Field Updates

Global Surveillance Project

Centers for Disease Control and Prevention
Epidemiology Program Office – Division of International Health

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IDSR-LITE: AN INNOVATIVE APPROACH TO OVERCOME OBSTACLES IN THE IMPLEMENTATION OF THE IDSR STRATEGY.

As many of our readers know, the Integrated Disease Surveillance and Response (IDSR) strategy involves the performance of specific core activities of surveillance and response. The IDSR core activities of case-patient detection confirmation (epidemiologic and laboratory) and registration; reporting, analysis, utilization, and feedback of data; immediate (e.g., outbreak investigation) and programmatic (e.g., change in program implementation) responses, are performed at the various levels of the health system (i.e., health facility, district, national). The successful implementation of these core activities require managerial and support functions that include training, supervision/performance evaluation, coordination, communication, and resource provision. Indicators have been developed to monitor the implementation of IDSR.

Information from the assessments at the initiation of implementation of IDSR indicated that the public health system in many of the countries suffered from significant weaknesses in almost all the core activities and support functions required for successful implementation of IDSR. At the same time, the amount of effort needed to implement all core activities and support functions of IDSR at the same time was overwhelming and thus a phased-in approach was needed for the implementation of IDSR. IDSR-lite was created as a method of initiating IDSR implementation in a country with a reprioritization of the core activities and support functions of the full IDSR model.

The basic tenets of IDSR-lite are case-patient detection with the use of surveillance case definitions and action-thresholds at all health facilities, case-patient confirmation using a few strategically located laboratories that are able to confirm priority epidemic prone diseases, regular simple reporting, rapid response to epidemics, and regular feedback of data. Limited targeted training, supervision, and resources for specimen transportation and outbreak investigation support these core functions. The focus of IDSR-lite is at the district level with support from the national level. IDSR indicators are used to monitor the process. IDSR-lite has been successfully piloted in Uganda. Other countries will be using this approach as one method to rapidly implement improved disease surveillance and response.

Field Activities

TANZANIA

OUTBREAK INVESTIGATION COURSE ATTENDED BY ALL REGIONAL HEALTH OFFICERS

An outbreak investigation training course for Regional Health Officers (RHOs) in Tanzania was conducted in Arusha from May 6 to 10, 2002. The course provided an introduction to principles of outbreak investigation, IDSR, guidelines and forms used in outbreak investigations, epidemiological data quality, cholera, measles, and yellow fever case studies, and Epi-Info 2000 training based on a cholera case study. The RHOs represented all the 20 regions of Tanzania. The RHOs are expected to apply these newly acquired tools of epidemiology to help control disease outbreaks more effectively in their respective regions. The results of pre-test, post-test and feedback on Epi-Info 2000 training indicate that the training course was successful. At the end of this year, RHOs will be surveyed to determine how many outbreaks they have investigated and whether the knowledge they acquired during the course has been useful in investigating outbreaks. The MOH and the project team plan to conduct another training course for the 20 municipality District Medical Officers or District Health Officers that are most affected by disease outbreaks. The Outbreak Investigation course was developed by the GSP team and was given by a CDC team that included Dr. Peter Nsubuga (Team leader GSP), Dr. Hardeep Sandhu (EIS Officer/ DIH) and Ms. Judy Berry (Program Analyst/DIH). Four officials from the Ministry of Health and the Institute of Public Health co-facilitated the course.

HEAD OF EPIDEMIOLOGY SECTION VISITS UGANDA

The new Head of the Epidemiology Section at the Tanzania Ministry of Health, Dr. Ahmed Seha, and one of his assistants, Mr. Hamis Bora traveled to Uganda for a fact finding tour of the Epidemiology and Surveillance Department of the Uganda Ministry of Health. This trip was supported by GSP to facilitate the exchange of expertise among GSP countries. Dr. Seha indicated

in his report that the trip was successful. He stated that:

The visit was mainly aiming at sharing experience on epidemiological issues and disease surveillance systems between United Republic of Tanzania and the Republic of Uganda.

Specifically we were looking at determining methods of communication used for surveillance data, assessing detection, reporting and response to disease outbreaks, learning how to develop an Epidemiological Weekly Newsletter (Uganda experience), communication destinations from the central level Ministry down to the districts and assessing response action taken by the districts during outbreaks.

We expect to apply the lessons learned during our visit to Uganda especially in installation of radio calls so as to strengthen communication for surveillance data, institute regional, councils/districts response teams instead of using existing health management teams at all levels to detect and respond to disease outbreaks. Also we shall start to produce an Epidemiological weekly newsletter in our new financial year July 2003/2004 and circulate it within Ministerial level, Regions and Districts health authorities before circulating to the public. We plan in future to extend our cooperation through sharing of experience by extending invitation to our colleague Epidemiology staff from the Ministry of Health Uganda to come to Tanzania and see what we are doing in Epidemiology and Disease surveillance, We will contact CDC - DIH to facilitate this on job training between the two countries.

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UGANDA

PUBLIC HEALTH IN UGANDA LOSES DR. KAMUGISHA

Sadly, Dr. Jimmy Kamugisha, the Assistant Commissioner in charge of Epidemiology and Disease Surveillance in Uganda passed away on August 5, 2002. Dr Kamugisha spearheaded all the surveillance work done in Uganda by GSP. Dr. Jennifer Wanyana, the Senior Epidemiologist has been selected to head the surveillance unit.

