant or has delivered. The data format is indicated in Annex 1 (numbers and names are constructed).

**Annex 1** – is a list of all house number in a specific zone (Bandim 1, zone 4) with listing of all already known pregnancies.

Column 1: Line 1: Casa=house number; No=future Child number of a pregnancy;  
Line 2: Fam=family number; Fno=number in family  
Column 2: Line 1: Nome de mae (Name of mother)  
Line 2: ID of future child  
Column 3: Line 1: ID mae=ID mother  
Column 4 Line 1: Dia do registo=**Registration date**  
Column 5: Line 1: Meses da gravidez= month of pregnancy  
Column 6 Data provavel do parto= estimated date of delivery  
Column 7 Falecimento=Death in house  
Column 8 Sarampo=Measles cases in the house  
Column 9 Informant

Since measles infection has been a focus of BHP, this monthly control also checked whether there were new measles which had to be verified.

When a child has been delivered a birth registration form is filled out which also has information on socio-economic background factors (see Annex 2). The mother is given a vaccination card for the child with the child's ID number on it so that is possible to re-identify the child when it comes for vaccination or consultations (see (III)).

BHP maintains also a registration of all deliveries at the maternity ward of the National Hospital where the majority of the women from the study area deliver.

### ***(II) Child data: regular follow-up for child development and childhood interventions***

All children under three years of age are visited at home by the field worker responsible for the zone once every 3 months to update the information on the child. The data format used is indicated in Annex 3.

### **Annex 3: Child list**

**The example shown is from Bandim 5, Zone 4; children born after 3-12-2008** (numbers and names are constructed)

Column 1: Line 1: No=Child number; Casa=house number  
Line 2: Fam=family number; Fno=number in family  
Line 3: ID (of child)  
Column 2: Line 1: Nome de crianca (Name of child)  
Line 2: Nome de mae (Name of mother)  
Line 3: Nome do Pae (Name of father)  
Column 3: Line 1: NUT=number of nutritional cards/examination)  
Line 2: MUD= number of movements within study area  
Column 4: Line 1: Sex (1: Macho, 2 Femea)

Line 2: Gem=twins (1: Sim=Yes, 2 Nao=No) (including triplets)  
 Line 3: Xcau=exit status: 1: still part of the study; 2=moved; 3=dead

Column 5 Line 1: D\_nasci=Date of birth  
 Line 2: D\_regis=**Registration date**  
 Line 3: xdia=last date seen (exit date – until further information – automatically updated after each visit.

Column 6 TF (No longer used)

Column 7 BCG=date of BCG

Column 8-21 Dates of OPV (4); INje=no longer used (1); Nas=OPV at birth(1); Penta (3); Sarampo=Measles (3); Fe Am=yellow fever (1);

Column 22-23: Nutrition:

- Co Su: Date when started supplementary feeding. Unknown date but started: “S” Not introduced: “N” Unknown: “NS”
- Pa Ma: Date when stopped breastfeeding. Unknown date but stopped: “S” Still breastfeed: “N” Unknown: “NS”

Column 24-29: Doencas = diseases:

Sa: Sarampo (Measles): N / Data  
 Cm=campletch=(probably impetigo)  
 Tc: Tosse convulsa (Whooping cough) N / Data  
 Po: Polio  
 Bp: Bexiga de porco=pig pox (sometimes chickenpox)  
 Va=Varicella

Column 30 Line 1: Pb=perimetro braco=armcircumference  
 Line 2: Hospitalisations  
 Line 3: Date of visit

