

## Reporting and Surveillance

#### Dr. Shatha Alduraywish, MBBS; MSc; PhD

Assistant Professor, Epidemiologist

Department of Family and Community Medicine

College of Medicine, KKUH

King Saud University

November 2018



## **Learning Objectives**



### At the end of this lecture, you will be able to:

1Define surveillance

2Know aims and uses of surveillance system

3Understand the different types of surveillance

systems

4Recognize the elements of surveillance system

5Be able to assist in establishing and evaluation a

surveillance system

## **Session Overview**

- Definition
- The Uses
- Aims
- Types
- Elements
- Evaluation
- National Examples



## What is Surveillance?



# The Centres for Disease Control and Prevention (CDC) defined Public Health Surveillance as

"Ongoing systematic collection, analysis, interpretation and dissemination of data regarding a health related event for use in public health action to reduce morbidity and mortality and to improve health"

Surveillance means "information for action"



## What is Surveillance?



- It is the eyes (and ears) of public health
- It is a network of people and activities to keep this process
- Functions at local to international levels.



## Describing Surveillance?



 Surveillance systems provide descriptive information regarding when and where health problems are occurring and who is affected (the basic epidemiologic parameters of time, place, and person)

## Surveillance Vs Monitoring

- Surveillance and Monitoring are often used interchangeably but they are distinct.
- Monitoring refers to "ongoing measurements of health services or a health programme with a view to 'evaluate' the particular programme / service or intervention, with constant adjustment of performance in relation to the results.
- Surveillance concerns general populations while monitoring applies to specific target groups (e.g. vaccinated infants).

## The Objectives of Public Health Surveillance

- 1. To study the trends of disease
- 2. Early warning of epidemics
- To provide quantitative estimates of magnitude of health problem
- 4. To study the natural history of disease
- 5. Demonstrating the spread of a disease in time and Place
- 6. To develop epidemiologic research questions
- 7. To test epidemiologic hypothesis
- 8. Evaluation of control and preventive measures
- 9. Monitoring of change in infectious agent
- 10. Detecting changes in health practices

# Criteria for Identifying High Priority Areas for Establishing Surveillance Activities

- The Frequency of the disease (incidence of mortality, and incidence/prevalence of morbidity due to the disease)
- The Severity (case fatality ratio, proportionate mortality ratio, hospitalization rates due to the disease, disability rates)
- The Economic impact (direct costs that add due to medical treatment for the disease and indirect costs due to reduction in productivity)
- Preventability
- The Public interest (community and political attitudes towards the disease).

## Features of a Surveillance System

- Practical, clear case definitions for each disease
- Workable, uniform and continuous data collection methods
- Rapidity of collection, analysis, interpretation and dissemination of data.

# Types of Surveillance



## Types of Surveillance



- Passive surveillance
- Active Surveillance
- Sentinel surveillance

## Passive surveillance



#### **WHO Definition**

- •Regular reporting of disease data by all institutions that see patients (or test specimens) and are part of a reporting network.
- There is no active search for cases.
- ■Relies on the cooperation of health-care providers laboratories, hospitals, health facilities and private practitioners
- ■This is the more common type of surveillance.

## Passive surveillance Cont.



- In this type of surveillance criteria are established for reporting diseases, risk factors or health-related events then health practitioners are notified of the requirements and they report events as they come to their attention.
- The data recipient has to wait for the data providers to report
- In most countries with a passive surveillance system, every health facility is required to send a monthly (sometimes weekly/daily) report of all cases on a standard form.

## Passive surveillance Cont.



### **Advantages**

- Simple to conduct
- Inexpensive
- Covers wide areas (whole countries or provinces)

### **Disadvantages**

- It can be difficult to ensure completeness and timeliness of data (because it relies on an extensive network of health workers)
- Usually underestimate the true illness burden

## **Active Surveillance**



#### **Definition**

- In active surveillance the organization conducting the surveillance actively seeks the relevant information (healthcare providers are contacted and asked to provide details of any cases they have seen).
- Data must be obtained by searching for cases (e.g. health workers go into the community, search for cases of fever and take their blood slide for malarial parasite), and also by periodically contacting those who may know of cases

## **Uses of Active Surveillance**



- Active surveillance is used when there is an indication that something unusual is occurring
  - Rare disease
  - Disease on way to eradication
  - During outbreaks
- Regular outreach to potential reporters, to stimulate the reporting of specific diseases or injuries.

