INTEGRATED DISEASE SURVEILLANCE & RESPONSE
UPDATE BULLETIN

ISSUE 3 — For IDS collaborators. An update bulletin on progress and plans

IDSR

Integrated Disease Surveillance and Response (IDSR) is a strategy of the African regional office of the World Health Organization (WHO AFRO). IDSR aims to improve the availability and use of surveillance and laboratory data for control of priority infectious diseases.

The specific goals of IDSR are:

- To strengthen district-level surveillance and response for priority diseases
- To integrate surveillance with laboratory support
- To translate surveillance and laboratory data into specific public health actions

Member states of the WHO African region adopted IDSR in September 1998.

In this issue, you will find:

Monitoring & Evaluation of IDSR .. Page 1
Core Indicators ..... Page 1
EQA Programme ..... Page 2
EQA Programme Diagram ..... Page 3
Calendar of Events ..... Page 4
4th Annual Meeting Agenda ..... Page 4
Websites ..... Page 4

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

WORLD HEALTH ORGANIZATION Regional Office for Africa

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Monitoring and Evaluation of IDSR Implementation

Developing indicators for Integrated Disease Surveillance and Response (IDSR) at the national and regional levels is a priority activity of the African regional office of the World Health Organization (WHO AFRO). WHO AFRO will use the indicators to monitor and evaluate progress with IDSR implementation, and use the results to guide them in addressing the countries' needs.

In February 2001, the IDSR task force formed a joint WHO and CDC working group to develop and test indicators for IDSR. The working group proposed a list of core indicators for testing at the IDSR task force meeting in May 2001. From January to June 2002, the working group collaborated with the Ministries of Health in Uganda and Mozambique to conduct pre-tests of the indicators at national, provincial and district levels. The results of the pre-tests allowed the working group to further identify the factors to consider in calculating and using the indicators as practical tools for strengthening national programs.

WHO and CDC have developed concise, easy-to-use guidelines and tools for use by national programs. These materials define the purpose of the core IDSR indicators, and show steps on how to calculate them.

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Core Indicators for Integrated Disease Surveillance and Response (IDSR) in the African Region

- Proportion of districts submitting reports on time
- Proportion of cases of each disease targeted for elimination and eradication that were reported to the province using case-based forms
- Proportion of suspected outbreaks of epidemic-prone diseases notified to the province/region within two days of surpassing the epidemic threshold
- Proportion of districts that have current trend analysis (line graphs) for selected priority diseases
- Proportion of reports of investigated outbreaks that include case-based data
- Proportion of outbreaks of epidemic-prone diseases that occurred in the last 12 months with laboratory confirmation results
- Proportion of confirmed outbreaks with recommended response
- Case fatality rate for each epidemic-prone disease (priority disease) reported

External Quality Assessment Programme in Africa

In July 2002, the National Health Laboratory Service (NHLS) of South Africa launched the External Quality Assessment (EQA) Programme for national laboratories of Africa. The programme was established by the WHO Department of Communicable Disease Surveillance and Response (CSR) in Lyon, France for laboratory and epidemiology capacity development. The EQA programme aims to help participating laboratories assess their capabilities and guides WHO AFRO in developing activities targeted to address the laboratories' needs.

The EQA programme is organized by the NHLS, with participation from 38 testing laboratories in 29 African countries and nine WHO worldwide collaborating laboratories. The testing laboratories are either national public health referral laboratories or laboratories that are part of the *Haemophilus influenzae* Pediatric Bacterial Meningitis Surveillance Network (Hib PBM) for their country. The collaborating laboratories provide technical advice to NHLS in their specialty areas.

The programme focuses on standard laboratory confirmation of three epidemic-prone disease areas: bacterial diarrheal diseases, bacterial meningitis, and plague. NHLS develops and distributes surveys containing simulated clinical specimens and instruction packets to the testing and collaborating laboratories. The surveys are designed to assess laboratory confirmation abilities including antimicrobial susceptibility, and the activities that come before and after testing, such as processing, communication, and documentation.