Column 31: M M: Mora com Mae – Lives with the mother: S / N / NS

Column 32-3: PM=porco moradia=pigs in household; PC=porco casa=pigs in house

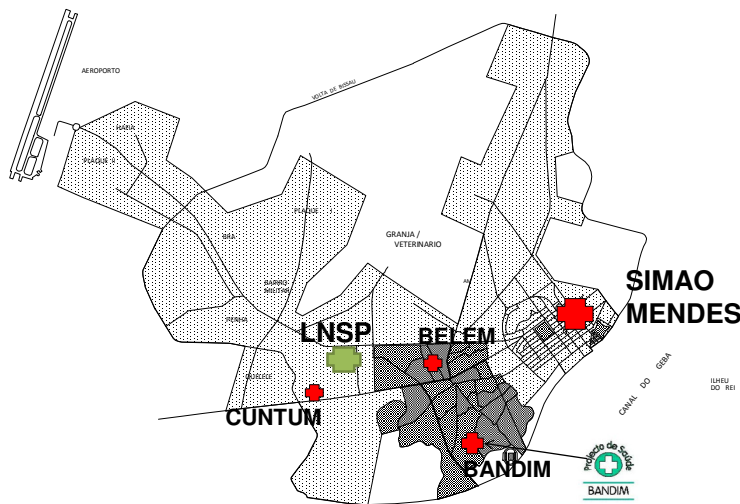
Column 34: Cartao=Cartão de Vacina =Vaccination card. VC: Vi cartão (seen card), NVC: Nao vi cartão = card not seen (but has card); CP: Cartão perdeu= card lost; NTN: Nunca tinha cartão – e nunca tomou vacinas (Never had a card – and never vaccinated); NTS: Nunca tinha cartão – mas tomou vacinas (Never had a card – but vaccinated); NS: Informador nao sabe se tem cartão (Dont know)

### ***(III) Ongoing registration of vaccinations***

There are three health centres providing vaccinations in the study area (Map II). BHP has a field worker at each of these health centres during morning hours when vaccinations take place. The field worker is responsible for

- Registering all routine vaccinations at the centre – using the format presented in Annex 4 (numbers and names are constructed)
- Registering all child consultations at the health centre – using the format presented in Annex 5 (numbers and names are constructed).
- (Recruiting children for trials that may be on-going in the study area, for example, BCG vaccination for low-birth weight (LBW) children)

## MAP II. Health care facilities in the urban area



It will be seen in Annex 4 that we register: Address (column 1); name of mother (column 2); whether mother received vitamin A (column 3) – this is a wrong procedure but has sometimes been carried out by the nurses; name of child (column 4); date of birth (column 5); sex (column 6); Vaccine received on the date seen at the health centre: BCG (column 7); OPV at birth (column 8); Penta1-3 and OPV 1-3 (column 9-11); measles (column 12); yellow fever (column 13); weight of child (column 14); observations (column 15). Most children coming to the health centre will bring their vaccination card and, since the ID number is written on the card, it is usually easy to identify the children coming for vaccination or consultations so that these events can be entered in the relevant data files and linked to the children. Children who come without a vaccination card are usually visitors or newborns who have not yet received a vaccination card. It will be seen in Annex 4 that all children who do not have an ID under “Observations” are from districts outside the study area. All such children are checked by a senior supervisor who is particularly good at identifying children based on the birth date and name of mother.

The list of consultations in Annex 5 registers (numbers and names are constructed): First column: District, zone, house number, and child number (line 1); Name of child, birth date (line 2); sex of child (line 3), study participation, and study number (Line 4); Name of mother (line 5); Symptoms (Line 6) Second column: Weight (line 1); DOB (line 2); age (line 3); Diagnose 1 (line 4); Diagnose 2 – used for ID (line 5); Analyses (line 6).

### ***(IV) Campaigns***

More and more child interventions are delivered by campaigns, for example, OPV (polio eradication), vitamin A supplementation (VAS), de-worming, influenza vaccination, and general measles vaccination campaigns. The first campaign that BHP managed to cover was the first polio campaign in the spring of 1998 (1). During the last 10 years (since 2002), BHP has attempted to cover all campaigns affecting the children in the study area with the exception of the bed-net impregnation campaigns which have been differently organised. Campaigns have either been ***fixed-posts*** where the nurses sit at a fixed place and the mother has to bring the child to the post or ***house-to-house campaigns*** where the nurses visit all houses in the study area (2). The coverage of campaigns has either been (a) ***active following the vaccinations teams*** to register the interventions with a swap up survey shortly after to obtain information on children not seen during the campaign or (b) ***surveys*** just after the campaigns. In both situations the follow-up is based on the child list

(see Annex 3). The field worker brings pre-printed child lists for the zones they are likely to cover either through a fixed-post or a house-to-house visits and using the vaccination cards the field workers will register which children received the intervention be it vaccines, VAS or de-worming. If a child comes to a post other than the one where it usually lives, its identification number, name, and birth date will be registered by the field worker and will subsequently be transferred to the list for the relevant zones.