# Active Surveillance Cont.



## **Advantages**

Produce complete data of a good quality

## **Disadvantages**

- Expensive
- high use of resources (For this reason, when it is used, it is for a limited time period)

## Sentinel Surveillance

#### **Definition**

 Reporting of cases of specific diseases or risk factors that may indicate that the particular preventive or therapeutic activity is not working as planned.

It is used when high-quality data are needed about a particular disease that cannot be obtained through a passive system.

## Sentinel Surveillance Cont.

- It involves only a limited network of carefully selected reporting sites
- Data is obtained from selected hospitals who agree to report all cases of the disease
- Data collected in a well-designed sentinel system can be used to
  - Signal trends
  - Identify outbreaks
  - Monitor the burden of disease in a community

## Sentinel Surveillance Cont.

### **Advantages**

- Rapid
- Economical alternative to other surveillance methods
   (Because it is conducted only in selected locations

## **Disadvantages**

 May not be as effective for detecting rare diseases or diseases that occur outside the catchment areas



# Organization and Structure of a Surveillance System

#### The essential components of a surveillance system are:

- An overall organization: Consisting of personnel, finances, logistics and administrative back up.
- The originators of data: This would include the sources of data, data collectors and data collecting mechanisms.
- The transmission of data to the surveillance centre, with specification of the mode of transmission and frequency of such transmission.

# Organization and Structure of a Surveillance System Cont.

- Data management and analysis: This includes manual/ computerized data files, and statistical analysis procedures.
- The sensible interpretation or results: Including their consolidation and preparation of reports.
- A system of feed back of results: To the originators of data and to those who are in a position to enforce preventive steps.
- A system to periodically evaluate the surveillance system itself.

### Step 1:

## Is it Justifiable to Establish a Surveillance System?

 Confirming if the disease is of public health importance and whether prevention/ control measures are available

#### Step 2:

#### Spell out the objectives of surveillance system:

The following issues should be addressed:

- Clearly specify the disease (s) proposed to be brought under surveillance.
- Specify: Who needs what information, for what purpose?
- The target population
- The health problem: e.g. whether only Acute MI or entire spectrum of IHD is to be put to surveillance?
- Nature of control programmes: e.g. if it is a rare disease or a disease moving towards eradication, a fine surveillance will be needed; on the other hand if it is a common disease, a crude surveillance would suffice

## Step 3:

Specify the organization and structure of the surveillance?

At the planning stage, clear specifications should be made as to "who will do what, how, and will be responsible to whom".

## Step 4:

Clearly define the disease(s) being considered for surveillance?

- Case definitions should be accurately worked out after detailed consultation with experts.
- All those involved in the collection of data should be well trained in the use of these case definitions/ diagnostic methods.
- Case definitions/ diagnostic procedures should be simple enough so as to be understood and used by all those on which the system depends for reporting.

#### **Case Definition**



A set of uniform criteria used to define a disease for public health surveillance (possible, probable, confirmed)

- Enable public health officials to classify and count cases consistently across reporting areas.
- It is not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs
- Refer to standard definitions stated by WHO and CDC
- Every year, case definitions are updated

#### **Case Definition Gradient**



Low Specificity High Specificity

Suspected

Probable

Confirmed



#### **Novel Corona Virus (2019-nCoV)**

#### Suspected 2019-nCoV case is defined as:

A person with acute respiratory illness (fever with cough and/or shortness of breath)

#### AND and of the following:

- 1. A history of travel to China in the 14 days prior to the symptom onset.
- 2. A close physical contact in the past 14 days with a confirmed case of 2019-nCoV infection



#### **Novel Corona Virus (2019-nCoV)**

#### Confirmed 2019-nCoV case is defined as:

A suspected case with laboratory confirmation of 2019-nCoV infection



#### **Smallpox**

#### Clinical Description

An illness with acute onset of fever >101  $^{\circ}$  F followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause.

