



सत्यमेव जयते
Government of India

DISEASE SURVEILLANCE UNDER IDSP

MANUAL FOR HEALTH WORKERS



(Work In Progress)
(Revised Version)
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INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

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INDEX

ABBREVIATIONS	i
ACKNOWLEDGEMENTS.....	ii
INTRODUCTION.....	iii
1. GENERAL INFORMATION ON DISEASE SURVEILLANCE	1
1.1 What is disease surveillance?.....	1
1.2 What are the objectives of disease surveillance?.....	1
1.3 What are the different types of disease surveillance under the Integrated Disease Surveillance Programme (IDSP)?....	1
1.4 What is Syndromic Surveillance and which syndromes are included under surveillance in IDSP?	3
1.5 What are the essential steps of an effective disease surveillance and early warning system?	4
1.6 What is an Outbreak? How to suspect an outbreak and send immediately an alert?	4
1.7 What is clustering of cases?	5
1.8 If suspecting an outbreak, what information should be collected & conveyed to higher level such as MO PHC?	5
1.9 Who is responsible for monitoring disease surveillance and providing feedback?	6
2. ROLE OF HEALTH WORKERS IN DISEASE SURVEILLANCE UNDER IDSP	7
2.1 What is role of Health worker under IDSP?	7
2.2 What type of data should be collected by Health Worker? What are the various sources of information for collection of data?	8
2.3 How should Health Workers record the syndromic surveillance data?	9
2.4 How should Health Workers analyze & interpret the syndromic surveillance data?	12
2.5 How is reporting of cases done under IDSP?	12
2.6 How should Health Workers report information on Syndromic Surveillance to next level?	13
2.7 What is the week for reporting under IDSP?.....	14
2.8 How should Health Worker suspect an outbreak/unusual events in his/her area? What are the things they should do to verify an outbreak in their area?.....	15
2.9 Which Public Health measures should be taken by Health Worker in field?	16
2.10 What are the conditions which need immediate referral?	16
3. CASE STUDIES	17
3.1 During your routine weekly visit to one of your villages you come across a case of fever. What actions will you take in this situation?.....	17
3.2 A patient complaining of cough reports to your sub centre. What actions will you take in this situation?.....	18
3.3 During EPI session at one of your villages you come across cases of diarrhea. What actions will you take under IDSP?	19
3.3 Anganwadi Worker (AWW) gives you information about cases suffering from jaundice in one of your villages. What actions will you take in this situation?	20

ABBREVIATIONS

ANM	Auxillary Nurse Mid-wife
API	Annual Parasite Index
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CSU	Central Surveillance Unit
DSU	District Surveillance Unit
EPI	Expanded Programme on Immunization
IDSP	Integrated Disease Surveillance Programme
MO	Medical Officer
MPW	Multipurpose Worker
NHM	National Health Mission
NRHM	National Rural Health Mission
PHC	Primary Health Centre
SSU	State Surveillance Unit
VHNDs	Village Health & Nutrition Days
VHSC	Village Health & Sanitation Committee

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INTRODUCTION

Surveillance is an essential and integral part of any national programme as it provides the evidence base for policy and strategy development. This manual has been prepared by the Integrated Disease Surveillance Programme (IDSP) to sensitize health workers on disease surveillance and their role in the national surveillance system. It contains information on the structure and functioning of IDSP and actions needed at the level of the health workers for surveillance and early detection and rapid response to outbreaks. It appraises about the reporting requirements under the programme (Syndromic, Form S) which has to be filled up by the health worker.

IDSP is Government of India's response to strengthen disease surveillance for early detection and response to outbreak prone diseases. Under this programme, surveillance units have been established in all the states and districts. All the districts are expected to report weekly data through the IDSP portal (www.idsp.nic.in). Whenever there is a rising trend of cases or sudden unexpected deaths, this is investigated by district/state rapid response teams and immediately public health measures are taken to control the outbreak.

In effective implementation of disease surveillance, health workers have an important role to play. Since they have direct link with the community members, they are best placed to suspect and report disease /sudden deaths in the areas they serve. Some of the community members who act as key informants in the health service delivery in India include: Anganwadi workers, Accredited Social Health Activists (ASHAs), Gram Pradhans, school teachers and informal health practitioners. District Officers/Medical officers are expected to train the health workers and key informants about their respective roles in surveillance.

This manual on disease surveillance has been prepared in Question & Answer format for easy understanding of the Health Workers & Key informants. It contains information about the functioning of IDSP with special emphasis on syndromic surveillance, recording & reporting information in Form S & actions to be taken in field by the health workers.

It is expected that the manual will be used for training of health workers by the District Officers/ Medical Officers or as a stand alone resource material. We hope that the manual will help health workers in contributing to disease surveillance in the country and thereby in detecting outbreaks early and responding to them in an effective and timely manner.

This version replaces the earlier version of the Health Workers Operations Manual (May 2005).

