

Jhpiego Event-Based Surveillance technical Assistance to Nigeria CDC

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Outline

- Introduction
- Definition
- Surveillance cycle
- IDSR/ IBS & EBS
- Event-based surveillance
- NCDC's EBS Phases
- EBS Contributions at NCDC



NCDC Event based Surveillance TA Support to NCDC

Scope:

Strengthen NCDC event-based surveillance by providing technical assistance in human resource support in surveillance activities associated with EBS systems and associated alert and response operations (ARO) at the Nigeria CDC.



Design:

- Strengthen national and subnational level communication on daily EBS routine activities to boost early warning, signal verification and reporting.
- Improve early/timely outbreak response in communities that are epidemic prone and the general public.



Period of Performance:

5-year COAG effective September 2020 to six states in West Africa. With funding for CDC in Nigeria for 1 year – subject to renewal



Funding: Awarded by
US CDC



Definitions

Public Health Surveillance

The continuous, ongoing systematic identification, collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

GOAL: Data for Action

Epidemic Intelligence (EI)

The systematic collection, analysis and communication of any information to detect, verify, assess, and investigate events and health risks with an early warning objective

Early Warning Alert and Response System (EWARS)

An organized mechanism to detect and respond rapidly to acute public health events of any origin, with a focus on country-specific needs and objectives.

Both indicator-based and event-based surveillance components serve the early warning and response (EWARS) function of the public health

Integrated Disease surveillance and response

Integrated Disease Surveillance and Response (IDSR) is a strategy adopted by countries in the WHO African Region for implementing comprehensive public health surveillance and response systems for priority diseases, conditions and events at all levels of health systems. Successful implementation will require a well-trained, competent and dedicated workforce

Definitions

Signal

Data and/or information considered by the Early Warning and Response (EWAR) system as representing a potential acute risk to human health.

Event based surveillance

Event-based surveillance (EBS) is defined as the organized collection, monitoring, assessment and interpretation of mainly unstructured ad hoc information regarding health events or risks, which may represent an acute risk to health.

