

# Surveillance and notification tutorial

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1- How to address a new infectious disease epidemic, that was not endemic in the region/setting?

- Assemble a logistic team that meets daily ;
- contact relevant experts;
- come up with a working case definition for diagnosis;
- implement necessary precautions to prevent transmission;
- quarantine if health workers are at risk and if show s/s of this disease;
- communicate to local or international health public health authorities.
- Set up an investigation;
- collect data and review data on a daily but 12 hourly basis.
- Do not spread panic but provide confidence to community.
- Investigations for improving case definition needs to be done quickly even if samples need to be sent abroad.

2- How to notify infectious diseases from admitted patients?

- Take help from nursing staff;
- develop a form or use an existing disease notification form.
- Nursing staff to fill the form as soon as a new case is admitted in ward and give them a common address (inf control office).
- Find out from local public health authorities for the fax number to fax them daily (as disease is acute and new and if needs to be notified within 24 hrs of new case).
- Make someone responsible to keep a copy for your record and fax /mail/scan/post mail other to local public health authorities

3- How to notify infectious diseases in medical professionals /occupational hazards in medical profession?

- Some kind of screening questions/examination need to be formulated to screen all those at risk in health profession or any other if required.
- Based on positive screening test; recommendations to be clarified for further action; like quarantine or leave or admission or bed rest or treatment or contact with others guidelines etc.

4- How to report needle stick injuries in health workers of a hospital?



- Guidelines to be formulated and circulated in all wards/dept. if needle prick occurs then what they have to do;
- fill the form that inquires about vaccination history of injured
- decision is taken by infection control team/you as head of invest team/ infectious disease expert to get immune globulin; vaccination; or to be followed up.
- Each health care job vaccinates its employees for HBV, and others. If needle stick injury was by HCV, HIV, etc then further action of follow up and compensation will have to be followed per rules.
- If injured was not vaccinated for HBV then reasons of not being vaccinated will be looked upon before giving compensation etc

5- How to report a suspected case of polio to health department ?

- Use disease notification form
- Immediately report case as acute flaccid paralysis (confirmed diagnosis of polio takes time)
- unvaccinated case need to be reported as disease is under surveillance to be eradicated from world

6- During the previous 6 years, 10 to 15 cases per year of tuberculosis had been reported to a region health department. During the past 3 months, 25 cases have been reported. All but 4 of these cases have been reported from one sector. Describe the possible causes of the increase in reported cases.

1. Change in surveillance system or **policy of reporting**.
2. Change in **case definition**.
3. **Improved or incorrect** diagnosis.
  - New laboratory test.
  - Increased physician awareness of the need to test for tuberculosis, new physician in town, and so forth.
  - Increase in publicity or public awareness that might have prompted persons or parents to seek medical attention for compatible illness.
  - New population subgroup (e.g., refugees) in state A who have previous recent vaccination against tuberculosis using the bacille de Calmette-Guérin (BCG) vaccine.
  - New or untrained staff conducting testing for tuberculosis and incorrect interpretation of skin reaction to tuberculin.
4. Increase in reporting (i.e., improved **awareness** of requirement to report).
5. Batch reporting (unlikely in this scenario).
6. **True** increase in incidence.