1. GENERAL INFORMATION ON DISEASE SURVEILLANCE

1.1 What is disease surveillance?

Disease surveillance is defined by World Health Organization (WHO) as “the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary”

In short, surveillance is collection of information for public health action.

Surveillance can be active or passive :

Active Surveillance : When health worker goes into the area or house to house and collects information i.e. active surveillance.

Passive Surveillance : When people come to the health centre and information is collected through different registers is passive surveillance.

1.2 What are the objectives of disease surveillance?

The primary objective of disease surveillance is to immediately detect and rapidly respond to epidemic-prone diseases. In other words, it helps the health services to keep a close watch on health events occurring in the community and detect outbreaks in timely manner. In this endeavor, health workers have an important role to play.

1.3 What are the different types of disease surveillance under the Integrated Disease Surveillance Programme (IDSP)?

IDSP was launched in November, 2004 to strengthen surveillance system for epidemic prone diseases to detect and respond to the outbreaks at the earliest. This requires development of systematic approach to record health events and disease outbreaks and then reports them to the next level for analysis, interpretation and action.

Depending on the level of reporting of the health staff, disease surveillance under IDSP are of three types as follows:-

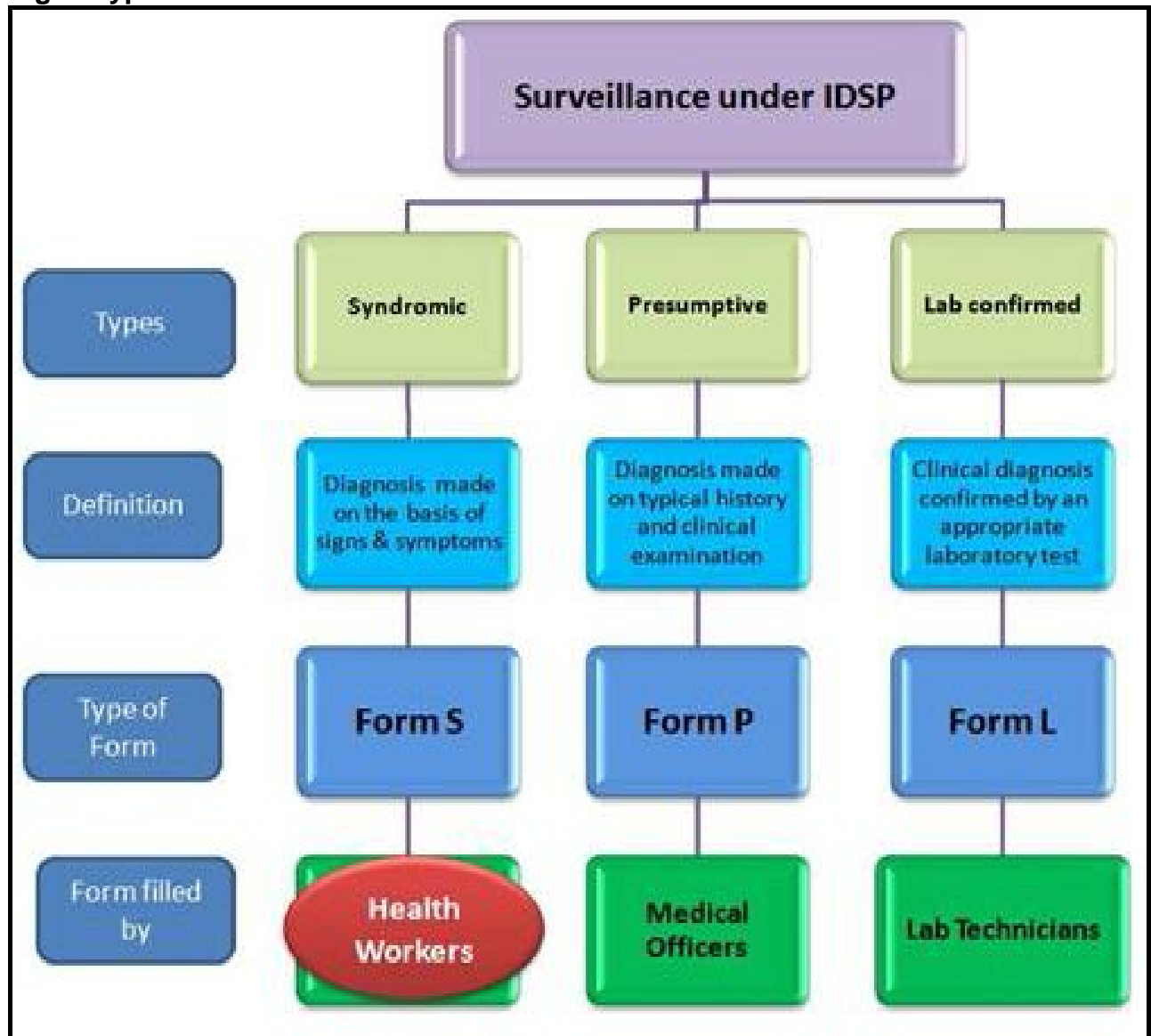
Syndromic: Cases are reported on the basis of signs & symptoms by health workers.