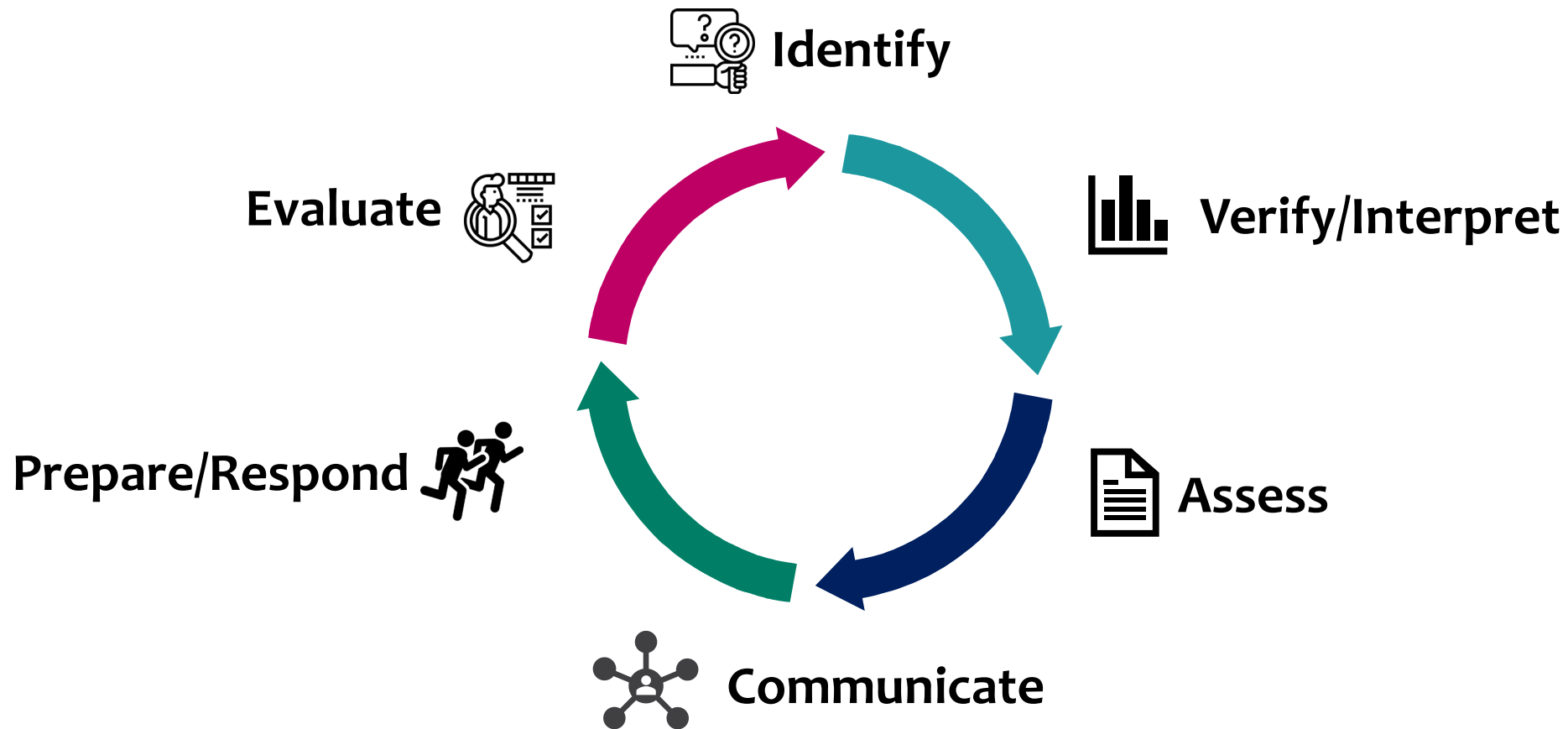
Event

When a signal has been verified, a signal becomes an “event.”

Indicator Based Surveillance

Is a more traditional way of reporting diseases to public health officials. Indicator-based surveillance involves reports of specific diseases from health care providers to public health officials routinely. Such information may be described as structured information because the information obtained is standardized

Generic surveillance cycle



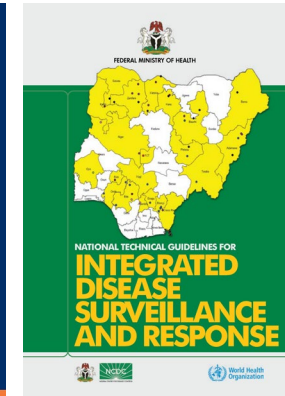
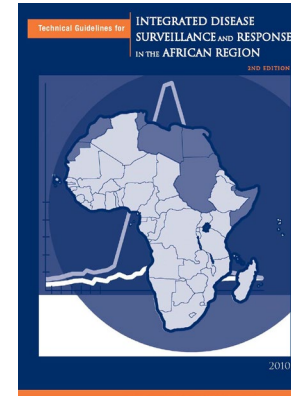
Public Health Surveillance Approach/IDSR

To ensure **robust early warning and prompt response**, the IDSR data collection and analysis system relies on two main channels of information or signal generation:

- IBS and EBS are Back bone to IDSR Strategy
- Both are components of Early Warning Alert and Response System (EWARS) and Epidemic Intelligence incorporated in the IDSR strategy

Indicator-Based Surveillance (IBS)

Event-Based Surveillance (EBS)

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4. A/R/E/D/S

Annex 2F: IDSR Case-based Laboratory Reporting Form

**LAB SPECIMEN COLLECTION/REPORTING FORM
(FOR IMMEDIATE CASE-BASED SURVEILLANCE) IDSR 001 B**

If Lab Specimen Collected:

For Health Facility: If lab specimen is collected, complete the following information and send a copy of this form to the lab with the specimen.

Date of specimen collection: / /	Blood	CSP	Others (Specify):
Type of specimen: [] stool			
Date specimen sent to lab: / /			
ID Number:			

For the Lab: Complete this section and return the form to GSA/ health facility or clinician

Date lab received specimen: / /	Adequate	Not adequate
Serum/Culture:		
Diagnosis/Treatment:		
Type of test:		

Results: + = Positive - = Negative P = pending

Malaria	/	f. falciparum	P. vivax	
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Cholera (culture)

Cholera: direct smear, specify the method used:

	Culture	Stool	Urine	Saliva	Other
Meningitis: N meningitidis					
	latex				
	Gram stain				
Meningitis: S. pneumoniae					
	latex				
	Gram stain				
Meningitis: H. influenzae					
	latex				
	Gram stain				
Shigella/dysentery					
	Culture				
	Type	SD Type I	Other Shigella types	No Shigella	

Result: + = Positive - = Negative In-Infect. P-pending

Viral Detection	Yellow fever (IgM)		
	Mumps (IgM)		
	Rubella (IgM)		
	Dengue (IgM)		
	Ebola (IgM)		
	Hanta (IgM)		
	Morbilli (IgM)		
	A/H5N1 (RT PCR)		
	Results:		