#### Laboratory Criteria for Confirmation

- Isolation of smallpox (variola) virus from a clinical specimen, or
- ■Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen, or
- Negative stain electron microscopy (EM) identification of variola virus in a clinical specimen (Level D laboratory or approved Level C laboratory)

33



#### **Probable Case of Smallpox**

A case that meets the clinical case definition that is not laboratory confirmed but has an epidemiological link to another confirmed or probable case.

### **Confirmed Case of Smallpox**

A case of smallpox that is laboratory confirmed.

## **Working Case Definition**



## **Smallpox Outbreak**

- Anyone who meets original case definition
- Anyone with fever (>101° F) or rash who was in a confirmed exposed area during the Bioterrorism (BT) event or came in contact with a confirmed or probable case should be considered a case. (*until confirmed; if not confirmed; will be under observation and could be classified as "case"; and others as "confirmed cases"*)

#### Step 5:

### **Specify the Details of Collection of Information**

- Select the proper sources of data
- Specify the method of data collection
- The forms that will be used
- What time/place of diagnosis will be entered
- What will be the frequency of reporting?
- Decide the method of transmission of reports
- Central Collection of Data

#### Step 6:

### The Organization and procedures of data Analysis

- Simple display of data :
  - Data can be displayed through histograms/ bar diagrams/ line diagrams describing the data according to various characteristics of person, place and time.
- Descriptive statistics :
  - Give the "Summary statistics" (Incidence rates / prevalence / proportions /Mean / Median) along with the measures of dispersion (SD) and the 95% confidence intervals.

Box - I	: Suggested form	for weekly or mo	nthly rep	orting from	PHC or CHC to	next higher health care level						
Period covered by the report : From (Date) : To (Date) :												
Name a	and address of healt	h facility :										
Sl No	Name	Address	Age	Sex	Diagnosis	Level of Diagnostic certainty (suspected/ probable/confirmed)	Date of onset					
1.												
2.												
3.												
4.												
5.												
Name				Designation :								
Date				Signature :								

Table - 1 : Distribution of cases according to age & sex												
Disease :		Reporting period :										
Sex		Group (Years)										
	0 - 4	5 - 14	15 - 44	≥45	Total							
Males												
Females												
Total												

Table - 2: Distribution of cases according to place of residence											
Disease :		Reporting period :									
Number of	cases accordi	ing to Village	es								
Village - 1	Village - 2	Village - 3	Village - 4	Total							

### Step 7:

### Making Scientific interpretations out of the results

- Consider whether the apparent, statistically significant, increases or decreases in the disease incidence at a given place and time <u>represent true changes</u>.
- False increase or decrease may be due to
  - Improvement in diagnostic procedures
  - Duplicate reporting
  - Enhanced reporting
  - Increase in population size

#### Step 8:

#### Ensure proper feedback to all concerned

 Provide regular (usually monthly) feedback reports to all those who are in a position to take action on the surveillance data (as, secretaries and directors of health department as well as other department concerned with human development)

### Step 9:

### Periodically evaluate / review the surveillance system

- Periodic evaluation is important to identify defects and reorient the methodology
  - See whether the case definitions need a change?
  - Are there some problems in the timely and accurate reporting
  - O How can it be improved?

## Evaluation of Surveillance System



- 1. Is the system detecting what it is supposed to detect?
  - The surveillance system data need to be compared with data produced by another detection mechanism
- 2. Is the system producing data in time for appropriate responses?

- 3. Can the system cope with changes?
  - The disease or our knowledge may be changing quickly. A surveillance system should adopt to such changes (flexibility)

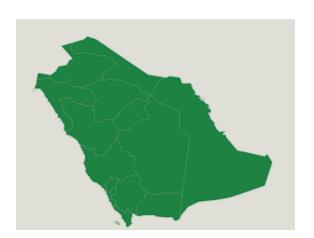
# **Evaluation of Surveillance System Cont.**



4. Is the system as simple and cheap as possible?

5. Are the public health responses timely and appropriate? Any system that does not lead to appropriate responses is flawed.