Presumptive: Cases are diagnosed and reported based on typical history and clinical examination by Medical Officers.

Laboratory Confirmed: Clinical cases are confirmed by an appropriate laboratory test.

This manual on health workers, however, deals primarily with the Syndromic surveillance carried out by the Health workers.

Fig. 1 Types of surveillance under IDSP



1.4 What is Syndromic Surveillance and which syndromes are included under surveillance in IDSP?

Syndromic Surveillance is collection of information on various syndromes under surveillance in IDSP. It is carried out by the Health Workers. This is based on reporting of syndromes defined as a group of symptoms* and/or signs** attributable to particular disease condition (e.g. fever with skin rash indicative of measles).

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

** Sign is the finding on examination of patients e.g. skin rash, yellow discoloration of skin (Jaundice).

The various syndromes under surveillance in IDSP are :

- Fever
- Cough less than two weeks duration
- Acute Flaccid Paralysis in <15 years of age
- Diarrhoea (defined as 3 or more loose stools in a day)
- Jaundice (defined as discolouration of skin or eyes)
- Unusual Events causing death or hospitalization

Note: The unusual events referred here are the events which have not been mentioned in this manual under any syndromes. The examples of unusual events may include sudden and unexplained deaths in a village or for example a large number of chicken dying in an area may indicate avian influenza in poultry.

The syndromes included are priority diseases. These syndromes are intended to pick all the priority diseases listed under regular surveillance at the community level under IDSP and reported weekly in **Form S (Annexure I)**.

1.5 What are the essential steps of an effective disease surveillance and early warning system?

The steps are as follows:

- 1) Data Collection and collation: Collecting data on the syndromes and compiling them in the IDSP Surveillance Register.
- 2) Analysis and interpretation: Analyzing data to see if there is any unusual increase in cases/syndromes that may require immediate reporting to higher authority and taking action locally.
- 3) Reporting: Reporting the summary data using Form S on weekly basis.
- 4) Action: Besides reporting immediately any unusual events such as outbreak, taking action for preventing disease spread and care/referral of sick patients.

1.6 What is an Outbreak? How to suspect an outbreak and send immediately an alert?

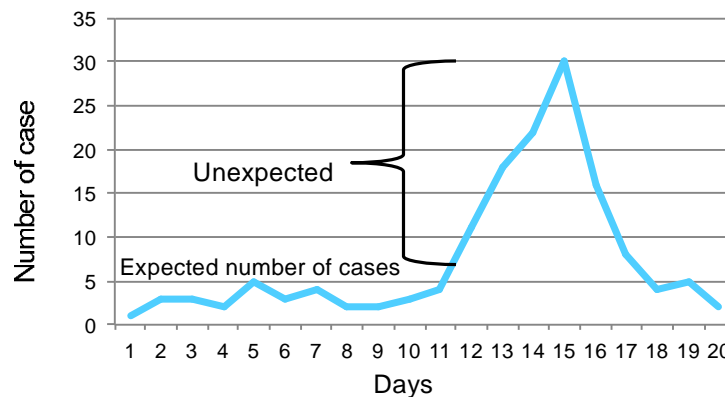
Recognizing & reporting a case of disease is one of the most important tasks health workers must carry out routinely. They should therefore know how to identify the syndromes & unusual events described above and further report them to MO PHC, in addition to recording of information in Form S. This system therefore has the potential to timely detect outbreaks by analyzing the surveillance data at local or district level, thereby prompting a rapid response.

An outbreak is the occurrence of a disease or syndrome clearly in excess (or more than expected) in a given area (such as clustering of cases), over a particular period of time or among a specific group of people. (see figure 2 below)

When there is sudden increase in number of cases with similar signs and symptoms compared to previous weeks, or compared to last three years in the same month then there are chances of an outbreak.

Fig. 2 Diagram depicting occurrence of an outbreak

What is an Outbreak?



1.7 What is clustering of cases?

Clustering of the cases is occurrence of similar cases during a particular period as above example shows (Time) or in a defined geographical area at any particular time (Place), or among a similar group of individuals (Person).

Figure 3 : Below depicts the clustering of diarrhea cases by geographic area

1.8 If suspecting an outbreak, what information should be collected & conveyed to higher level such as MO PHC?

The information to be collected should answer the following questions.

- What is the syndrome which shows unusual increase?
- When did the first case occur?
- What are the total number of cases & deaths?
- When did the outbreak occur?
- Where did the case or outbreak occur?
- What is the nature of case or outbreak? Is it a real case or not?
- What population (age, sex, occupation, income/socio-economic status, immunization status where applicable) & geographical area is affected?
- How could the case or the outbreak have been prevented from spreading?

Information on these questions can help provide useful information to the MO PHC in case of a possible outbreak or unusual event and in deciding the response activities. Such events must be reported to higher level such as MO in PHC without any delay. The purpose of responding to a case or outbreak is to prevent the spread of disease in a timely & effective manner.