Other lab test

(specify)		
Date lab sent results to GSA/health facility:	/ /	
Name of lab sending results:		
Other pending result:		
Name of lab technician sending the result:		
Date GSA/ receive lab result: / /	GSA/	Signature:
Date lab result sent to health facility by GSA/ / /		
Date lab result returned at the health facility: / /		

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EXTRACTS OF ISO TECHNICIAN GUIDELINES FOR HEALTH FACILITIES IN FIJIGRA

IBS & EBS contribute to epidemic intelligence

Indicator-based surveillance (IBS)

Routine collection of data on priority diseases or syndromes according to established case definitions

Most information from health facilities

Health care facility based
Weekly, monthly reporting

Event-based surveillance (EBS)

Organized collection, assessment, and interpretation of mainly unstructured information on health events or risks

Information from multiple sources (official, unofficial, informal)

Immediate reporting

**HEALTH FACILITY LEVEL
ROUTINE WEEKLY NOTIFICATION FORM: IDSR 002**

Reporting Health Facility: LGA: State:

Reporting Week: Year:

68 EFFECTS OF DATA TECHNICAL GUIDELINES FOR HEALTH FACILITIES IN NIGERIA

DISEASE	SUSPECTED CASES						LAB CONFIRMED CASES						DEATHS					
	0-29 DAYS	1-11 MONTHS	12-29 MONTHS	5-9 YEARS	10-19 YEARS	20-49 YEARS	0-29 DAYS	1-11 MONTHS	12-29 MONTHS	5-9 YEARS	10-19 YEARS	20-49 YEARS	0-29 DAYS	1-11 MONTHS	12-29 MONTHS	5-9 YEARS	10-19 YEARS	20-49 YEARS
1 Acute Wat Diarrhoea																		
2 Diarrhoea with dehydration																		
3 Diarrhoea with blood (dysentery)																		
4 HIV/AIDS (other cases)																		
5 Human African Trypanosomiasis (HAT)																		
6a Malaria																		
6b Malaria (severe)																		
7a Malaria (Pregnant women)																		
7b Non-malarial fever																		
8 Schistosomiasis																		
9 Snake Bite																		
10 Soil transmitted helminths																		
11 Typhoid fever																		