# **Example of National Surveillance Systems**



Health Electronic Surveillance Network"
 (HESN) to control and manage infectious
 diseases and epidemics online

## **HESN**

• It includes 7 modules they are:

WORK MGMNT INVESTIGATIONS OUTBREAKS IMMUNIZATION FAMILY HEALTH INVENTORY ADMIN

- Investigations
- Outbreaks
- Immunization
- Family Health

- Work Management
- Inventory
- Admin

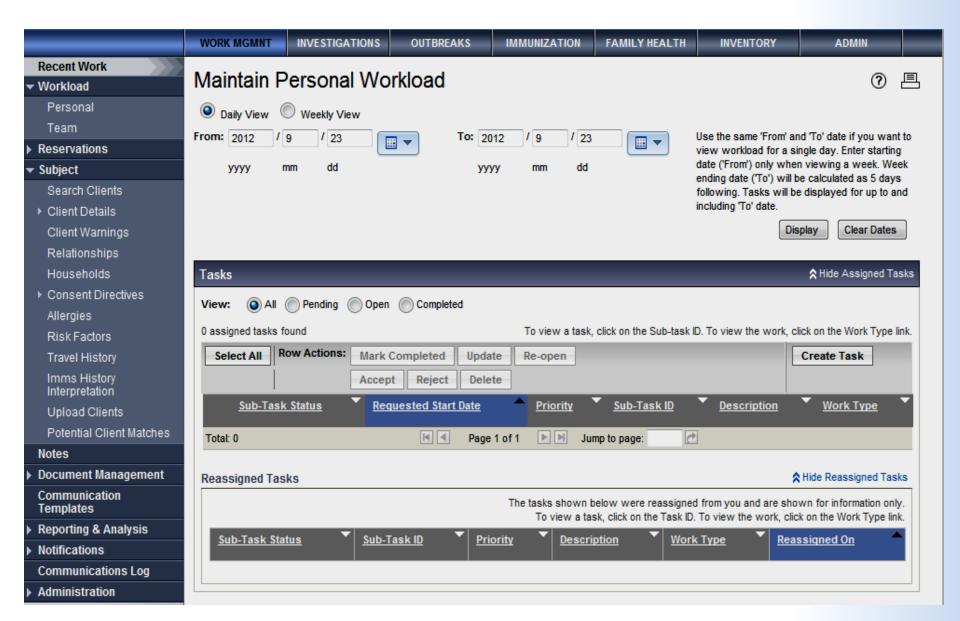
## **HESN** dashboard



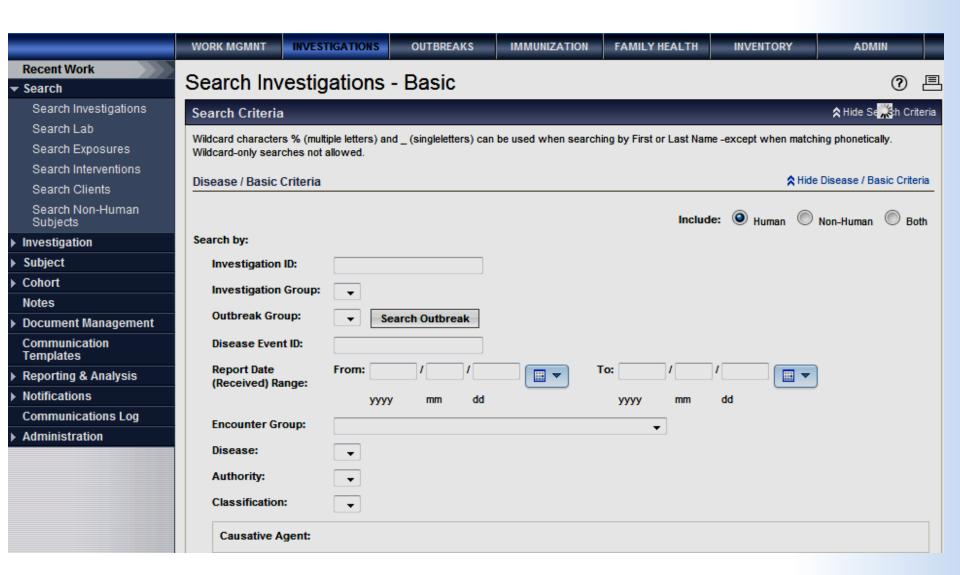
Contact information for the

HESN Help Desk

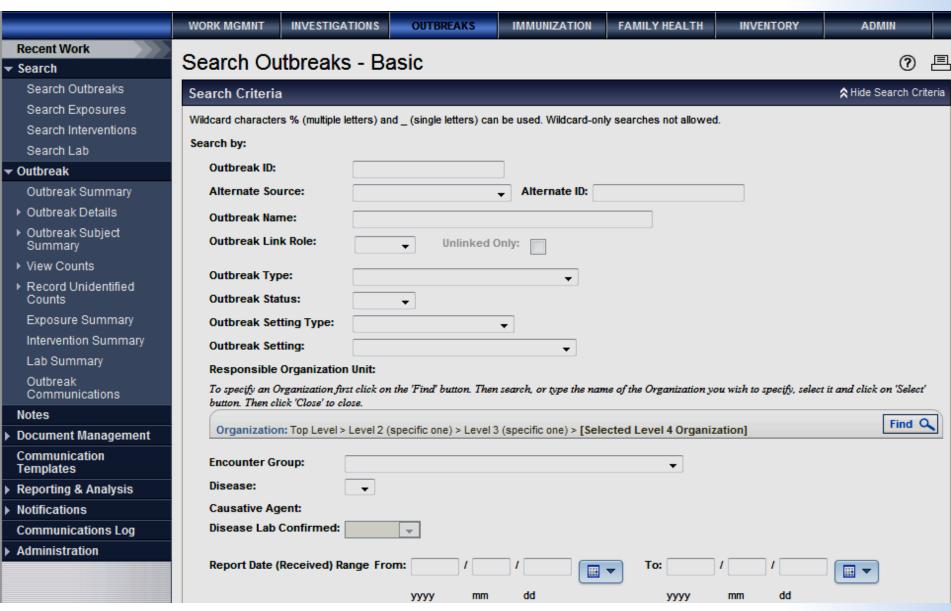
# Work Management



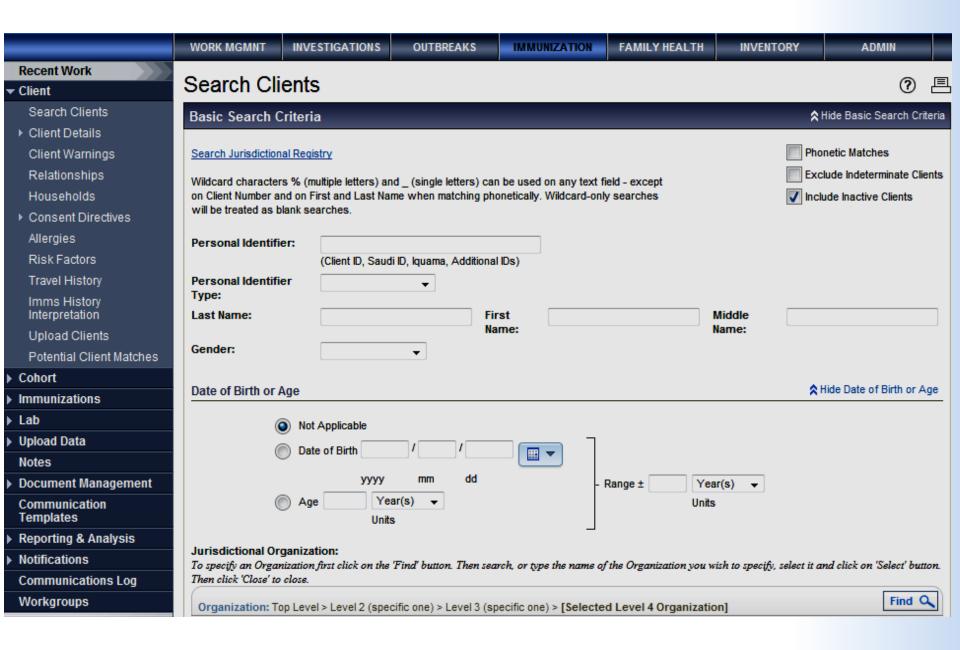