1.9 Who is responsible for monitoring disease surveillance and providing feedback?

The weekly surveillance report of Health Workers is submitted to MO PHC through Health Assistant/Health Inspector.. MO PHC is the overall in charge of disease surveillance in his/her area. He/ She supervises the work of Health Workers periodically. He / she is also responsible for providing regular feedback to health workers responsible for reporting, investigating cases , responding quickly and appropriately marked positive impact on their motivation, performance & on future reporting. Surveillance of any kind should form a closed loop. This loop closes only when the feedback is provided regularly to those who have reported to MO PHC. It is the Health worker's responsibility to provide feedback to the key informants who have reported the cases.

2. ROLE OF HEALTH WORKERS IN DISEASE SURVEILLANCE UNDER IDSP

2.1 What is role of Health worker under IDSP?

The health workers are the most peripheral workers at sub centres and are the primary reporting units in the surveillance system. They participate in IDSP in the following ways-

1. **Collection & collation of weekly surveillance data:** Health workers should collect data on various syndromes under surveillance in IDSP from their sub centre area and enter the information in their 'Register for Syndromic Surveillance' (Annexure II).
2. **Analysis & interpretation of weekly surveillance data:** Health workers should do a preliminary analysis of syndromic surveillance data to find out clustering of cases or occurrence of unusual events in their area.
3. **Reporting:** Health workers should fill the Form S from the data entered in Register for Syndromic Surveillance & send it to MO PHC every Monday. During the regular meetings (weekly/monthly) called by MO PHC the analysis of weekly disease surveillance data should be discussed & MO PHC shall provide feedback to Health Workers & Health Assistants/Health Inspectors on necessary action to be taken in the field.
4. **Public Health Action:** Health worker should inform MO PHC immediately if they notice any clustering of cases/unusual events in their area. Apart from they should carry out syndromic surveillance routinely so as to prevent, detect & respond to outbreaks in a timely & effective manner. They also carry out some important public health measures in response to outbreaks viz. distribution of ORS packets, testing fever cases (with RDT kits), providing treatment to fever cases, providing health education etc.

Above mentioned are explained below in detail;

COLLECTION & COLLATION OF DATA

2.2 What type of data should be collected by Health Worker? What are the various sources of information for collection of data?

Health Workers are expected to collect the weekly syndromic surveillance data on the various syndromes under surveillance in IDSP.

The various sources of collection of information are :

- a) Routine weekly visits
- b) From key informants
- c) Through media

- a) **Routine weekly visits to their area:** They should collect syndromic surveillance data (on 6 syndromes under surveillance in IDSP) during their routine scheduled weekly visits to the survey area, during clinics or VHNDs.
- b) **From key informants:** AWWs, ASHAs, Gram Pradhans, VHSC members, School teachers, Informal Health Practitioner etc are the important community members who act as key informants in health service system. Health Workers should collect information from them on weekly basis & they also can provide information to Health Workers on SOS basis. However, Health Workers should first verify the information received from the key informants & then enter this information into their records (Register) in the reporting format (Form S).
- c) **Through media:** Health Workers may come across rumors of cases or outbreaks or unusual health events from media (Newspaper, TV, Telephonically etc.). They should first verify this information & then enter in their records (Register) & in the reporting format (Form S).

2.3 How should Health Workers record the syndromic surveillance data?

Health workers have to maintain '**IDSP Surveillance Register**' (Annexure: II).

During the routine house-to-house visits in the community, when they encounter a case with any of the syndromes described earlier in the manual, they will fill the date and personal details of the case (Name, 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 the time as illustrated in examples given ahead.

They have to start a new page of the register every Monday and will continue to fill in each row of the register till the following 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, they are required to count the numbers in each column and fill up 'Week Total'.

Before they start a new reporting week, they will fill the information on 'Reporting Week' provided on the top left corner of every page of the register.

In Box.1 given below there are some examples of syndromic surveillance data to be entered in Register for Syndromic Surveillance.

Box 1:

Example 1: A Health Worker, Meena, has gone to Village 'Mirakot' on 31st March 2014, 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 has passed two loose watery stools in the morning and is suffering from dehydration. Meena, the Health Worker will make the entry into her Register for Syndromic Surveillance.

Example 2: In a different household, on 31st March 2014, 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 4th April 2014, 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 II.

Example 3: Mahesh 42 years old male was found to have fever on 31st March 2014. Meena marked a tick (☐☐) in the appropriate column. Mahesh (entry number 3 in the Annexure) continued to have fever till 6th April 2014 when the reporting week ended. That week's report would carry Mahesh as a case of only fever. In the next reporting week, on 7th April 2014, 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).

Example 4: Entry number 4 in the register is to demonstrate how to record death. In case of death, 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 II. Mannu 3 years old child was found to have loose watery stools on 3rd April 2014 and had developed dehydration. 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.