**Swap-up.** After the campaign, the field workers will visit all children for whom there is no information about receiving or not receiving the intervention to inquire whether they received the intervention elsewhere, had moved or did not receive the intervention. Hence, in principle we get complete information for each campaign for all children in the study area, except that some children may be travelling for extended periods of time and it will not be possible to get the relevant information.

### ***(V) Hospitalisations***

At the paediatric ward of the national hospital in Bissau – Simão Mendes – the BHP maintains an ongoing registration of all outpatient consultations and hospitalizations (see MAP II). Hospitalisations have been registered since 1990; the out-patient consultations have been added more recently.

Again, the identification of children from the study area is based on using the vaccination card that the mothers usually bring along. We also register the current vaccination status of the children at the time of hospitalization. This has permitted several analyses of vaccination status as a risk factor for severity of disease or hospital mortality (3-6).

There will always be some children said to be from the study area who can not be identified because they have recently moved to the area, they have not brought their vaccination card, or they are accompanied by a guardian who uses local ethnic names for the mother and child (rather than the official names reported by the mother) and may not know the correct birth date of the child, making it difficult to identify the child in the registers. All such children are checked by a senior supervisor who is particularly good at identifying children based on the birth date and name of mother.

### **References**

1. Aaby P, Hedegaard K, Sodemann M, Nhante E, Veirum JE, Jakobsen M, Lisse I, Jensen H, Sandström A. Childhood mortality after oral polio immunisation campaign in Guinea-Bissau. *Vaccine* 2005;23:1746-51
2. Fisker AB, Aaby P, Bale C, Balde I, Biering-Sørensen S, Agergaard J, Martins C, Bibby BM, Benn CS. Does the effect of vitamin A supplements depend on vaccination status? An observational study from Guinea-Bissau. *BMJ Open* 2012;2:e000448
3. Aaby P, Rodrigues A, Biai S, Martins C, Veirum JE, Benn CS, Jensen H. Oral polio vaccination and low case fatality at the paediatric ward in Bissau, Guinea-Bissau. *Vaccine* 2004;22:3014-7
4. Veirum JE, Sodemann M, Biai S, Jakobsen M, Garly ML, Hedegaard K, Jensen H, Aaby P. Routine vaccinations associated with divergent effects on female and male mortality at the paediatric ward in Bissau, Guinea-Bissau. *Vaccine* 2005;23:1197-1203
5. Aaby P, Rodrigues A, Biai S, Martins C, Veirum JE, Benn CS, Jensen H. Oral polio vaccination and low case fatality at the paediatric ward in Bissau, Guinea-Bissau. *Vaccine* 2004;22:3014-7
6. Biai S, Rodrigues A, Nielsen J, Sodemann M, Aaby P. Vaccination status and sequence of vaccinations as risk factors for hospitalisation among outpatients in a high mortality country *Vaccine* 2011; 29:3662-9