# Investigation



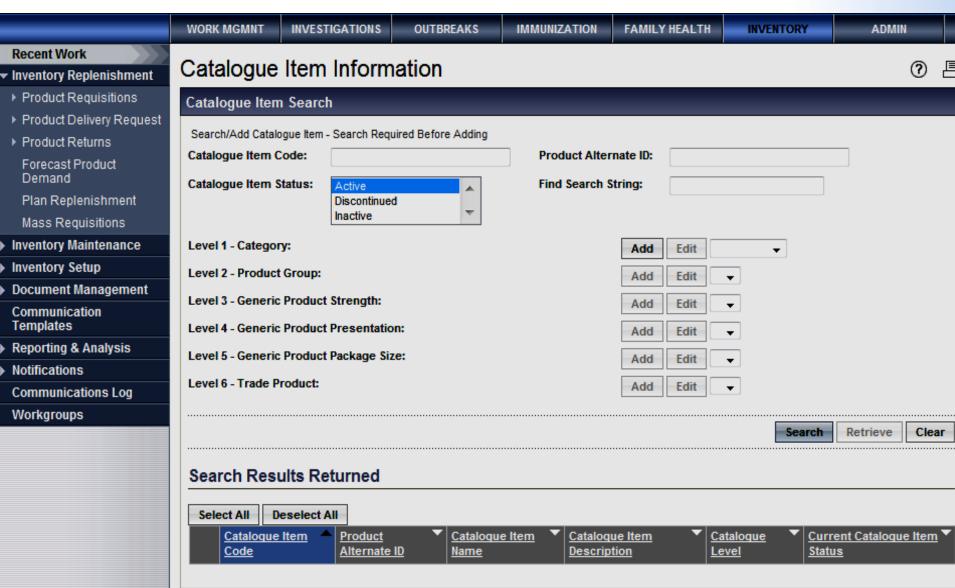
### Outbreak



### **Immunization**



# Inventory



### Administration

WORK MGMNT

INVESTIGATIONS

OUTBREAKS

IMMUNIZATION

FAMILY HEALTH

INVENTORY

ADMIN

#### System Administration

System administration tasks are grouped into categories. Click on a text link to navigate to the area of interest.

#### INDICES

- · Manage Organizations
- Manage Providers
- · Manage Service Delivery Locations
- · Risk Factor Categories

#### **TERMINOLOGY**

- · Manage Vocabulary Domains
- · Manage Value Sets
- Manage Code Sets

#### **TEMPLATES**

· Manage User Defined Forms

#### SECURITY MANAGEMENT

- · Manage Permissions Sets
- · Manage Permissions
- Manage Roles
- Manage System Accounts
- Upload User Accounts
- · Manage User Accounts
- · View Audit Log

#### GENERAL / MISCELLANEOUS

- · Manage Reference Links
- Manage Batch Schedule
- . Config. Services Properties List

# **Example of National Surveillance Systems**



#### Influenza Surveillance In Saudi Arabia (ISSA)

#### • Objectives of influenza surveillance

The goal of influenza surveillance is to minimize the impact of the disease by providing useful information to public health authorities, which will help in planning appropriate control and intervention measures, allocate health resources, and make case management recommendations