Note: The above examples demonstrate that Health Workers have the ability of changing the syndrome for eg. from 'only fever' to 'fever with rash'. This change in the syndrome can be done only if the syndrome of a case changes within 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), then the new syndrome will be noted as a new entry.

Fig. 4 IDSP Surveillance Register
 Reporting Week No. 14
 Date of start of Reporting Week: 31.03.14
 Date of end of Reporting Week: 06.04.14

S.No	Date	Name	Age	Sex	Fever				Cough with or without fever			Loose watery stools <2 weeks			Jaundice <4 weeks duration	Acute Flaccid Paralysis Cases in <15 years of age	Unusual Symptoms leading to death or hospitalization that do not fit into the previous syndromes	Outcome
					Fever less than 7 days	With rash	With bleeding	With daze/ semiconsciousness/ unconsciousness	Fever more than 7 days	<2 weeks	>2 weeks	With some/much dehydration	With no dehydration	With bleeding				
1	31.3.14	Pinky	8y	F	-	-	-	-	-	-	-	-	-	-	-	-		
2	31.3.14	Ramu	5y	M	√	-	-	-	-	-	-	-	-	-	-	-		
2	4.4.14	Ramu	5y	M	-	√	-	-	-	-	-	-	-	-	-	-		
3	31.3.14	Mahesh	42y	M	√	-	-	-	-	-	-	-	-	-	-	-		
4	3.4.14	Mannu	3y	M	-	-	-	-	-	-	-	√	-	-	-	-	Died on 4.4.14	
	PAGE TOTAL																	
	WEEK TOTAL																	

ANALYSIS & INTERPRETATION OF WEEKLY DATA

2.4 How should Health Workers analyze & interpret the syndromic surveillance data?

They should do a preliminary analysis of syndromic surveillance data in the register to look for any unusual patterns such as sudden increase in cases of a particular syndrome in time or in an area or among certain population /group. Particular attention has to be given to see if there is

- clustering of cases,
- sudden increase in number of cases of any particular syndrome over past few weeks, any unusual event/deaths
- Alert should be sent to MO PHC immediately and put in place control measures as outlined below.

REPORTING

2.5 How is reporting of cases done under IDSP?

Next steps after analysis and interpretation is reporting of surveillance data and if appropriate of alert in case of outbreak or any unusual events.

There are three different types of reporting forms under IDSP which ease the flow of information from peripheral level to the CSU. These reporting forms help in providing an overall picture of the disease situation in the country.

The three different types of forms for reporting under IDSP are:

- **Form S:** This form is for Syndromic surveillance and is filled by the Health workers.
In Form S Health Worker will fill general information on reporting area (State, District, Block, Reporting Unit), reporting week, his/her name, his/her supervisor's name (MO PHC).

Apart from general information he/she will fill number of cases & deaths (with age/sex distribution) of various syndromes (fever, cough, diarrhea, jaundice, acute flaccid paralysis, unusual symptoms).

Details of filling Form S are given ahead in the manual.

- **Form P:** This form is filled only by the Medical Officers who provide the information on the basis of their clinical diagnosis.
- **Form L:** This form is filled for the lab confirmed cases by the Lab Technician

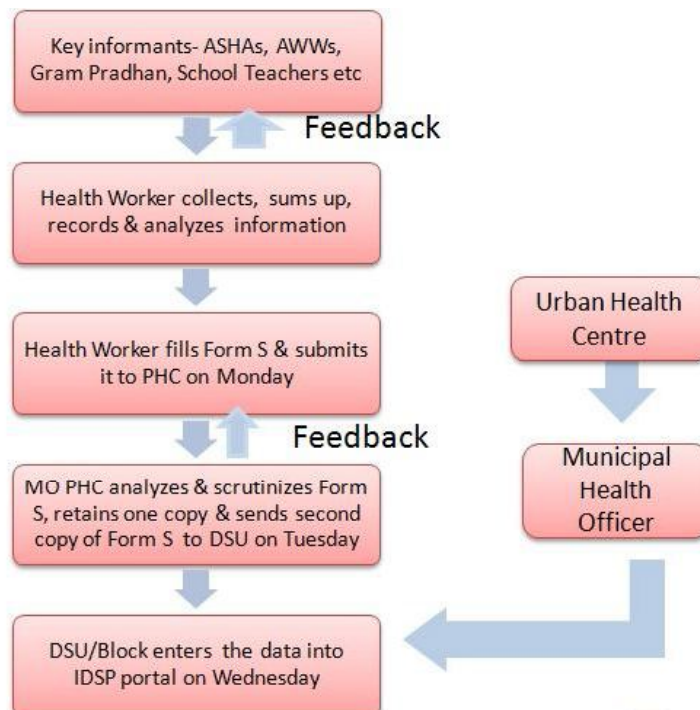
Note: Health workers are concerned only with Form 'S' only (please see below).

