

INTEGRATED DISEASE SURVEILLANCE PROJECT

Formats and Guidelines for Reporting of Information on Disease Surveillance

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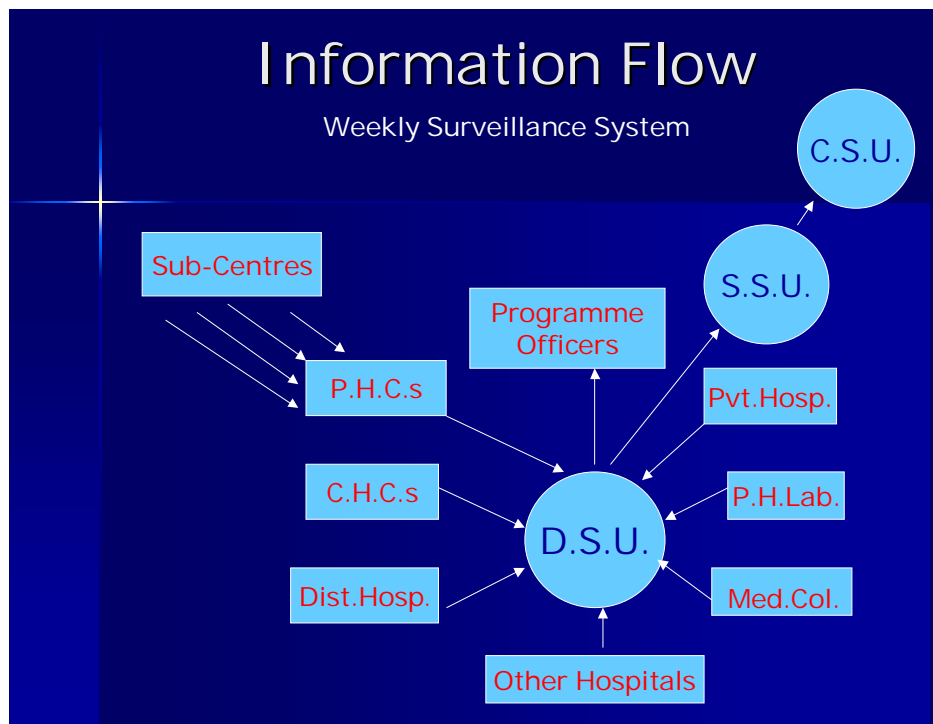
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Formats and Guidelines for Reporting of Information on Disease Surveillance

1. Preamble:

Integrated Disease Surveillance Project aims at collecting, compiling, analyzing and using information on various target diseases for surveillance and rapid response to prevent or control spread of diseases in the communities. One of the key activities under the Project is capturing information on occurrence of target diseases in an active manner to achieve required level of coverage. This requires development of a systematic approach in recording episodes of diseases at the community level and method for forwarding information to designated places for analysis, interpretation and action. As data would be computerized at appropriate levels, it is necessary to standardize formats used for recording and reporting information at various levels.

Following information flow is recommended to ensure timely reporting of data relating to target diseases:



2. Recommended Weekly Schedule

Submission of data by sub-centres and other rural reporting unit	To PHC/CHC	By Monday
Submission of data by all PHCs/CHCs and urban reporting units	To DSU	By Tuesday
Data Entry and analysis	At DSU	By Thursday
Follow-up Action and Feedback	By DSU	By Friday

3. Guidelines for recording and reporting of information for diseases covered under Integrated Disease Surveillance Project for use of Health Workers, Anganwadi workers, Community volunteers, Non-formal Practitioners.

The following is a guide for the use of standardized Register for recording information and reporting format for Disease Surveillance at community level. This register and report is meant for the Health Workers, Anganwadi Workers (AWW), Village Volunteers and Non-formal Practitioners to record the information relating to symptoms of target diseases at the health facility or encountered/reported during their field visits in the community.

3.1 Job Responsibilities:

Within the Health System, the Health Workers (Male and Female) will maintain 'Register for Syndromic Surveillance' at the sub-centre level. The Medical Officer in-charge of PHC, under which sub-centres function, will assign responsibilities of surveillance to staff posted at each sub-centre. In case two or more Health Workers are available at a sub-centre, one worker will be assigned the task of recording and reporting information on disease surveillance in the community and the other will be assigned the task of doing the same at the sub-center OPD. Reporting registers/forms will also be provided to the other functionaries such as AWW, village volunteers and non-formal practitioners working in the area/villages covered by the sub-centre. Health Worker in-charge of disease surveillance at the sub-center will be assigned the task of extracting data from the register on a weekly basis and enter into Form S (Reporting Format for Syndromic Surveillance). The information in the registers of the village volunteers and non-formal providers also has to be extracted and included in Form S. Health Assistants will supervise functioning of sub-centres under their charge. Medical officer in-charge of the PHC is the overall supervisor of Disease Surveillance of the area covered under PHC.