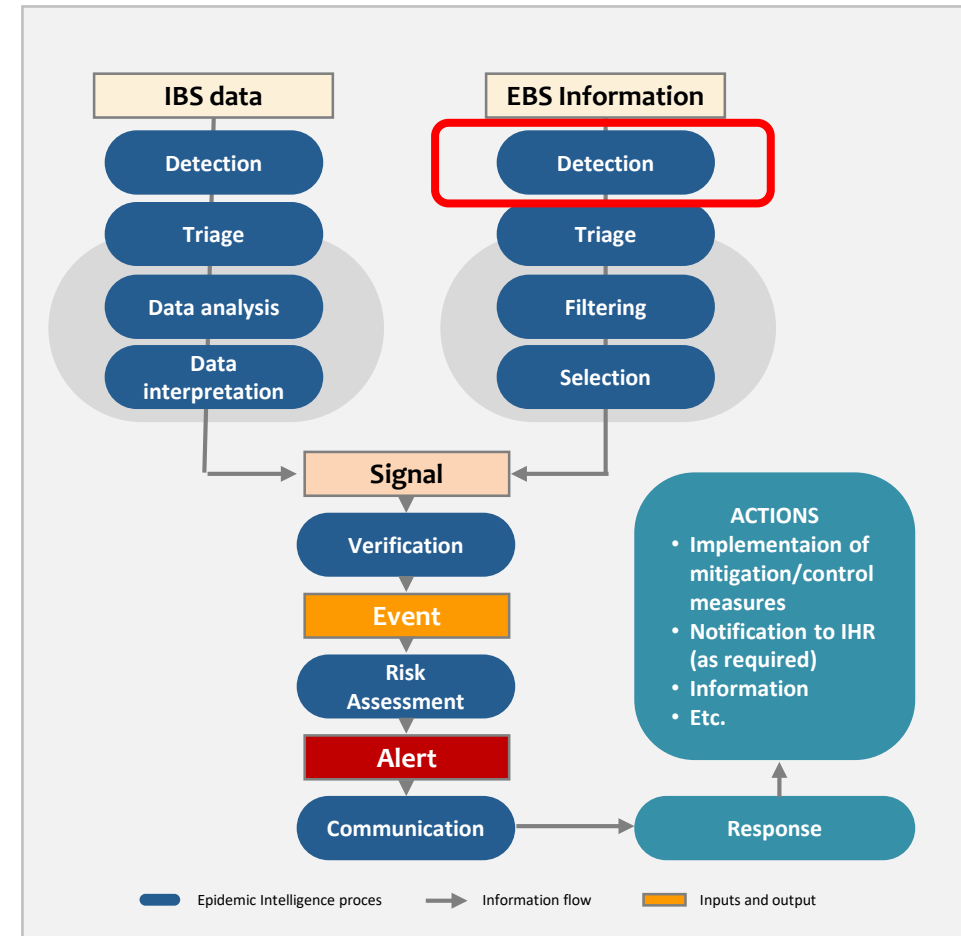
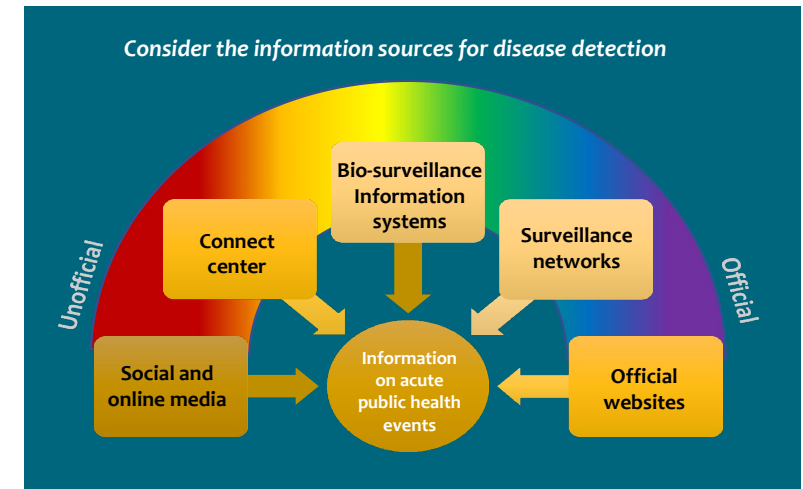
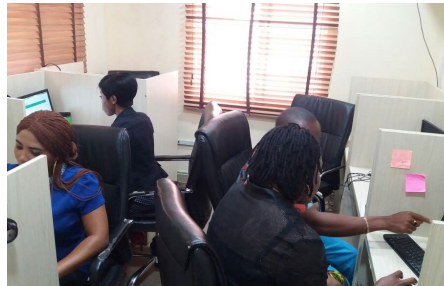
Name of Reporting Officer: Signature: Date:

Annex 2Gii: IDSR Weekly Reporting Form: IDSR 002 HF

4. ANNEXES

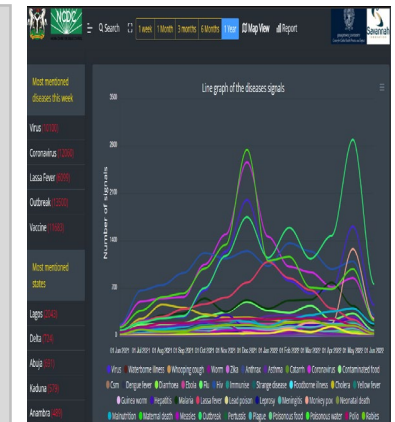
Importance of EBS

- Early Detection of Outbreak
- Reduction in Transmission of Diseases
- Enhances Prompt Response
- Reduction in Morbidity and Mortality
- To increase early suspicion of potential threats
- Involvement of Community in Outbreak detection
- Building of Trust in Agency by the community