2.6 How should Health Workers report information on Syndromic Surveillance to next level?

Health workers report information to the next level in two ways:

- Routine
- Immediate reporting of unusual events
 - Routine :** Health Workers should collect weekly syndromic surveillance data, enter into their register, then fill three copies of Form S & submit two copies of Form S to MO PHC (one copy should be retained by Health Worker) on every Monday (Fig. 5) .

Fig 5: Flow of Information of Form S on weekly basis



Health Workers are 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, ASHA (village volunteers) and non-formal providers is also to be transferred to the Form S, at the sub-center after verification.

Health Workers should find out the outcome of patient referred to MO PHC & share the information with key informants from whom they have received information.

Steps for filling Form S

1. Write the name of **State, District (if not already printed) and Block names** in the space provided on top of the form.
2. Write the calendar year (**for e.g. 2014 for the current year**).
3. Write **your name and name of the Supervisor (i.e. the MO PHC)** in the space provided.
4. In the space provided under '**Name of the Reporting Unit**', fill the name of your sub-center.
5. Leave the column on **Unique Identifier or ID No.** blank which will be filled in by the District Surveillance Unit.
6. Enter the '**Week Total**' of each syndrome into the Form S in the corresponding row for each syndrome.

Even if no case has been reported for any particular syndrome then "Zero" has to be written in Form S.

- b) **Immediate reporting of unusual events:** In case of unusual events/sudden deaths or clustering of cases report immediately to MO PHC in addition to routine reporting.

2.7 What is the week for reporting under IDSP?

For reporting purpose, the week beginning from Monday up till end of Sunday (Monday to Sunday) is considered as a reporting week. There are in total 52 weeks in a year. Week 1 starts from the first week of January.

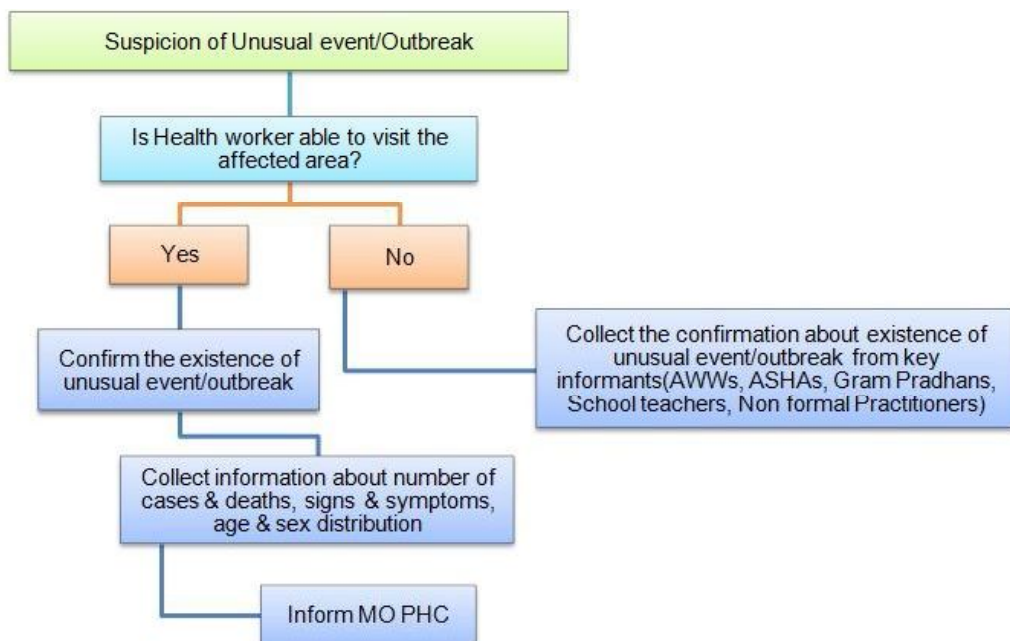
INITIATING PUBLIC HEALTH ACTION

2.8 How should Health Worker suspect an outbreak/unusual events in his/her area? What are the things they should do to verify an outbreak in their area?

Besides reporting of cases or syndromes using the “S” form, the health workers have important role to play in detecting outbreak early as they are closest to the community and in implementing initial control measures as follows:

- 1) They should be aware that the events signaling investigation of a possible outbreak for example of viral hepatitis, include reports of more cases of jaundice than expected for that period or place or among a particular group of population. Alternatively, investigations are warranted when health facilities report clustering of sero-positive cases for hepatitis B or C. However, viral hepatitis outbreaks are also detected through alternative means (e.g., a physician communicates an unusual increase of cases in clinic, an individual registers a rumored case with the surveillance call center, or national surveillance unit learn of cases by scanning local news).
- 2) In case an outbreak is suspected, they should confirm the existence of particular disease/syndrome and inform the MO PHC immediately.

Fig.6 Steps to be taken by Health worker in field



2.9 Which Public Health measures should be taken by Health Worker in field?

Apart from routine syndromic surveillance Health workers carry out following public health measures to respond to various health events in field. viz. distribution of ORS packets to patients in case of diarrhea outbreak, testing fever cases (with RDT kits), providing treatment to fever cases, providing health education etc. Actions to be taken by Health Workers in different syndromes are given under case studies.