# Appendix 1: List of pregnancies

Visto: 05  
10 Carlos Cabral  
2012

Controlo das pregnancies Bissau, Bandim 5 zona 4

04/10/2012:41:19

Bairro/Zona:54

Data da entrevista: 4.10.12

Casa/No Fam/Fnc	Nome da mae [Id]	[Id mae ]	Dia do registo	Meses da gravidez	Data provavel do parto	Falecimen- tos (S/N)	Sarampo (S/N)	Informador
201	[ N ]	[ N ]		N	N	N	N	Ana
202 2872 5 39	JUDITE MONTEIRO [ 5402872]	[ 5414351]	17/05/2012	8 Mes	N	N	N	Cadi
203	[ ]	[ ]		N	N	N	N	Cadi
204	[ ]	[ ]		N	N	N	N	Quinta
205 2896	EVA MORREIRA [ 5402896]	[ ]	13/08/2012	5 M	02-2013	N	N	Segunda
205	[ ]	[ ]		N	N	N	N	Ana
206 2876 4 43	FRANCISCA CO [ 5402876]	[ 5414517]	13/06/2012	2 Bebe (faleceu) 29.9.12	Deu luz	S Bebe(0)	N	Francisca
207	[ N ]	[ ]	N	N	N	N	N	Vizinho
208 2895 9 11	DIONISIA TE [ 5402895]	[ 5414523]	13/08/2012	4 M	03/2013	N	N	Dionisia
209	[ N ]	[ N ]		N	N	N	N	Carlos
210 2874 13 14	ROSA IE [ 5402874]	[ 5210363]	13/06/2012	7 M	12/2012	N	N	Rosa
210 2875 24 10	JULIA TE [ 5402875]	[ 5719522]	13/06/2012	15/09/12 Bebe	Deu luz	N	N	Julia
211 2893	MARIAMA DJAO [ 5402893]	[ ]	24/07/2012	6 M	04/2013	N	N	Mariamã
211	[ N ]	[ N ]		N	N	N	N	Mariamã
212	Ussumane Ba [ ]	[ 24/12 4 ]	04/10/2012	8 M	11/2012	N	N	Ussumane
213 2886 3 50	FATUMATA BINTA DJALO [ 5400667]	[ 5400667]	04/07/2012	5 M	02/2013	N	N	Fatumata
214	[ N ]	[ N ]		N	N	N	N	Cadi
215	Cadi Camara [ ]	[ 6/12 9 ]	04/10/2012	3 M	04-2013	N	N	Cadi



## Annex 2: Birth form

### NASCIMENTO

Bairro(address) \_\_\_\_\_ Zona \_\_\_\_\_ Casa \_\_\_\_\_ Família N: \_\_\_\_\_ N: na Família \_\_\_\_\_ CNO \_\_\_\_\_

Data de entrevista(interview data) \_\_\_\_\_ Dias depois de nascimento(days after birth) \_\_\_\_\_

Se mais de 14 dias, porque?\_(if more than 14 days, why? \_\_\_\_\_

\_\_\_\_\_ **N. de Telefone:** \_\_\_\_\_

A família tem recenseamento Sim [ ] Não [ ] Hópede [ ] Outra [ ]\_(family is in census) \_\_\_\_\_

### CRIANÇA (Child)

Nome (name) \_\_\_\_\_ Data de nascimento \_\_\_\_/\_\_\_\_/201\_\_(DOB)

Pelas: \_\_\_\_ H \_\_\_\_ Minutos (time)

Etnia (ethnic group) \_\_\_\_\_

Circunferência Cefálica \_\_\_\_\_, \_\_\_\_\_ cm (head circumf.)

Nado vivo [ ] Nado morto [ ] Aborto [ ] (born live/dead/abortion)

Quantos meses a gravidez completou \_\_\_\_\_(No months completed)

Data de registo de gravidez \_\_\_\_\_(registration date)

Se depois de nascimento, morava em Bandim I,II / Belém / Mindará ou Cuntum / antes de dar a luz? Sim [ ] Não [ ]

(if registered after delivery, lived in district before delivery? If came later when?)

Se veio depois, quando veio \_\_\_\_\_ (mês / Ano ), de onde \_\_\_\_\_

Mora agora com quem? (Live with whom) Nome \_\_\_\_\_ Família \_\_\_\_\_ Fno \_\_\_\_\_

Pai [ ] Mãe [ ] Avó [ ] Avô [ ] Tio [ ] Tia [ ] Outra [ ]

Sexo: Macho [ ] Fêmea [ ] Gémeos: Sim [ ] Não [ ] (Twin?)