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SMS & WhatsApp

Publicly available
number dedicated to
receiving messages



Detection

EBS/early warning vs public health/risk communication

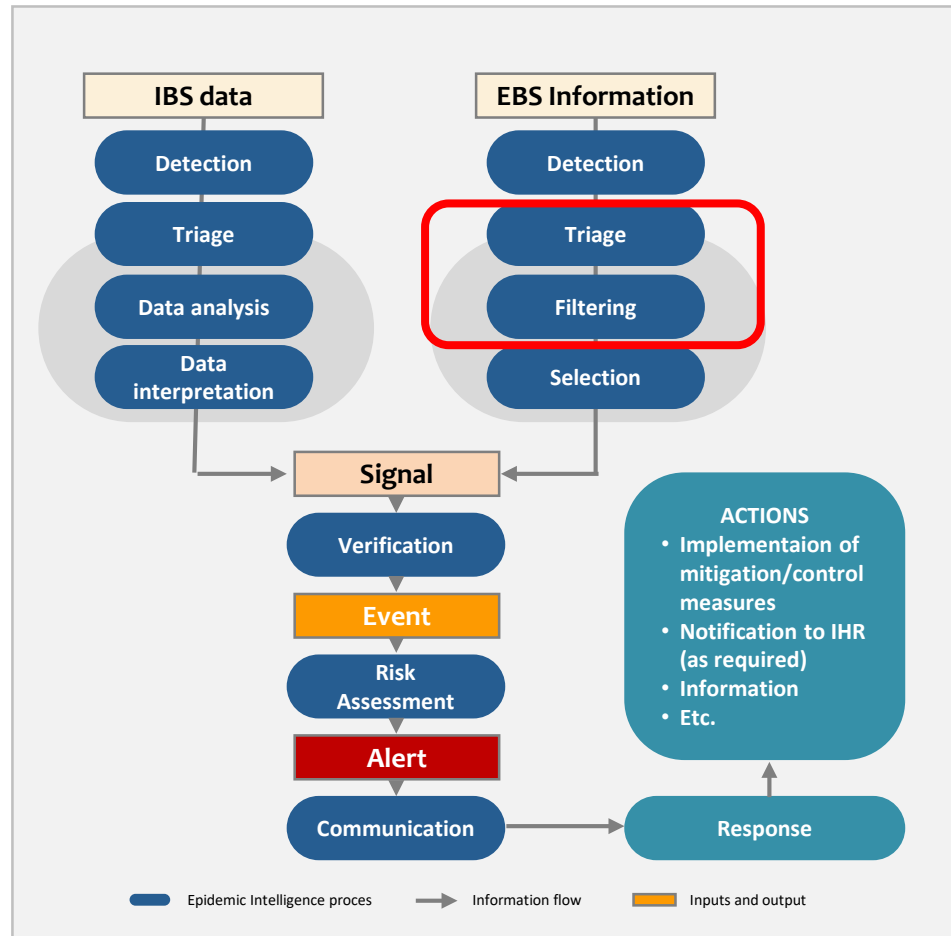
Early Warning

- Clusters of an unknown disease
- Unusual or excess death occurring in a community
- Unusual die-off of animals
- Unexpected of a disease not previously reported from an area
- Accidental or deliberate pathogen release
- Toxic chemical releases
- Radio nuclear releases

Public Health/Risk Communications

- Growing public health sentiment or discord
- Circulating public health misinformation
- New public health laws or regulations passed
- Annual/routine reports of morbidity and mortality
- Drug/vaccine developments
- New public health/ministry of health leadership
- Chronic or noninfectious disease reports
- Reports on occupational health
- New Motor vehicle or other travel related safety measures

PROCESS: Triage and Filtering



Conduct triaging by asking the following questions

1

Is the reported information relevant to early warning? (i.e could this alert be genuine public health event?)

2

Was this alert previously reported? (i.e., is this signal a duplicate?)

If the report is pertinent and is not a duplicate, then alert must be verified.