REGIONAL IDSR TASK FORCE MEETS IN UGANDA

With more than twenty countries attending, the Regional Task Force meeting for the Integrated Disease Surveillance and Response strategy was held in Kampala, Uganda between 28th and 30th May. Over 20 countries attended. A contingent of five people represented CDC. During the meeting discussions were held between USAID-Africa Bureau (Dr. Cornelia Davis), WHO (AFRO—Dr Paul Lusamba and Country Office—Dr Walker Oladapo), Ministry of Health Uganda (Dr. Jimmy Kamugisha), and CDC (Dr. Peter Nsubuga) about a $500,000 grant from USAID Africa bureau to support IDSR activities in Uganda over two years. It is anticipated that this grant will begin in October 2002.

IDSR- LITE SUCCESSFULLY PILOTED IN FOUR DISTRICTS

IDSR-lite, which is a rapid form of IDSR implementation developed at CDC, was piloted successfully in four districts of Uganda coordinated by the Uganda Ministry of Health. Mr. Luswa, the GSP supported trainer in Uganda, played a significant role in this effort. In his report, Mr. Luswa indicated, "*the IDSR-lite districts demonstrated increased timeliness and completeness of reporting. Health facility reporting to district improved from 40% before implementation to above 80% after implementation. With the implementation of IDSR-lite the district Rapid Response teams together with health sub-district staff have conducted and confirmed 12/16 (75%) outbreaks. The outbreak investigations of diseases conducted in the four districts included malaria, measles, dysentery, cholera, meningococcal meningitis and streptococcal pharyngitis. In terms of laboratory analysis, a total of 125 specimens were collected and transported to Central Public Health Laboratory for investigation. Of these, 68(54%) were found positive for the microorganisms tested which included Shigella dysenteriae, Shigella flexineri, Shigella sonnei, Vibrio cholera 01 El Tor Ogawa, Neisseria meningitides, and P. falciparum. Culture and sensitivity results indicated that nalidixic acid and ciprofloxacin were the most effective drugs for managing the cholera and dysentery organisms isolated. Measles analysis was also done at the Uganda Virus Research Institute, where 34 blood samples were collected for the months of January-*

May 2002. The measles IGM positivity rate was 20/34(59%)".

As a result of this success, four more districts are scheduled to begin IDSR lite by the end of 2002.

OTHER NEWS

★ GSP supported training in Epi Info 2000 for Peter Kintu the IDS/Health Management Information System data manager for the Uganda WHO Country Office in Atlanta in April 2002.

★ Dr. Jennifer Wanyana, the Senior Epidemiologist, was selected to head the surveillance unit at the Ministry of Health.

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GHANA

THE WEEKLY EPIDEMIOLOGICAL BULLETIN RESUMES PUBLICATION

The Ghana Ministry of Health has resumed production of the Weekly Epidemiological Bulletin. GSP plans to provide support to ensure that the bulletin is published on regular bases. In the editorial for the 34th week bulletin, Dr. Lawson Ahadzie wrote:

We are happy to resume publication. We hope our readers will continue to give us feedback so that we can improve on the bulletin. We would like to inform our readers especially those new on our mailing list that the focus of the weekly bulletin is the epidemic prone diseases, particularly those that are to be reported weekly namely, cholera, meningitis and measles.

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ZIMBABWE

LINKAGE BETWEEN THE MPH STUDENTS AND THE DISTRICT WORKERS IS STRENGTHENED

The GSP supported epidemiologist Dr. Eugen Manyora continues to work on linking the peripheral district health workers with students at the University of Zimbabwe's Masters of Public Health program by participating in joint field visits of MPH students and district health workers with MPH faculty. Preparations are underway to train more districts in the use of surveillance and epidemiologic skills in decision-making.

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ATLANTA BASED ACTIVITIES

GSP FUNDS FOUR COOPERATIVE AGREEMENTS AND CO-FUNDS A FIFTH

GSP awarded separate cooperative agreements in the amounts of $40,000 each to Ghana (School of Public Health, University of Ghana), Tanzania (Tanzania WHO-Country Office), Uganda (Makerere University Institute of Public Health) and Zimbabwe (Department of Community Medicine, University of Zimbabwe). These agreements will be used to strengthen outbreak investigation and response in those countries and support the involvement of trainees in infectious disease surveillance and outbreak investigation activities.

Furthermore, GSP co-funded a Cooperative Agreement between CDC and the

African Medical Research Foundation (AMREF). The objective of this agreement is to strengthen sub-national laboratory activities (e.g., specimen collection and transportation) in at least two East African countries.

THE INTERNATIONAL COURSE IN APPLIED EPIDEMIOLOGY

Dr. Ahmed Seha, head of the Epidemiology Section at the Tanzania Ministry of Health; Dr. Jennifer Wanyana, an Epidemiologist at the Uganda Ministry of Health; and Mr. Muggaga, Statistician at the Uganda Ministry of Health, are in Atlanta attending this annual Epidemiology course offered by CDC and Emory University, the course will last until the end of October 2002.

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UPCOMING ACTIVITIES

- Epidemiology, outbreak investigation, and surveillance course for first year MPH students at the Makerere Institute of Public Health is planned for early November 2002. Dr. Peter Nsubuga and Dr. Doug Klaucke will travel from Atlanta to facilitate the course.
- Dr. Peter Nsubuga will travel to Ghana at the end of October to follow up on the implementation of IDSR activities.
- Laboratory workshop will be conducted in Tanzania in December to define roles and responsibilities in outbreak situations.

For comments and further information, you may contact:

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