WHO Conference on Health Aspects of Tsunami Disaster in Asia

Phuket, Thailand
4–6 May 2005
Rapid assessment
Early Warning System
Active surveillance and
rumours verification
Kalmunai region
Ampara district
16-28 January
Objectives of the mission 1

- Describe data collection and recording
- Identify population under surveillance
- Describe flow of data
- Describe data analysis and report
- Describe feed-back procedure
- Describe laboratory capacities
- Describe response capacities
Objectives of the mission

- Assess major attributes:
  - Simplicity
  - Acceptability
  - Quality of data
  - Usefulness
  - Representativeness
  - Completeness
  - Timeliness

- Produce recommendations
Objective 3

• Conduct an active surveillance and rumours verification
Approach /methodology

• Camps,
• MOH areas
• Hospitals OPD and IDP

• Close collaboration NGOs-MOH-WHO
• Direct visit and interviews to all actors.
• Active verification of rumours or cases (WD, BD, AJ, RF, UF, NNT, AT)
Rapidity to put the system in place

- 24-48 after disaster
- MOH from preventive to OPD
- PHI and Midwives support mobile clinics
- Regional epidemiologist to coordinate and organize response
Objective of the system and population under surveillance

• To ensure timely detection response and control of outbreaks among the displaced population

• All Displaced Population
  – Camps
  – Hosted in the community
Health events under surveillance

- 8 health events:
  - Viral fever
  - Diarrhoea
  - Conjunctivitis
  - ARI
  - Skin diseases
  - Scabies
  - Dermatitis
  - Others (specify)

- Rumours: PHI

- Lack clear official, (published) case definitions
- Lack defined thresholds to trigger actions
  - (significant increase)
Type of system

- Active at MOH level
- Exhaustive
- Data collected at camp level
- Aggregated data by MOH area
- Cases
- No Age groups
- Daily - Weekly data collection
Data collection and reporting system

Front line
Camps or settlements: Mobile clinics/peripheral units
Health care provider: MOH
Data collectors: PHI/Nurses or midwives/MOH

First reporting level
Medical Officer of Health

Regional Level Kalmunai
Deputy Province Director Health System DPDHS
District Health Office: Regional Epidemiologist

Central Level
Ministry of Health Colombo
Central epidemiology unit.

Communication:
• Fax
• Telephone
• By hand
Data entry and data analysis

- Excel spreadsheet
- Few trend diseases produced
- Number of cases by camps and by MOH by day and by week
- Not feedback
Laboratory confirmation

- Little laboratory capacities for confirmation (Ampara hospital)
- Specimen collection and transport media in Kalmunai
Results
Strengths

• Good flexibility of the system
• System High Sensitive
• System well established in camps
• High acceptability, strong sense of abnegation
• Considered useful
• Timeliness good
• Completeness 100%-90%
• Representativeness: high

however severe cases in OPD

• Other partners collaborating
Active surveillance

• 10 areas 15 camps/hospitals
• WHO-MSF Spain-MOH-Regional health authorities
• All information/rumors verified:
  – Camps-MOH-OPD-Hospitals-wards-labs
• Few cases of sporadic mild and bloody diarrhea
Areas for improvement

• Data collection
  – Registers at camp level
  – Record of OPD
  – Daily form-weekly form

• Health events, case definition, thresholds
  – Too broad health events
  – Some HE not epidemic prone
  – HE related to risks
  – Define precise case definition
  – Define thresholds

• Population under surveillance
  – Exclusion of resident population, over-estimation
Areas for improvement

• Data quality, data validation
  – Standard validation
  – Possibility to counter check

• Indicators, data analysis
  – Few indicators
  – Age groups
  – Trends produced

• Feed back
  – Feed back to front line worker
Areas for improvement

• Laboratory confirmation:
  – Position of transport media too central
  – Not capacities at district level
  – Not common practice
Recommendation 1

• Prioritize according to major risks
• Cases definition to be agreed upon partners and people trained in the use of them
• Simple and clear thresholds (e.g. 1 case, a cluster, 1.5 the average of previous 3 wks)
• Specify response activities for each health event
• Strengthening capacities in Surveillance and Outbreak response for regional epidemiologist and Medical Officers of Health
Recommendation 2

• Data quality
  – Record book to counter check
  – Standard procedures MOH

• Indicators
  – Agree of more specific and useful indicators
  – Increase analysis in terms of T,S,P
  – Performance indicators (completeness, timeliness)

• Use of adapted computer application (provided)

• Feed back
  – Standard report, very short and simple
Recommendation 3

Positioning transport media
At peripheral level: Hospitals

Standardize collection and Transport

Develop guidelines for Collection, transport.

Annex 4: Specimen Referral Sheet

<table>
<thead>
<tr>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Unit:</td>
</tr>
<tr>
<td>Camp Name:</td>
</tr>
<tr>
<td>NGO:</td>
</tr>
<tr>
<td>Specimen Date of collection:</td>
</tr>
<tr>
<td>Specimen Date of sending:</td>
</tr>
<tr>
<td>Name of the patient:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Sample type:</td>
</tr>
<tr>
<td>Suspected Diagnosis:</td>
</tr>
<tr>
<td>Name of the collector:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
<tr>
<td>Specimen date of receiving at the Public Health laboratory in Khartoum:</td>
</tr>
</tbody>
</table>
Every crisis is a lesson and can become an opportunity to revise and strengthen its own national surveillance system.
Detecting health events, surveillance components

Health system

Other sources

Collect

Validate

Analyze

Detect surveillance signals

Interpret:
Assess public health significance

Alert:
Public health risk identified

Investigate

Control

Public health risk controlled

Evaluation
Laboratories in Surveillance: Interrelationship and Networking

Varied roles, functions, goals, physical set-up, equipment used,

need for common SOPs, QA/QC strategy, Biosafety regulations

Diagnostic Hospital Lab.

Private Diagnostic Lab.

Diagnostic Veterinary Lab.

Diagnostic Public Health Lab.

Medical Research Lab.

Vaccine Lab.

National Network

World Health Organization
Vision
Every member state should have the capacity for early detection, rapid verification and appropriate response to disease threats:

• in order to minimize the impact on the health and economy of the population,
• in order to strengthen preparedness for crisis situations

Thank you