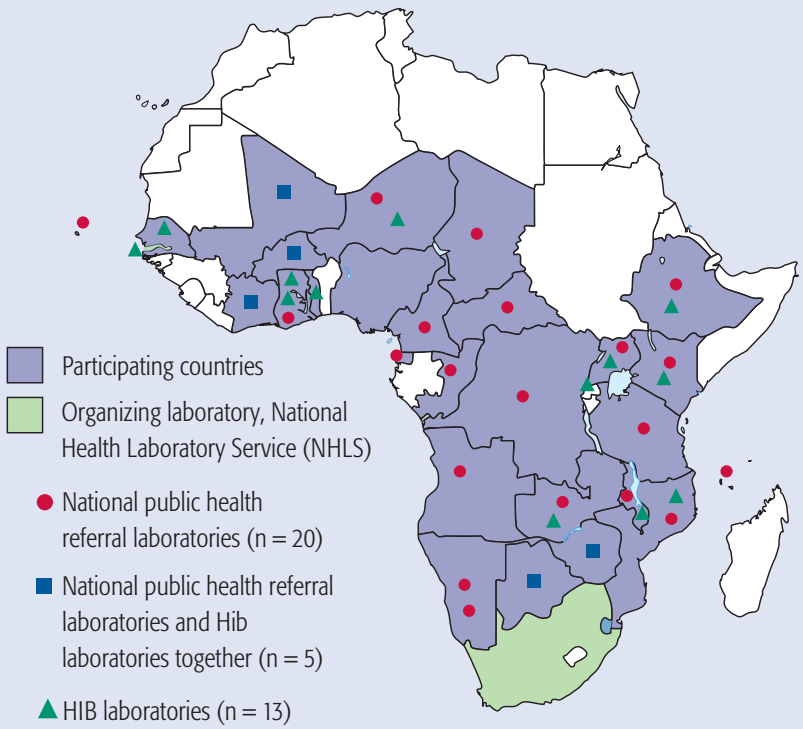
The EQA programme completed its first year, with three shipments of surveys: in July and October 2002, and in January 2003. NHLS has analyzed the results of the first two shipments and is now completing analysis of the final one. WHO AFRO will establish a regional EQA advisory group to review the data and make recommendations.

Initially, the EQA programme will focus on maintaining the participation of laboratories and serve as an educational tool. Next year, WHO AFRO plans to expand participation by 10 or more national laboratories in the African region. The EQA programme in Africa could serve as a model for developing similar programs in other WHO regions in the future.

The WHO headquarters and CSR, Lyon, along with the CDC provide technical support to NHLS. The programme is sponsored by WHO CSR, Lyon with funding from the U.S. Agency for International Development.

Contributing Editor: Bradford Kay, DrPH, MPH, MS - CSR WHO, Lyon

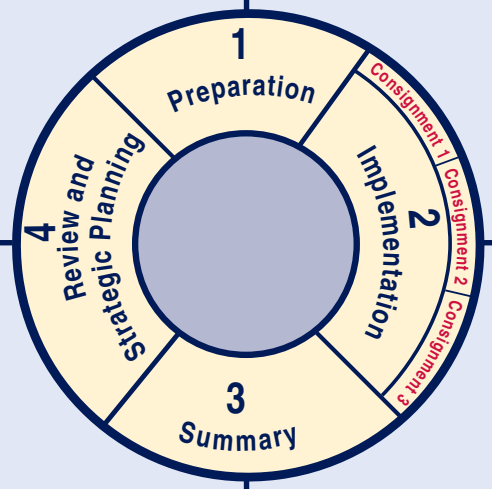
Countries Participating in External Quality Assessment (EQA) Programme July 2002 - January 2003



External Quality Assessment (EQA) Programme for the National Laboratories of Africa

1. Preparation

- NHLS plans programme for the year with input from collaborating laboratories and technical partners.
- NHLS coordinates with WHO AFRO and sends *introductory information*[1] to participating laboratories.



2. Implementation of a Consignment

Step 1
NHLS prepares simulated clinical specimens for *surveys*.

Step 2
NHLS sends 1, 2 or 3 *surveys*[3] to each testing and collaborating laboratory.

Step 3
Laboratories test specimens in *surveys* and send results to NHLS. Collaborating laboratories also provide technical advice to NHLS.

Step 4
NHLS records and analyzes results and sends *commentaries*[4] to all laboratories.

Step 5
NHLS facilitates testing laboratories to develop a corrective plan of action as needed.

Step 6
WHO AFRO and NHLS conduct site visits to testing laboratories follow up as needed.

3. Summary

- NHLS compiles evaluation data from all survey results and sends a summary report without identifiers to participating laboratories, WHO and other technical partners.
- WHO AFRO sends letters of recognition to participating laboratories.

4. Review and Strategic Planning

- A regional EQA advisory group identified by WHO AFRO reviews summary report and makes recommendations for laboratory strengthening.

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[1] *Introductory information* includes: 1) purpose of the EQA programme, 2) roles and responsibilities of organizing and participating laboratories, 3) criteria used to assess survey results, 4) criteria for recognition of laboratory participation and good performance, and 5) contact information for organizing laboratory.

