Additional file 1. Weekly data reporting form.

MP Village Name: |_____|	**MP (village) code:** |___|___|-|___|___|___|___|___| **Report by:** |_____| **name**

Malaria Elimination Task Force weekly reportform (SD BIOLINE)

***From date:**\|___\|___\| \|___\|___\| \|___\|___\| **to date: :**\|___\|___\| \|___\|___\| \|___\|___\|
Day Month Year *Please count from **MONDAY** to **SUNDAY** always

Table 1: Total fever cases (Number of cases of **FEVER**)

	Fever cases
<5 years	
5 to 15 years	
Older than 15 years (>15)	
Total	

Table 2: Laboratory results SD BIOLINE

	PF	PV	Neg	Invalid	Total
<5 years					
5 – 15 years					
Older than 15 years (>15)					
Total					

Table 3: Number of patients **TREATED** for malaria

	PF		V		Total
	Male	Female	Male	Female	
<5 years					
5 – 15 years					
Older than 15 years (>15)					
Total					

A. **Severe cases** within reporting week: |_____| cases
B. **Death due to Malaria or suspected of Malaria** within reporting week: |_____|cases

C. Total pregnant women within reporting week: Neg |____| PF |____| PV |____|

Remaining number of SD BIOLINE tests in stock: BIOLINE |_____|
Remaining number of COARTEM tablets for PF treatment: |_____| tablets