[Note: For convenience, all the personnel identified in the above paragraph (i.e. Health Worker, Health Assistant/Supervisor, village volunteer and non-formal provider will be referred to as Health Worker at various places in the text below.]

Definition of Syndromic Surveillance:

3.2 Symptoms, signs and syndrome

Symptom is complaint perceived by the patient or identified by the examiner (e.g. fever, loose motions, headache, vomiting, cough etc.)

Signs are findings on examination of patients e.g. skin rash, yellow discoloration (jaundice).

Syndrome is group of symptoms and/or signs attributable to particular disease condition (e.g. fever with skin rash indicative of measles).

Syndromic surveillance is defined as the surveillance of diseases based on the presenting symptom/s (and not the disease attributable to the syndrome). Under IDSP, the Health

Workers, Village Volunteers and Non-formal Practitioners will conduct syndromic surveillance. The cases identified through the presenting symptoms are classified as 'suspect cases' of a certain disease condition. For e.g. a case of fever with rash will be classified under the syndrome 'fever with rash' and not as measles. The medical diagnosis of a condition, based on presenting symptoms and clinical signs will be conducted only at the level of Medical Officers (such as those at Primary, Community Health Centers, Dispensaries and Hospitals) or qualified medical practitioners.

3.3 Recording Information in Register for Syndromic Surveillance

Each Health Worker will be provided with a 'Register for Syndromic Surveillance'. Each page of the register will look like the table attached (Annexure I). During the routine house-to-house visits in the community, when the health worker encounters a case with any of the syndromes described in the register, he/she will fill in the date and personal details of the case (Name and Address, Age and Sex), followed by a tick (✓) mark in the appropriate box corresponding to the syndrome presented by the case. It is better to record information initially with a pencil as information may change over time as illustrated in examples given below:

Example 1: A Health Worker, Meena, has gone to Village 'A' on 28 February 2005, for her routine house-to-house visit. In one of the houses of the village, she comes across a child, Pinky, 8 years of age, who passed two loose watery stools in the morning and is suffering from dehydration. Meena, the Health Worker will make the entry into her register as shown in table at Annexure I.

Example 2: In a different household, on 28 February 2005, Meena the Health Worker finds a child, Ramu, 5 years of age suffering from fever. Ramu's mother tells Meena that Ramu has fever since yesterday evening. So Meena makes an entry in her register giving personal details of Ramu and marks a tick (✓) under 'only fever'. After three days, on 3 March 2005, when Meena returns to Ramu's house, she finds Ramu's fever is continuing and he has also developed rash. Meena will now cut or erase (using an eraser) the tick (✓) that she made under fever in front of Ramu's entry in the register and mark a tick (✓) under fever with rash and mention the date when the new entry was made, as shown in the table at Annexure I.

Example 3: Mahesh was found to have fever on 1st March 2005. Meena marked a tick (✓) in the appropriate column. Mahesh (entry number 3 in the Annexure) continued to have fever till 5 March when the reporting week ended. That week's report would carry Mahesh as a case of only fever. In the next reporting week, on 8 March, if the Health Worker finds that Mahesh still has fever, she will make a new entry for Mahesh in her register for the new reporting week, and mark Mahesh as a case of fever (> 7 days duration).

Important: The above examples demonstrate that the Health Worker has the flexibility of changing the syndrome, for e.g. from 'only fever' to 'fever with rash'. This change in the syndrome can be done only if the syndrome of a case changes within a given reporting week. However, if the change in the syndrome occurs after a particular week's report has

been sent to the supervising unit (i.e. PHC), and then the new syndrome would have to be noted as a new entry.

Example 4: Entry number 4 in the register is to demonstrate how to record death. When a death is encountered, Health Worker will make an entry with the personal details, mark the presenting syndrome before the death and mark a tick (✓) in the ‘outcome’ column, as shown in the table at Annexure I. In case of Mannu, he was found to have had loose watery stools on 4 March 2005 and had developed dehydrated. Therefore he was entered into the register with a tick (✓) under loose watery stools < 2 weeks duration (with some/much dehydration). However, on the next day, the Health Worker realized that Mannu has died and will mark a tick (✓) in the outcome column (last column of the register) and record the date of death.