#### Appendix 2: ILI Data Collection set

Cara definition														
Case definition														
ILI case Definition: beginning at the			_	_			e pati	ent meet ILI	case	definition?				
□ History of sud	lden	88.C)	□ Yes											
□ Cough			□ No	II.	No", DO N	OTC	ONTINUE							
Other suspected disease:														
ID number:			Date of	of First Interview:										
Demographic Information														
Primary Health Care:			Gender	Gender: □ Male										
Patient's name: (family name), (given name)	me(s)	)		□ Female										
Nationality:				Visitor: □ Hajj □ Umrah □ Other reason										
Date of birth (Gregorian)				or age: Years Months (1-12) (Gregorian)										
Address: (Village/District/Governorate	•)		Contact	t Telephon	e Numbe	Ι.								
Clinical History														
Date of symptom onset														
Temperature at first review:°C														
Chronic medical conditions:														
		_		Chronic live				Diabetes		_				
□ Neuromuscular dysfunction □ Chro	nic k	idney diseas	e 🗆	Chronic hem	atological	disorder		nmune com	prom	ised				
□ Other														
□ Unknown														
Pregnancy:   Yes   No														
Did the patient receive influenza antivi	iral v	vithin the las	st 14	days?										
Vaccination for influenza in the last 6	mont	ths:												
Specimen Collection														
Nasopharyngeal swab collected?		Throat	swab	collected?		Date of	fspec	imen collec	tion:					
Specimen Laboratory Form		<u> </u>												
apromote and the same of the s		Hospital	-											
ID number:		_		n collected:	/ /									
			Date of shipment: _ / _ /											
		Ward/De												
Date Lab received specimen: /	/	-	•											
Type of specimen														
- Oropharyngeal Specimen:	Yes	□ No		- Blood	d Specime	n: 🗆	Yes	□ No						
- Nasopharyngeal Specimen:	Yes	□ No		Other (spe	cify):			_						
Flu A: seasonal H1N1		Pos (+)		Neg (-)	Aden	ovirus		Pos (+)		Neg (-)				
Flu A: seasonal H3N2		Pos (+)		Neg (-)	hPIV		-	Pos (+)	-	Neg (-)				
Flu A: A(H1N1)pdm09		Pos (+)	-	Neg (-)	hPIV			Pos (+)	-	Neg (-)				
Flu A: H5N1	-	Pos (+)	-	Neg (-)	hPIV			Pos (+)		Neg (-)				
Flu A: Unsubtypeable/Novel		Pos (+)	-	Neg (-)	hMPV		-	Pos (+)	-	Neg (-)				
Flu B		Pos (+)		Neg (-)		S-CoV	-	Pos (+)	-	Neg (-)				
RSV		Pos (+)		•	Other			Pos (+)	_					
1654		105(1)		Neg (-)	Other	э.		105(-)		Neg (-)				
D														
Date results reported:/_	/													
Comments:														

Appendix 3: ILI Line List Data Collection set

حالات مشتبهة الأنفلونزا (  $_{
m ILI}$  ) المسجلة بالمركز

اسم المركز: التاريخ: رقم الأسبوع:

کحهٔ Cough	حرارة Temp					العمر الجنس Gender Age									
Cougn	38°	Gender		cr.	CE - E0		ID Number	Name	NO						
		انئی F	نکر M	65+	65<50	50<15	15<5	5<2	2<0						

		مراقب الصحي:
رقم الأسيوع:	التاريخ:	المركز:

