Case Definition and Surveillance system

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From the field

• Disclosure:
  - I spent 2 weeks in Nigeria in Abakaliki FeTHA centre in mid March working with NCDC.
  - continue to support response from HQ Geneva
Process of surveillance

Ensure quality and timeliness to allow for effective response

Case identification → Standard information collection → Data management → Data analysis → Data reporting
CIF

- Standardized data collection available since onset of the outbreak
### 6. Status of Patient at detection
- Alive: □
- Alive & Pregnant: □
- Dead: □

**If dead:**
- Date of death [dd/mm/yyyy]:
- Place of Death:
- Mode of Burial (Safe, Unsafe):

#### 7. Clinical History

**Symptoms (please mark as appropriate):**

- Fever
- Vomiting/Nausea
- Diarrhea
- Intense Fatigue/general weakness
- Anorexia/Loss of appetite
- Abdominal pain
- Chest pain
- Muscle pain
- Joint pain
- Headache
- Cough
- Difficulty breathing

**Symptoms:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

#### 8. Epidemiological Risk Factors or Exposures

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospitalized or attended a health facility, or visited anyone in the health facility in the last 3 weeks before becoming sick:</td>
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<tr>
<td>2. Contact with a known or suspect case, or with any sick person 2 weeks before sickness:</td>
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<td>3. History of travel in the last 3 weeks:</td>
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<td>4. Previous vaccination for Yellow Fever:</td>
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</tbody>
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#### 9. Patient Outcome Information

**VHF Confirmed (Tick only):**

| 1. Lassa Fever |
| 2. Yellow Fever |
| 3. Dengue Fever |
| 4. Malaria |
| 5. Rift Valley Fever |
| 6. West Nile Fever |
| 7. Chikungunya |
| 8. No VHF Isolated |

**Case classification (Tick only):**

| 1. Confirmed |
| 2. Probable |
| 3. Discarded (not a case) |

**Outcome:**

- Alive: □
- Dead: □

**If alive:**
- Date of discharge [dd/mm/yyyy]:
**If dead:**
- Date of death [dd/mm/yyyy]:
- Mode of Burial (Safe, Unsafe):

#### 10. Reporting Officer

**Name:**

**Designation:**

**Phone Number:**

**E-mail address:**

**LGA:**

**State:**

**Signature:**

**Date (DD/MM/YYYY):**
Data management system: SORMA
Data management system

- SOMARS, web-based platform, is now being used in the 3 hot spot states of Ebonyi, Edo, Ondo for data entry via tablet.
- Initial trainings were conducted in late March to early April 2018.
- Other states using excel spreadsheet and then sending to national level for analysis.
Data analysis: Case Definitions

A suspected case:
• Any individual presenting with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhoea, myalgia, chest pain, hearing loss and either
  • a. History of contact with excreta or urine of rodents
  • b. History of contact with a probable or confirmed Lassa fever case within a period of 21 days of onset of symptoms

OR Any person with inexplicable bleeding/hemorrhagia.
Data analysis: Case definitions

**A confirmed case:**
- Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)

**A Probable case:**
- Any suspected case (see definition above) who died without collection of specimen for laboratory testing
Reporting

• Daily situation reports submitted to national NCDC from all 21 affected states.
• Weekly reports at national level, then uploaded on NCDC website.
Challenges during the outbreak

• Incomplete data quality reflected in terms of completeness, timeliness and accuracies.
  – i.e.) variables are missing on the case investigation forms (CIF), etc

• Lack of supportive supervision, highlighting need for more training, more supervision, etc.
Opportunities: **electronic IDSR**

Integrated Disease Surveillance & Response (IDSR)

- Harmonization of data reporting tools (forms) since they will be consolidated into one which will be uploaded on the eIDSR platform
- Timely data transmission (real time)
- Easier and more user-friendly data entry systems (tablet, smart phone)
- Real-time feedback, will increase user satisfaction.
- With the roll-out and ensuring its adoption at different levels, there will be opportunity for supportive supervision from different levels, data quality improvements
Conclusion: clinical endpoints for clinical trials

• Clinical syndrome alone (suspect) is too, non-specific as outcome
• Confirmed case (laboratory diagnosis positive) captured by strong surveillance system can be useful.
• What are your thoughts?
Questions???

Thank you for your attention.