The Health Worker will start a new page of the register every Monday and will continue to fill in each row of the register till the following Sunday. This will be considered as one Reporting Week (i.e. Monday to Sunday). The reporting could go on to more than one page for one reporting week, but a fresh page has to be taken up at the start of a new reporting week. At the end of the reporting week, the Health Worker will count the numbers in each column and fill up ‘Week Total’. Before the Health Worker starts a new reporting week, she/he will fill the information on ‘Reporting Week’ provided on the top Left Hand corner of every page of the register.

3.4 Reporting Format for Syndromic Surveillance (Form S)

The Health Worker is required to transfer the information from the ‘Register for Syndromic Surveillance’ to Form S (Reporting Format for Syndromic Surveillance). The information in the registers of the AWW, village volunteers and non-formal providers will also be transferred to the Form S, at the sub-center (as discussed on page 1). On Form S, the Health Worker will first write the State, District (if not already printed) and Block names in the space provided on top of the form and also write the calendar year (for e.g. 2005 for the current year). Then the Health Worker will write his/her name and Name of the Supervisor (i.e. the Medical Officer of the supervising PHC) in the space provided. In the space provided under ‘Name of the Reporting Unit’, the Health Worker will fill in the name of his/her sub-center. Each reporting unit will be assigned a Unique Identifier or ID No. which will be filled in by the District Surveillance Unit and the Health Worker should leave this space blank. The Health Worker will fill the information on reporting week (copy the information from the ‘Register for Syndromic Surveillance’).

The Health Worker will add the number of cases of each syndrome detected or deaths in each column in one reporting week that are featuring on one page of the register and fill in the ‘Page Total’ row. If all the cases/deaths detected in one-week feature on one page of the register, the ‘Week Total’ row will have the same numbers as the ‘Page Total’ row. If the cases detected in one reporting week go over to the next page, then the Health Worker will add the number of cases of each syndrome detected or deaths and fill the numbers in the ‘Page Total’ row. Then the ‘Page Total’ of each page recording the cases/deaths of one reporting week will be added and filled in the ‘Week Total’ row on the last page of that reporting week.

The 'Week Total' of each syndrome will be entered into column 'g' of Form S in the corresponding row for each syndrome. Similarly, the 'Week Total' of deaths resulting from different syndromes will be entered into column 'n' of Form S in the corresponding row for each syndrome. Following this, the Health Worker will count the total number of male and female cases of each syndrome recorded in the register and enter the numbers in columns 'c' and 'f' of Form S respectively. Similarly, for the deaths, the Health Worker will enter the total number of males and females died in columns 'j' and 'm'. Having done this, the Health Worker will now count (males and females separately) the total number of cases of each syndrome that are less than five years of age and more than or equal to five years of age (this will include anyone who is five years of age to end of life) and enter the numbers in: columns 'a' and 'b' for male cases less than five years of age and five years of age or more respectively; and, columns 'd' and 'e' for female cases less than five years of age and five years of age or more respectively. Similarly, for the male and female deaths, the Health Worker will count the total number of deaths among those less than five years and those equal to or more than five years of age and enter the numbers in: columns 'h' and 'i' for males deaths less than five years and five years of age or more respectively; and, columns 'k' and 'l' for female deaths less than five years and five years of age or more respectively. At the end of the Form S, the Health Worker will sign and write today's date.

Form S will be provided in triplicate (three copies) and the Health Worker will have to place two carbon papers between each page of Form S in order for the information to be filled on all the three copies of Form S. The first and second pages of Form S (colors Yellow and Green respectively), will be separated from the third page (color – Blue). The third page (Blue color page) will be retained by the Health Worker and the first and second pages (Yellow and Green) will be given to the Medical Officer of the supervising PHC on the Monday, following the end of a particular reporting week.

4. Guidelines for recording and reporting of information for diseases covered under Integrated Disease Surveillance Project for use of Medical Officer at Primary and Community Health Center, District Hospitals, Private hospitals and Private medical practitioners.

The following is guidance for filling the Register for Presumptive Surveillance and Form P (Reporting Format for Presumptive Surveillance). This register and Form P are meant for the use of Medical Officers at PHCs, CHCs and district hospitals, private hospitals in the district and private medical practitioners (*hereafter called Medical Officer*) to record the information on cases of specific syndromes encountered at their respective Out Patients Department.

4.1 Job Responsibilities

The Medical Officers of PHCs, CHCs, district hospitals, private hospitals and private clinics will maintain a 'Register for Presumptive Surveillance' that will function as their OPD register. They will use this register to record cases presenting the syndromes/target

diseases identified under IDSP. The MOs will use the Form P to report the cases/deaths of a particular syndrome/disease to the District Surveillance Unit on a weekly basis. One of the Paramedical Staff will be designated as Surveillance Worker and assigned the job of recording information in the register on target diseases reporting in the OPD and transfer it to the Reporting Format (Form P) on a weekly basis.