Filtering of EBS raw inputs

1

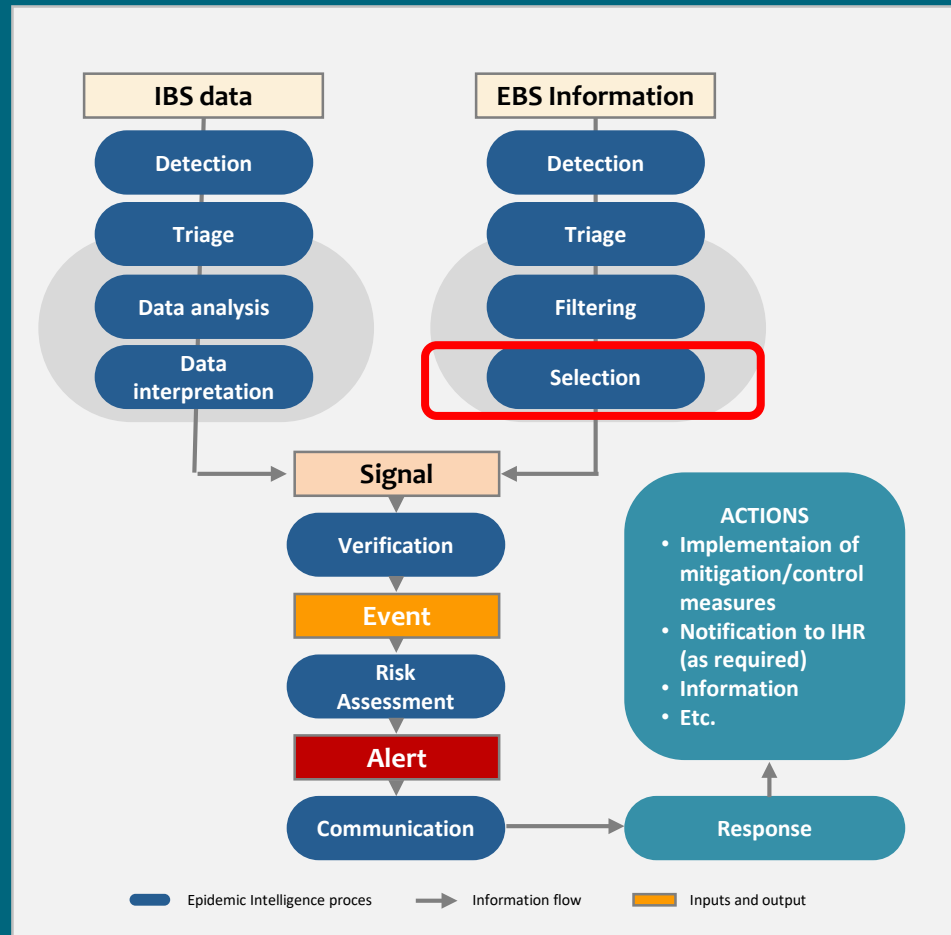
Identifying and removing duplicates (the same event reported by the same source)

2

Identifying and discarding information not relevant to EWAR (information that matches the criteria for public health events but is irrelevant for early warning, such as a generic review of a disease)

Filtering: The process of screening out duplicates and information which is not relevant for EWAR

PROCESS: Selection



The sorting out of information according to national priority criteria

Selecting information that is pertinent/ relevant for early warning (depends upon objectives/mission of the EBS Unit; human-driven)

EWAR surveillance objectives

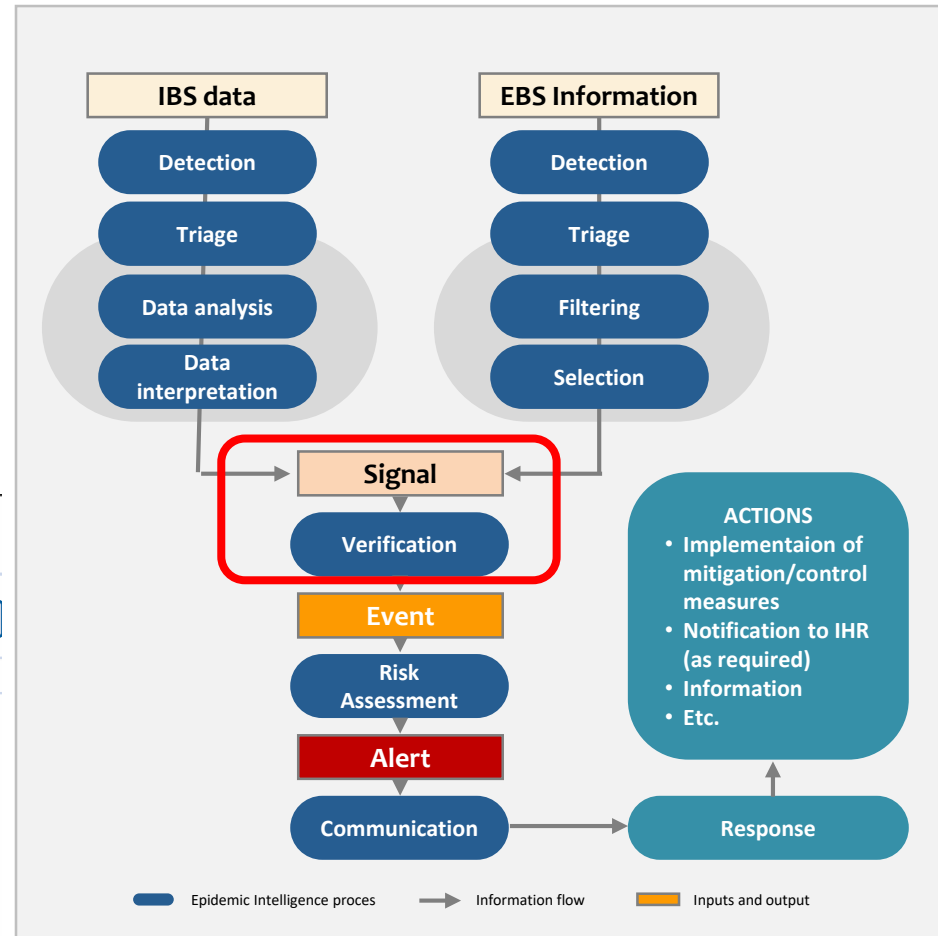
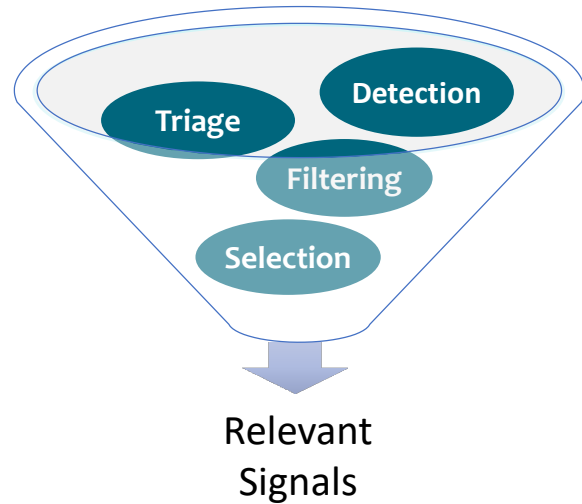
- Diseases (e.g. measles)
- Syndromes (e.g. hemorrhagic fevers)
- Hazards (e.g. contamination of drinking water source)
- Unexpected/unusual events (e.g. unexplained mortality)