#### Appendix 5: Hospital Data Collection Form (Detailed form)

ныя iD		usp.			ata	Ť	1				orm (		ctan	cu i	UI.	,				_				_
	lacksquare	ᆚ	Щ									21		Date			_					_	╙	
	•	豆	L	Department (Medicine=1; Pediatrics=2)									2)	$oxed{oxed}$				$\perp$	$\perp$					L
Zear Year	Month	Hosp tal		Unit (Inpatient=1; Outpatient=2)											Time	C (use :	24 hr. t	ime fo	rmat)					
Name														Age (	YY-MI	м)				Т,	$\neg$			Т
Householdhead														Sex (I	Male=	1; Fer	nale=2	2)			_			H
Village / Para / Mahalla														Healt	h care	e worl	ker (Ye	es=1;	No=2	)				┞
Union / Ward														Poult	ry wo	rker (	Yes=1	: No=	2)					⊢
Upazila / Thana														Poult	ry rai	sing (\	/es=1;	No=2	2)	—				⊢
District												_	Local Tr	avel wi	thin 7	days	(Yes=	1; No	=2)	—				⊬
Phone number												4	Where?		_				_					L
International tra		0.4	V	. Non	1							4	Where?		_									
			TES-1	, NO			_			_					L			_	_	_	_	_		_
Date of admissio	n (DD-MM-	m)									Date of	discl	harge (DI	D-MM-1	m)					$\perp$	$\perp$			
Provisional diagr	nosis																					[		
Outcome		-	Fully r	ecove	red=1	l; Par	tially	recove	ered	=2; Re	mains hospit	talize	ed=3; Tra	nsferre	d=4;	Death	=5; Ur	nknov	vn=9					
											Was fever	sub	jective o	r meas	ured?	(Subj	ective	=1, N	leasu	red	2)			Г
Symptoms (Yes=1	; No=2, Unkn	own=9)			Date	ofo	nset				If measured, record in (in °F):									_				
											Other symptoms (Yes=1; No			I; No=2) Date of onset										
Fever			$\top$	ᆛ	_	$\overline{}$	$\top$	$\overline{}$	$\overline{}$	0	thers 1	Т				$\overline{}$	т	┸	Т	Т	$\top$	$\top$		
Cough			+	╀	+	+	+	+	+	0	thers 2	╀				+	╀	⊢	┢	⊬	+	+		
Difficulty breathing	ne		+	╀	+	+	+	+	+	١.	thers 3	╀				+	╀	⊢	⊢	╀	+	+		
Sore throat			+	╀	+	+	+	+	+	-	mptoms for	L,	urs Ness	- No=21			L.	te of	onse	Ļ				
Running nose			+	╀	—	_	$\perp$	_	╀		nest indrawir					_	1	T	T	_	_	_		
			_	┸	_	┸	$\perp$	_	┸							_	╙	╙	_	上	1	_		
Headache			$\perp$	┸	$\perp$	┸	$\perp$	$\perp$	┸		ridor in a cal					$\perp$	上	$oxed{oxed}$		上	丄	丄		
Diarrhea											eing unable t									L	$\perp$			
Chills										Le	thargy or un	con	sciousne	15										
Body ache			$\top$	Т	$\top$	Т	Τ	Τ	Т	V	omits everyt	hing				Τ	Т			Г	T	T		
Hemoptysis			$\top$	Τ	$\top$		$\top$			н	story of con	vulsi	ons				T				$\top$	T		
Pleuritic chest pair	•		十	T	$\top$	$\top$	$\top$	$\top$	$\top$	十						$\top$	T	Т		$\top$	十	十		
Medical History			<del>-</del> -	-	<del>-</del> -	-	_	-	-	٠ ا	las any doct	or to	old you he	we lun	g dise	ase? (	Yes=1;1	No=2)		_		十		
Do you smoke? (i	Regularly=1;	Someti	mes=	2; In p	oest=3	; Nev	er=4		Т	-	kre you preg	nant	? (Wome	n only)	(Yes	1; No=2	2)					+		
Has any doctor to	old you have	heart d	liseas	: (Ye	=1; No	=2)			+	Visited OPD with current illness? (IPD only) (Yes=1; No=2)								+						
History of underly	ying or chro	nic illne	ss (Ch	eck al	II that	apph	y): =:	Asthm	10 0 1	Malar	alaria   HIV/AIDS   Diabetes   COPD(Chronic bronchitis/emphysema)								+					
Hypertension :											)								-					
History of pneum	onia in the	prior 30	days:	1=Ye	s; 2=N	lo; 9:	Unkr	own														$\top$		



- Surveillance is an important tool for public health
- It is defined as an "Ongoing systematic collection, analysis, interpretation and dissemination of data regarding a health related event for use in public health action to reduce morbidity and mortality and to improve health"
- Routine surveillance data are available in regular reports by national and international sources all over the world



- Three main types of Surveillance:
  - 1. Passive (Common)
  - 2. Active
  - 3. Sentinel

■ Main aim → disease control and prevention