4.2 Definition of Presumptive Surveillance:

Presumptive surveillance is defined as the surveillance of diseases based on the probable medical diagnosis of the presenting syndrome/s. Under IDSP, the Medical Officers at PHCs, CHCs, district hospitals, private hospitals at the district or sub-district level and private medical practitioners will conduct syndromic surveillance. The diagnosis made by the Medical Officers will be referred to as probable diagnosis and will be called confirmed only following an appropriate laboratory confirmation.

4.3 Recording information in Register for Presumptive Surveillance

Every Medical Officer will be provided a Register for Presumptive Surveillance. Each page of the register will look like the table attached (Annexure I). During the routine OPD activities at the PHCs, CHCs, district hospitals, private hospitals or at clinics of private practitioners, the Medical Officers will enter the cases of the target diseases as and when they present in the OPD, recording the date and personal details (name, age, sex) of the case followed by a tick (✓) mark in the appropriate box. While examining a patient, the MO could either make a probable diagnosis of the disease based on clinical examination or record it as presenting syndromes

The Surveillance Worker will start a new page of the register every Monday and will continue to fill in each row of the register till the following Sunday. This will be considered as one Reporting Week (i.e. Monday to Sunday). The reporting could go on to more than one page for one reporting week, but a fresh page has to be taken up at the start of a new reporting week. At the end of the reporting week, number in each column would be counted and filled up as 'Week Total'. Before starting a new reporting week, she/he will fill the information on 'Reporting Week' provided on the top Left Hand corner of every page of the register. Medical Officer will supervise the above job and confirm the information before submitting it to District Surveillance Unit.

4.4 Reporting Format for Presumptive Surveillance (Form P)

The Medical Officer is required to get the information from the register to Form P on a weekly basis.

The Surveillance Worker is required to transfer the information from the 'Register for Presumptive Surveillance' to Form P (Reporting Format for Presumptive Surveillance). On Form P, he/she will write the State, District (if not already printed) and Block names in the space provided on top of the form and also write the calendar year (for e.g. 2005 for the current year). Names of Medical Officer and Supervisor (i.e. the District Surveillance Officer) will be written in the space provided. Name of Reporting Unit (PHC/CHC/Hospital/Private facility) will be indicated in the space provided under 'Name of the Reporting Unit'. Each reporting unit will be assigned a Unique Identifier or ID No.

which will be filled in by the District Surveillance Unit and the Medical Officer should leave this space blank.

The Surveillance Worker will add the number of cases of each syndrome or probable diagnosis or deaths in each column in one reporting week that are featuring on one page of the register and fill in the 'Page Total' row. If all the cases/deaths detected in one-week feature on one page of the register, the 'Week Total' row will have the same numbers as the 'Page Total' row.

If the cases detected in one reporting week go over to the next page, then the Medical Officer will add the number of cases of each syndrome/probable diagnosis or deaths and fill the numbers in the 'Page Total' row. Then the 'Page Total' of each page recording the cases/deaths of one reporting week will be added and filled in the 'Week Total' row on the last page of that reporting week.

The 'Week Total' of each syndrome/probable diagnosis will be entered into column 'g' of Form P in the corresponding row for each syndrome. Similarly, the 'Week Total' of deaths resulting from different syndromes will be entered into column 'n' of Form P in the corresponding row for each syndrome. Following this, the Medical Officer will count the total number of male and female cases of each syndrome/probable diagnosis recorded in the register and enter the numbers in columns 'c' and 'f' of Form P respectively. Similarly, for the deaths, the Surveillance Worker will enter the total number of males and females died in columns 'j' and 'm'. Having done this, the Surveillance Worker will now count (males and females separately) the total number of cases of each syndrome/probable diagnosis that are less than five years of age and more than or equal to five years of age (this will include anyone who is five years of age to end of life) and enter the numbers in: columns 'a' and 'b' for male cases less than five years of age and five years of age or more respectively; and, columns 'd' and 'e' for female cases less than five years of age and five years of age or more respectively. Similarly, for the male and female deaths, the Surveillance Worker will count the total number of deaths among those less than five years and those equal to or more than five years of age and enter the numbers in: columns 'h' and 'i' for males deaths less than five years and five years of age or more respectively; and, columns 'k' and 'l' for female deaths less than five years and five years of age or more respectively. At the end of the Form P, the Medical Officer in-charge will sign with date after verifying the information.