2.10 What are the conditions which need immediate referral?

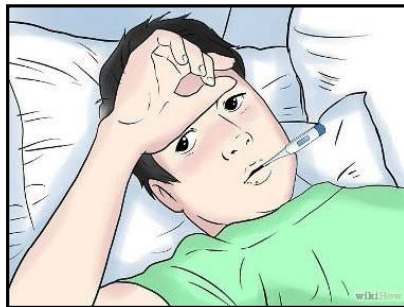
There are however situations where serious cases may need to be cared for at a higher health facility. These include:

- Diarrhea with dehydration
- Diarrhea with blood in stools
- Fever with bleeding
- Fever with partial or complete loss of consciousness
- Convulsions
- Unusual diseases/cases

3. CASE STUDIES

3.1 During your routine weekly visit to one of your villages you come across a case of fever. What actions will you take in this situation?

You have to record these cases into the register for syndromic surveillance & report it in Form S. While entering the diagnosis for fever, care must be taken to record it under one of the following categories:



- Only fever
- Fever with rash
- Fever with altered consciousness or convulsions
- Fever with bleeding
- Fever more than 7 days

Note: Whenever there is a case of fever with bleeding and or fever with altered consciousness or convulsions you have to refer the case immediately to MO PHC or higher health facility & report it immediately to MO PHC.

Apart from recording information in the register you should carry out

- Routine fever survey,
- Test the cases with RDT kit and take blood slides for confirmation.

Also, you should immediately inform the MO PHC for further action, as the fever may not be Malaria. Patient should be advised to follow the complete treatment as prescribed to him/her.

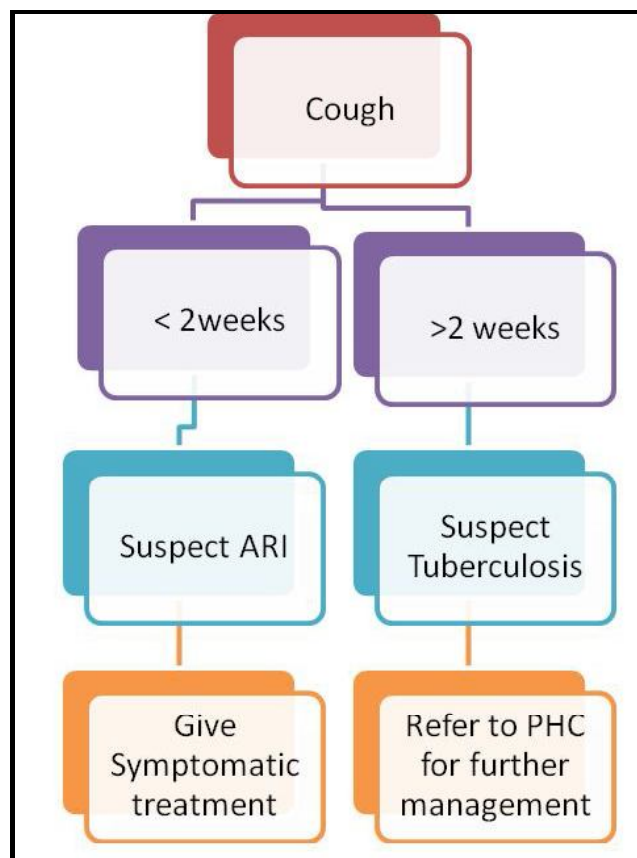
3.2 A patient complaining of cough reports to your sub centre. What actions will you take in this situation?



Firstly, take the history of patient and ask patient about duration of cough and associated signs & symptoms. Then you will classify this case into cough < 2weeks duration & > 2weeks duration & then record it in your register & report in Form S.

All new patients with cough as the main presenting symptom should be included. Actions to be taken when cases of cough are noticed is as follows.

Fig. 8 Algorithm for cough



3.3 During EPI session at one of your villages you come across cases of diarrhea. What actions will you take under IDSP?

Any new case of watery diarrhoea (passage of even one large profuse watery stool in the past 24 hours) with or without dehydration is to be recorded in the register. The total duration of illness should be less than 14 days.

All diarrhea cases will be divided into following categories

- diarrhea with some/much dehydration
- diarrhea without dehydration and
- diarrhea with blood in stools.

Record the cases in Register & report them in Form S.

Note: Whenever there is a case of diarrhea with dehydration and or diarrhea with blood in stools you have to refer the case immediately to MO PHC or higher health facility & report it immediately to MO PHC.