An alert is any new signal

- of public health relevance
- occurring in any part of Nigeria or externally
- with potential of spread into Nigeria
- reported to or identified by the EBS team

The process of selection – The national context of priority public health events for EBS

PROCESS: Signal and Verification



Key steps in verification process



First consider the information source (official or unofficial)



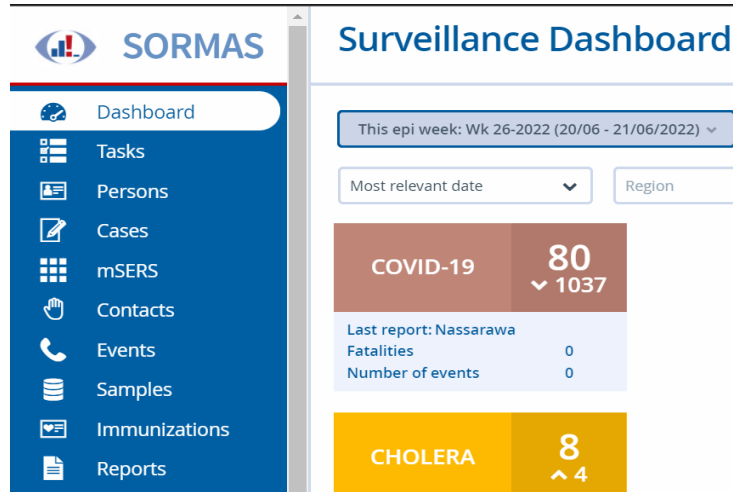
Search for and collect additional corroborating information if possible



Actively cross-check the validity of the information using reliable sources, with input from SMEs



Begin to characterize the potential event, considering spread, severity and public health impact



Verification of signals

Ministry's of Health

- National level epidemiology or laboratory units
- Local and intermediate-level health units
- Healthcare facilities which may conduct surveillance