Form P will be filled in duplicate (two copies). The Surveillance Worker must place a carbon paper in between the two sheets of the Form P before entering the numbers. One copy (Blue color) will be retained by the Medical Officer in the reporting unit and the other copy (Yellow color) will be sent to the District Surveillance Unit. In case of MO PHC, he/she will send the one of the copies of Form S (i.e. the Yellow colored copy) submitted to them by the sub-centers supervised by them to the District Surveillance Unit along with Yellow colored copy of Form P.

Simultaneously the Medical Officer in-charge for Disease Surveillance of PHC/CHC will analyse the information available in form S submitted by each sub-centres/practitioners in his area and data from OPD of PHC/CHC with respect to occurrence of any target disease above expected frequencies (as per guidelines and case definitions contained in the Operations Manual).

5. Guidelines for recording and reporting of information on laboratory confirmation for diseases covered under Integrated Disease Surveillance Project and water quality monitoring. These guidelines are for the use of laboratories at Primary and Community Health Center, District Hospitals, District Public Health Laboratories, private hospital laboratories and private laboratories.

The following is guidance for filling the format for Laboratory Surveillance (Form L1, L2, L3). These Forms are meant for the use of Laboratories at following levels:

Form	Level of Laboratory	Responsibility of Reporting
Form L1	Peripheral Laboratory at PHC/CHC	Laboratory Assistants/Technician through MO I/c
Form L2	District Public Health Laboratory, Labs of District Hospital, Private and other Hospitals & Private Labs.	I/c Microbiologist/Pathologists
Form L3	Labs in Medical Colleges, other tertiary institutions, Reference Labs.	Head, Microbiologist Department

5.1 Definition of Confirmed Case:

Confirmed Case is a clinical case with positive laboratory confirmation by appropriate laboratory test/s.

Under IDSP, the laboratory personnel (Microbiologist/Pathologist/Laboratory Technician/Laboratory Assistant) in PHCs, CHCs, District Hospitals, Medical Colleges, private hospitals and private labs will report confirmed cases of the IDSP target diseases to the DSU on a weekly basis.

Different tests as listed in Form L 1, L2 and L3 will be performed at different levels of the Health System. The laboratories at different levels will be strengthen/upgraded under IDSP to conduct additional tests.

5.2 Job Responsibilities at different levels

The Laboratory Personnel at different levels will report on different tests. Laboratory Assistants/Technician at PHCs/CHCs will report only on Malaria, Tuberculosis and Typhoid (as and when Typhi Dot Test is introduced).

The laboratory personnel at different levels maintain registers regarding the various tests performed in their respective laboratory. On the Monday following every reporting week (i.e. Monday to Sunday), the laboratory personnel are required to report using appropriate Form L, on all the relevant tests conducted for confirmation of the IDSP target diseases. This will involve reporting on number of tests conducted for each disease condition and the number of tests positive for that condition. For both, number of tests conducted and

the number positive, a break-up by age and sex is necessary. For this purpose, the laboratories must record information on age and sex of the persons tested in their registers. Also, the laboratories need to record details of the name and address of the persons tested, in order to facilitate appropriate management of positive cases. Therefore, if the laboratories are currently not recording this information in their laboratory registers, it needs to be included. Form L1 would be submitted to MO I/c of PHC/CHC by Monday for onward transmission to DSU by Tuesday. Form L2 and L3 need to be sent directly to the District Surveillance Unit every Tuesday from all the reporting laboratories at the district or sub-district levels.

All Forms (L1, L2, L3) will be filled in duplicate (in colors Blue and Yellow) and the reporting unit will retain the Blue colored form and detach the Yellow colored form and send it to the District Surveillance Unit by post/fax/courier or by hand delivery.

Form W: Reporting Format for Water Quality Monitoring

The following is guidance for filling the format for Water Quality Monitoring (Form W). Form W is meant for the use of Health Workers and Laboratory Personnel at PHCs, CHCs and in various other laboratories in the district to record the information on Water Quality from different drinking water sources in the districts.

The Health Workers in the community will conduct the Ortho Toluidine test (using Choloroscopes) of the drinking water sources in the villages. The frequency of testing the drinking water sources will be fixed by the PHC MO, on the basis of incidence of water borne diseases. During an outbreak situation, this test must be conducted at least once daily. The information on the source of water sample, the number of samples tested from that source and the result should be filled in the appropriate columns.

The PHCs and CHCs and other sub-district laboratories must conduct the H₂S test for checking fecal contamination in drinking water and the district laboratories must conduct the MPN test for detection on coliform bacteria in drinking water.

The Form W will be filled in duplicate (in colors Blue and Yellow) and the reporting unit will retain the Blue colored form and detach the Yellow colored form and send it to the District Surveillance Unit by post/fax/courier or by hand delivery.