Peso de hoje: \_\_\_\_\_ g (Weight today) Peso no hospital: \_\_\_\_\_ g (weight at hospital)

Já tomou vacina de BCG? Sim [ ] Não [ ] Não sabe [ ], Se sim Data: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Já tomou vacina contra Polio ao nascer? (OPV0) Sim [ ] Não [ ] Não sabe [ ], Se sim Data: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Viu cartão? VI [ ] NT [ ] NVI [ ] PC [ ] (seen vaccination card)

Cicatriz S [ ] N [ ] NS [ ] (Scar?) PB = \_\_\_\_\_(MUAC)

Esta criança é parto N: (Delivery no? \_\_\_\_\_ Quantas estão vivas (inclusive o recenascido) (no alive?) \_\_\_\_\_

O parto anterior ainda está vivo? Sim [ ] Não [ ], Se não: nado vivo [ ] Nado morto [ ] (previous alive)

O parto penúltimo esta vivo? Sim [ ] Não [ ], se não: nado vivo [ ], Nado morto [ ] (second last alive)

Nome do irmão mais novo ainda vivo (name last child/DOB/SEX \_\_\_\_\_

Data de nascimento \_\_\_\_/\_\_\_\_/\_\_\_\_ Idade \_\_\_\_\_ Anos \_\_\_\_ Sexo: Macho [ ] Fêmea [ ]

Quem fica com o irmão mais novo durante o dia\_(Who takes care of child) \_\_\_\_\_

### MÃE (Mother)

Nome \_\_\_\_\_ Casa \_\_\_\_\_ Fam \_\_\_\_\_ Fno \_\_\_\_\_

Data de nascimento \_\_\_\_\_ / Idade \_\_\_\_\_ (DOB/Age)

Anos na Escola (até qual classe): \_\_\_\_\_(years in school)

Formação supllimentar? Sim [ ] Não [ ](supplementary education)

Mora com o pai? Sim [ ] Não [ ](live with father of child)

Tem comboça? Sim [ ] Não [ ] Na casa? Sim [ ] Não [ ](Co-wives? In house?)

Tem trabalho fora da casa? Sim [ ] Não [ ] Trabalho do pai\_\_(work of father)\_\_\_\_\_

Nome do pai \_(Name father/address)\_\_\_\_\_ Bairro\_\_\_\_\_ Casa\_\_\_\_\_ Fam\_\_\_\_\_ FNO\_\_\_\_\_

O pai mora fora de Bandim I-II, Belém, Mindara, Cuntum [ ]

## CASA (House)

Tecto: Palha [ ] Zinco [ ] Telha [ ] Fibra Cimento [ ](roof)

Electricidade: Sim [ ] Não [ ](electricity)

Televisão: Sim [ ] Não [ ]TV)

Casa de banho: Nada [ ] Latrina [ ] Dentro da casa [ ](Toilet – outside/inside)

## GRAVIDEZ (Pregnancy)

Foi à consulta durante a gravidez? Sim [ ] Não [ ](antenatal care)

Quantas vezes⊗ times)\_\_\_\_\_ Onde:\_(where)\_\_\_\_\_

Vacina contra tétano durante esta gravidez? Sim [ ] Não [ ] Quantas vezes\_\_\_No tetanus vac?\_\_\_\_\_

Vacina contra tétano durante a gravidez anterior? Sim [ ] Não [ ] Quantas vezes (Tetanus previously?\_\_\_\_\_

Vacina contra influenza (Outubro 2010) durante a gravidez? Sim [ ] Não [ ] Vaccine H1N1 vaccine in 2010?

Gravidez quantos meses? \_\_\_\_\_ Data\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Vitamina A Sim [ ] Não [ ] se sim data: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Vitamin A during pregnancy

Vi cartão de gravidez? Sim [ ] Não [ ] Antenatal card seen

Deu a luz em Bissau? Sim [ ] Não [ ], onde\_Gave birth in Bissau? Where? \_\_\_\_\_

Deu a luz na casa ? Sim [ ] Gave birth at home?