[2] A *consignment* is a shipment of surveys to testing and collaborating laboratories

[3] A *survey* contains simulated clinical specimens representing a bacterial diarrheal disease or bacterial meningitis or plague. This survey also contains instructions and a response form.

Instructions include: 1) description of the specimens and handling procedures, 2) a report form with instructions and survey closing date, and 3) clinical details and technical information about specimens.

[4] A *commentary* contains an evaluation of the results submitted by the testing laboratory and a summary of results of all laboratories for that survey. It also contains background information about the specimens and tests expected for laboratory confirmation.

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Calendar of Events

May 13 – 26	**Evaluation of insecticide-treated bednets, Zambia**
Mid-May	**Development of IDSR plan of action with Mozambique Ministry of Health are WHO Representative's office**
May 28 – 30	**Fourth IDSR Task Force Meeting, Bamako, Mali**
June 3 – 7	**Workshop to define roles and responsibilities of all levels of health system to ensure laboratory confirmation, Arusha, Tanzania**

4th Annual Meeting of the Integrated Disease Surveillance and Response (IDSR) Task Force Bamako, Mali, 28 - 30 May 2003 Provisional Programme of Work

DAY ONE, Wednesday, May 28, 2003
08:00-09:00 Registration of participants
09:00-09:15 Opening session
09:15-09:45 Objectives & expected outcomes of the meeting (DDC)*
- Introduction of participants (DDC)
- Election of chairperson and rapporteurs (DDC)
- Adoption of agenda (chairman)
- Administrative announcement (TO/CSR** Secretariat)

09:45-10:00 Presentation on progress report of implementation of recommendations of the third IDSR task force meeting (P. S. Lusamba Dikassa)
10:00-10:15 Discussion
10:15-10:30 Tea/coffee break

Objective 1: To assess progress made in the implementation of IDSR activities in the region during the past 12 months

10:30-10:50 Presentation on progress of IDSR in the African region (P. S. Lusamba-Dikassa)
10:30-11:00 Presentation on Lab strengthening: Progress on lab networking for IDSR (J. B. Ndihokuwbayo)
10:00-11:30 Discussion
11:30-11:40 Presentation on progress of IDSR in countries: Overcoming challenges in introducing IDSR in countries (Angola)
11:40-11:50 Presentation on progress of IDSR in countries: Step-wise IDSR implementation vis-à-vis reaching all districts and health facilities (Mali)
11:50-12:00 Presentation on progress of IDSR implementation in countries: Satisfying the surveillance needs of beneficiary programs (Ghana)
12:00-12:30 Discussion
12:30-14:00 Lunch Break
14:00-14:15 Presentation on partners' support to IDSR implementation: CDC's experience in the African region (CDC/Atlanta)
14:15-14:30 Discussion
14:30-15:10 Presentation on partners' support to IDSR implementation: Experience from other partners (USAID, ARIVA Project, CCISD, PHRplus)
15:10-15:30 Discussion
15:30-15:45 Presentation on progress on IDSR implementation in other WHO regions (CSR/HQ)
15:45-16:00 Discussion
16:00 -16:20 Tea/Coffee break
16:20-16:35 Presentation on IDSR implementation: Contribution from diseases control programmes (VPD and RPA)
16:35-17:00 Discussion

DAY TWO, May 29, 2003
Objective 2: To discuss the findings of documentation of IDSR implementation in selected countries

Objective 3: To agree on approaches for scaling up IDSR in Member States

08:30-08:50 Presentation on results of documentation of IDSR implementation (M. H. Djingarey)
08:50-09:15 Discussion
09:15-10:00 Introduction to group work
10:00-10:20 Tea/coffee break
10:20-11:30 Group work on the approaches to scale up IDSR implementation based on the presentation on the documentation
12:30-12:30 Presentation, discussion and consensus building
12:30-14:30 Lunch Break
14:30-15:45 Review draft conclusions/recommendations
15:45-16:00 Tea/Coffee break
16:00-16:15 Statements from partners
16:15-17:15 Conclusions/recommendations of the meeting
17:15-17:20 Closing
17:30-19:00 Side meeting with partners

DAY THREE, May 30, 2003
08:30-12:00 Side meetings with partners and countries

*DDC = Division of Communicable Diseases
**TO/CSR = Technical Officer/ Department of Communicable Disease Surveillance and Response

Websites

WHO AFRO: www.whoafr.org/
WHO HQ: www.who.int
IDSR CDC Team: www.cdc.gov/idsr/ and www.cdc.gov/epo/dih/idsafrica.html
USAID: www.usaid.gov
UN Foundation: www.unfoundation.org/
WHO Lyon: www.who.int/emc/lyon