

COMMUNICABLE DISEASE TOOLKIT

IRAQ CRISIS

3. GUIDELINES FOR USE OF HEALTH SURVEILLANCE FORMS

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WORLD HEALTH ORGANIZATION

PURPOSE

These surveillance forms are for use during the Iraq crisis. They may be further modified according to the situation and needs on the field. Included are: a weekly morbidity form, a weekly mortality form, an outbreak alert form and a case investigation form.

- They aim to provide early warning of outbreaks of the following major communicable diseases:
 - Bacillary dysentery
 - Cholera
 - Hepatitis A, B, C, D and E
 - Leishmaniasis
 - Malaria
 - Measles
 - Meningococcal meningitis
 - Typhoid fever
 - Viral haemorrhagic fevers

- In addition to the above outbreak-prone diseases, the main health problems are likely to be:
 - Lower respiratory tract infection/pneumonia
 - Trauma/injury including landmine injuries
 - Malnutrition

- The surveillance forms are also designed to detect any clusters of cases of unknown origin, including diseases of chemical or toxic origin.

REPORTING MECHANISMS

- In each health facility, a daily register of consultations should be kept
- Suggested lay out of register in health facility:

OPD no	Date	Name	Location	Sex	Date of birth	New case/ Follow up	Diagnosis	Treatment

- One person in each health facility should be identified as responsible for data collection and notification of potential epidemics to the Health Co-ordinator. In each Agency/NGO, one person should be responsible for compiling the data from the daily register for the Weekly Health Report

- The weekly form should be filled out from Saturday - Friday and compiled by the Agency/NGO Health Co-ordinator as soon as possible.

HOW TO FILL IN THE WEEKLY MORBIDITY REPORT

- Data should be recorded in two age categories: under 5 years and 5 years and over.
- New cases/consultations requested for communicable and non-communicable diseases.
- All cases attending the health facility should be recorded on the Weekly Morbidity Form, including those who are subsequently referred to hospital.
- The first consultation only should be reported; follow-up visits for the same disease should not be reported.
- At the end of each week, the reporting officer must count up all the cases and deaths from each disease as recorded in the outpatient and inpatient records. The health worker must select the main cause for the consultation, i.e. one disease/syndrome for each case.
- If one of the diseases has epidemic potential marked with an asterisk in the form, record this disease as the main cause of consultation.
- "Other communicable diseases" include all cases of communicable diseases not mentioned in the list of diseases eg skin infections
- "Other non-communicable diseases" include all cases of non-communicable diseases not mentioned in the list of diseases eg gastrointestinal problems, heart disease, diabetes.
- "Clusters of cases of unknown origin" include clusters resulting from exposure to chemicals or toxins.
- Diseases of outbreak potential are marked with an asterisk * on the morbidity form. They must be reported to your health co-ordinator using the *outbreak alert form* if the weekly alert thresholds below are passed (see box on alert thresholds below).
- In the event of an increase in the number of cases of a disease/syndrome, surveillance activities may need to be enhanced. For example, active case finding and case definitions may need to be revised, such as in the event of an outbreak of meningitis.
- Record total number of consultations in the health facility in a week.

HOW TO FILL IN THE WEEKLY MORTALITY FORM:

- This form is a line-listing of all deaths.
- Fill in all the details as required for each case including names, age, sex, date and location of death and laboratory sample taken, and record a main cause of death for each entry even if "unknown".
- Calculations of mortality rates can be performed as follows:

Crude mortality rate (CMR) : Number of deaths for the week/population at the end of the week
 $X \ 10,000 \text{ persons}/7 \text{ days} = \text{deaths}/10,000 \text{ persons}/\text{day}$

Under 5 mortality rate (U5MR) : Number of deaths among children <5 years for the week/under 5 year population at the end of the week
 $X \ 10,000 \text{ persons}/7 \text{ days} = \text{deaths}/10,000 \text{ persons}/\text{day}$

- Alert thresholds for mortality are shown in the box below.

ALERT THRESHOLDS

Acute watery diarrhoea:	5 cases in the 5 years and over age group
Bloody diarrhoea:	5 cases
Measles:	1 case
Meningitis - suspected:	5 cases or 1.5 times the baseline.
Acute haemorrhagic fever syndrome:	1 case
Acute jaundice syndrome:	5 cases or 1.5 times the baseline.
Malaria:	5 cases or 1.5 times the baseline.
Acute flaccid paralysis (suspected poliomyelitis):	1 case
Neonatal tetanus:	1 case
Fever of unknown origin:	1.5 times the baseline.
Other communicable diseases:	1.5 times the baseline.
Unknown disease occurring in a cluster:	report any cluster
Severe malnutrition:	2 cases
CMR:	>1/10,000/day
U5MR:	>2/10,000/day

Baseline = average weekly number of cases of the disease calculated over the last 3 weeks.