No hospital : Simão Mendes [ ] Centro de Saúde Bandim [ ] Which hospital

Outro, [ ] \_\_\_\_\_

Se deu a luz na casa, quem ajudou no parto? Relação \_\_\_\_\_ Homedelivery who helped \_\_\_\_\_

( Nome: \_\_\_\_\_ ) idade:\_\_\_\_\_

Apresentação : Cabeça [ ] Pé [ ] Não sabe [ ] Presentation of fetus

Cesariana desta vez? Sim [ ] Não Cesarean section)

INFORMADOR: (relação)\_\_\_\_\_(informant?)\_\_\_\_\_

Quanto tempo vai dar de mamar esta criança?\_Will breastfeed for how long?\_\_\_\_\_

Esta ficha é feita na zona no dia \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Esta ficha é veificado no dia \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Pelo Assistente : Assistent\_\_\_\_\_

Pelo Supervisor : Supervisor\_\_\_\_\_





Annex 4: List of vaccinations at health centre

DIA 21.07.2012 vacinas no centro de saúde, Bombais Assistente: Julia

Endereço Bairro Zona / Casa Nº	Nome da mãe	Mãe VIA	Nome da criança	data nascimento	sexo	BCG nas	polio	1. penia	2. penia	3. penia	1	VAA	Peso	observações
51-8/1900	Rosângela Costa		Dieter da Silva	13.03.12	F					X			7.100	5104000
51-2/1916	Laura Tavares		Miracoste	11.07.12	F	X							2.350	5104016
52-19/2871	Quilinda Da		Celeste Gouveas	15.10.12	F			X					6.270	5202871
52-12/3740	Nereide Grego		Tom Grego	12.04.12	F			X					5.720	5303740
51-18/1002	Orle Cabral		Elisabete Gonçalves	07.07.12	M	X							5.060	5104062
54-25/528	Fátima Correia		Dissado Pa	16.03.12	F				X				7.700	5401528
54-18/1602	Nenuphar Diabo		Manuel Pa	12.06.11	M						X	X	10.700	5401602
54-11/1747	Maria Tereza		Gilso Cabral	04.05.12	F			X					6.600	5401747
52-18/2510	Pracira Madi		SECO Pinto	03.10.11	M						X	X	8.780	5202510
51-10/1012	Feliciana Gouveas		Messey arbu	17.04.12	M				X				5.100	5104012
53-77/2746	Ana, Jorgeta Maria		Suzy Inda	06.04.12	M				X				5.840	5303746
51-40/4011	Cade Maria		Carish Sec Bar	18.03.12	M					X			8.040	5104011
54-39/1796	Manuela Diabo		Bibace Diabo	10.07.12	M	X	X						3.150	5401796
52-67/2811	Isabel Lopes		Elisav. Hibandar	11.06.11	M					X	X	X	8.270	5202811
52-16/2813	Sofia Lopes		Paula Diabo	29.11.11	M					X			6.640	5202813
55-10/5200	Conceição Silva		Deisi Louco	26.09.11	M							X	8.540	5505200
55-3/5703	Fátima Silva		Patric Diabo	02.05.12	F			X					3.710	5505703
B- plano	Paula Diabo		Salete Diabo	07.03.12	F				X				4.010	
Hosp. pediat	Paula Diabo		Sandra Silva	17.12.09	M				X		X	X	13.620	
100105	Manuela Silva		Glória Silva	14.05.11	F					X	X	X	8.620	
Hosp. pediat	Quimela Gouveas		Manuela Gouveas	22.01.12	M				X				6.200	
54-139/1522	Helena Maria		Hilary Gouveas	25.05.12	F			X					4.375	5401522
53-92/2740	Helisvete		Maria Gouveas	26.05.12	F			X					4.080	5303740
Numero de frasco (Batch) de vacina:	BCG		Polio	Penta						Sarampo			VAA	