Box 2 Steps to be taken while in the field if diarrhea outbreak is reported

- Case Management
- Inform MO PHC
- Epidemiological investigation
 - Active search for all new cases in that area
 - Line listing of cases by name, age, sex
- Prevention of further cases/deaths
 - Provision of safe drinking water
 - Distribute chlorine tablets
 - Chlorinate all water sources in community
 - Inform VHNSC to provide properly treated or safe water
 - Orthotoludine testing of drinking water sources to check for residual chlorine level.
 - Collect water sample and send it to PHC for H₂S testing and to district labs for MPN count.
 - Check TCL stock.
 - IEC to promote food/personal hygiene & train local person about water chlorination
 - Distribution of ORS packets

3.3 Anganwadi Worker (AWW) gives you information about cases suffering from jaundice in one of your villages. What actions will you take in this situation?

You will visit the village & take history of cases. All the cases suffering from jaundice for less than 4 weeks will be classified as Acute Jaundice.

You will record all the cases of Acute Jaundice in register & report in Form S.

Apart from recording & reporting you will carry out all the steps mentioned in Box.2

Form S Reporting Format for Syndromic Surveillance (To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)																	
State _____		District _____		Block _____		Year _____											
Name of the Health Worker/Volunteer/Practitioner				Name of the Supervisor				Name of the Reporting Unit									
ID No./Unique Identifier (To be filled by DSU)				Reporting week			From			dd			mm			yy	
							To										
		a	b	c	d	e	f	g	h	i	j	k	l	m	n		
		Cases						Total	Deaths						Total		
		Male			Female				Male			Female					
		< 5yr	≥ 5yr	Total	< 5yr	≥ 5yr	Total		< 5yr	≥ 5yr	Total	< 5yr	≥ 5yr	Total			
1. Fever																	
		Fever < 7 days															
1 Only Fever																	
2 With Rash																	
3 With Bleeding																	
4 With Daze/Semiconsciousness/Unconsciousness																	
		Fever > 7 days															
2. Cough with or without fever																	
< 3 weeks																	
> 3 weeks																	
3. Loose Watery Stools of Less Than 2 Weeks Duration																	
With Some/Much Dehydration																	
With no Dehydration																	
With Blood in Stool																	
4. Jaundice cases of Less Than 4 Weeks Duration																	
Cases of acute Jaundice																	
5. Acute Flacid Paralysis Cases in Less Than 15 Years of Age																	
Cases of Acute Flacid Paralysis																	
6. Unusual Symptoms Leading to Death or Hospitalization that do not fit into the above.																	

Date: _____ Signature _____

Register for Syndromic Surveillance

Reporting Week No. _____
 Date of start of Reporting Week: _____
 Date of end of Reporting Week: _____

S.No	Date	Name	Age	Sex	Fever						Cough with or without fever	Loose watery stools <2 weeks			Jaundice <4 weeks duration	Acute Flaccid Paralysis cases in <15 years of age	Unusual Symptoms leading to death or hospitalization that do not fit into the previous syndromes	Outcome
					Only fever	Fever less than 7 days With rash	With bleeding	With daze/ semiconsciousness / unconsciousness	Fever more than 7 days	<2 weeks		>2 weeks	With some/much dehydration	With no dehydration				
					PAGE TOTAL													
					WEEK TOTAL													

Pre-test & Post-test Questionnaire

- 1 What is disease surveillance?
 - a) Data collection
 - b) Collection of information for public health action
 - c) Data dissemination
 - d) Public health action

- 2 What are different types of forms for surveillance under IDSP?
 - a) Presumptive
 - b) Syndromic
 - c) Lab-confirmed
 - d) All of these

- 3 Which form is filled by Health Workers?
 - a) Form L
 - b) Form M
 - c) Form S
 - d) Form P

- 4 How frequently is this form filled by Health Workers?
 - a) Daily
 - b) Weekly
 - c) Monthly
 - d) Quarterly

- 5 Enumerate different syndromes under surveillance in IDSP?

- 6 When does Health worker submit the reporting form?
- a) Sunday
 - b) Monday
 - c) Tuesday
 - d) Wednesday
- 7 To whom does Health Worker submit the reporting form?
- a) ASHA
 - b) Civil Surgeon
 - c) AWW
 - d) MO PHC
- 8 What is an outbreak?
- a) Occurrence of cases clearly in excess of previous weeks
 - b) Occurrence of cases clearly in excess in same week as compared to previous three years
 - c) Both of these
 - d) None of these
- 9 Enumerate various sources of information for collection of Syndromic surveillance data?
- 10 What is the week for reporting (mention start & end of week) under IDSP?
- a) Monday to Sunday
 - b) Tuesday to Monday
 - c) Wednesday to Tuesday
 - d) Sunday to Saturday

Answer key

- 1 b
- 2 d
- 3 c
- 4 b
- 5 The various syndromes under surveillance in IDSP are-
 - Fever
 - Cough less than two weeks duration
 - Acute Flaccid Paralysis in <15 years of age
 - Diarrhoea (defined as 3 or more loose stools in a day)
 - Jaundice (defined as discolouration of skin or eyes)
 - Unusual Events causing death or hospitalization
- 6 b
- 7 d
- 8 c
- 9 The various sources of collection of information are
 - a) Routine weekly visits
 - b) From key informants
 - c) Through media
- 10 a