**Annex 5: List of health centre consultations**

**Lista de consultas nos CS – crianças estudos no PSB**

Data de consulta: 11/07/2012		CSBANDIM / SIMAO MENDES / CSBELEM / CSCUNTUM / CL.BOR/ /CSMADINA /	
Bairro: _____	Zona: 51 Casa: 64 CNO: 4311	PESO: 8,400 Kgs	
Nome da Criança: Cesari de Costa		Data Nasc. 07/03/2011	
Sexo: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: IRA	
Nomemae: Maria Sotomangas Indi		Diagn.2: 5704371	
Sintomas: Febre, tosse, diarreias, vomito		Analise: GE-Hb.14.0 Leuc. 12.0mm <sup>3</sup>	
Bairro: _____	Zona: 51 Casa: 19 CNO: 4197	PESO: 9,700 Kgs	
Nome da Criança: Carlota Indai		Data Nasc. 26/02/2010	
Sexo: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: IRA	
Nomemae: Suenabo Fati		Diagn.2: 5704197	
Sintomas: Constipação, vomito, diarreias		Analise: _____	
Bairro: _____	Zona: 53 Casa: 27 CNO: 1250	PESO: 8,300 Kgs	
Nome da Criança: Younhet Sahe		Data Nasc. 13/08/2010	
Sexo: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: patedesuop	
Nomemae: Brunson Fidance		Diagn.2: 5301250	
Sintomas: vomito, Constipação		Analise: GE,3,Hb.11,8 Leuc.14,4 <sup>mm</sup>	
Bairro: _____	Zona: 52 Casa: 94 CNO: 2807	PESO: 6,200 Kgs	
Nome da Criança: Barack da Silva		Data Nasc. 17/07/2012	
Sexo: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: Beonquile	
Nomemae: Cecília Mendonça		Diagn.2: patedesuop	
Sintomas: _____		Analise: GE+Hb.11,7, Leuc.10,3	
Bairro: _____	Zona: 51 Casa: 37 CNO: 3702	PESO: 7,400 Kgs	
Nome da Criança: Jesuina Marques		Data Nasc. 20/05/2009	
Sexo: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: patedesuop	
Nomemae: Sueli Mendes		Diagn.2: anemia	
Sintomas: vomito, febre por abdomen		Analise: GE+Hb.10,0 Leuc.12,3	
Bairro: _____	Zona: 51 Casa: 15 CNO: 4007	PESO: 13,000 Kgs	
Nome da Criança: Yamade Salim Son		Data Nasc. 03/14/2009	
Sexo: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: EDA+IRA	
Nomemae: Dissalo Balde		Diagn.2: 5704007	
Sintomas: Febre, diarreias, vomito, tosse		Analise: GE-Hb.12,2 Leuc.14,3	
Bairro: _____	Zona: 52 Casa: 71 CNO: 2773	PESO: 9,200 Kgs	
Nome da Criança: Carmen Ca		Data Nasc. 02/01/2012	
Sexo: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: patedesuop	
Nomemae: Ypeli Bando Sim		Diagn.2: 5202773	
Sintomas: Anorexia, febre, vomito		Analise: GE+Hb.12,0 Leuc.15,1	
Bairro: _____	Zona: 52 Casa: 80 CNO: 2569	PESO: 7,400 Kgs	
Nome da Criança: Jannairo Gomes		Data Nasc. 15/02/2011	
Sexo: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: patedesuop	
Nomemae: Juliana de Silva		Diagn.2: 5202569	
Sintomas: _____		Analise: GE+Hb.13,7 Leuc.11,9	
Bairro: _____	Zona: 54 Casa: 99 CNO: 1513	PESO: 7,200 Kgs	
Nome da Criança: Sandra Maria Silva		Data Nasc. 14/03/2012	
Sexo: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Idade (meses) _____	
Cod. Est: MV, GEM, Vita, TS, DDNOVO, LW, QQ,ROTA,IRIPT, PSB		Diagn.1: IRA	
Nomemae: Yanez Avela da Costa Serdio		Diagn.2: 5401513	
Sintomas: _____		Analise: GE-Hb.12,3 Leuc.10,7	