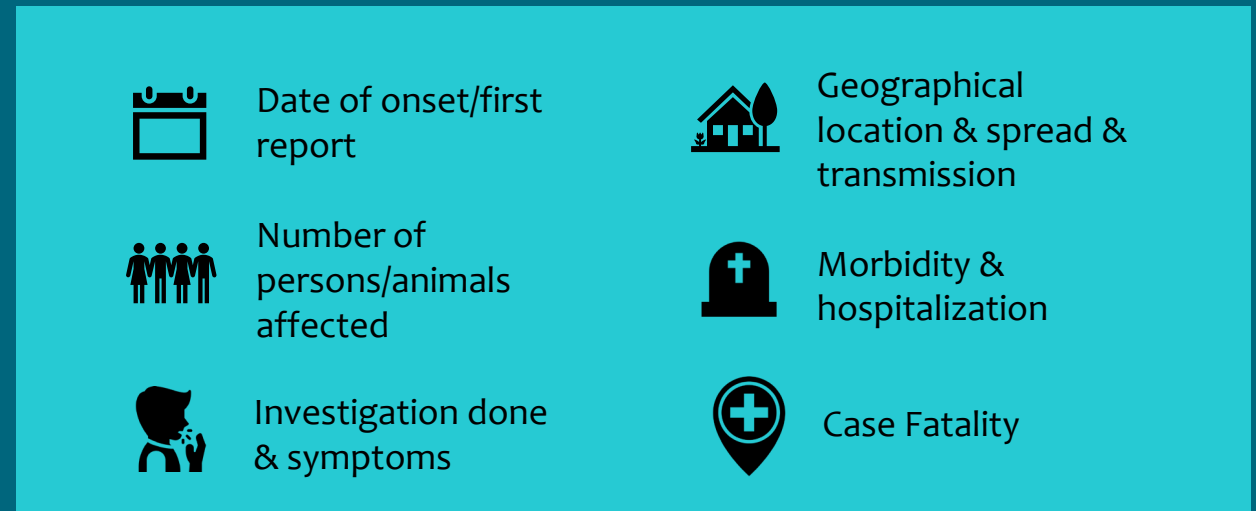
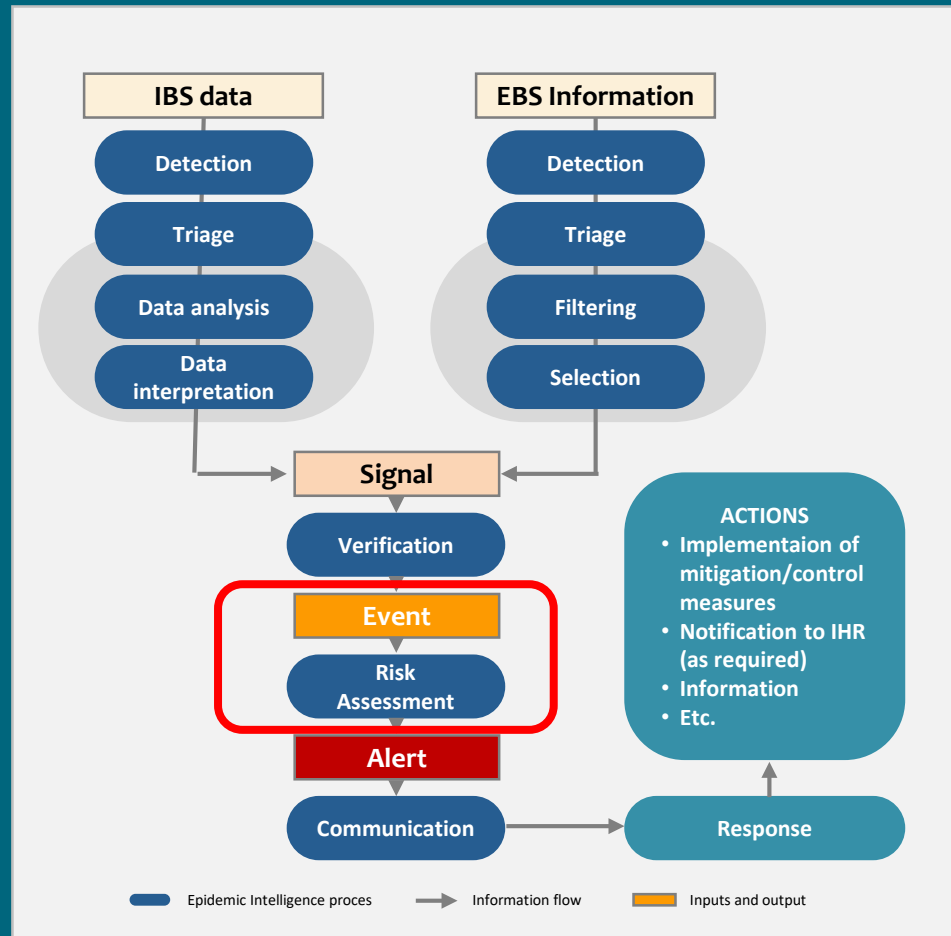
Other government entities

- Other Ministries (Ministry of Ag, Defense, etc) STATE & LGA EPID TEAM & HFs, informants
- National Public Health Institutes
- National Reference Laboratories or other lab networks

Others

- NGOs operating in the area and partners (Red Cross, Samaritans Purse, etc)
- United Nations Organizations
- Subject Matter Experts (SMEs) of the respective diseases/syndrome reported, influencers

PROCESS: Preliminary risk Assessment of the Event



SITAware

Platform for documenting and managing signals & events

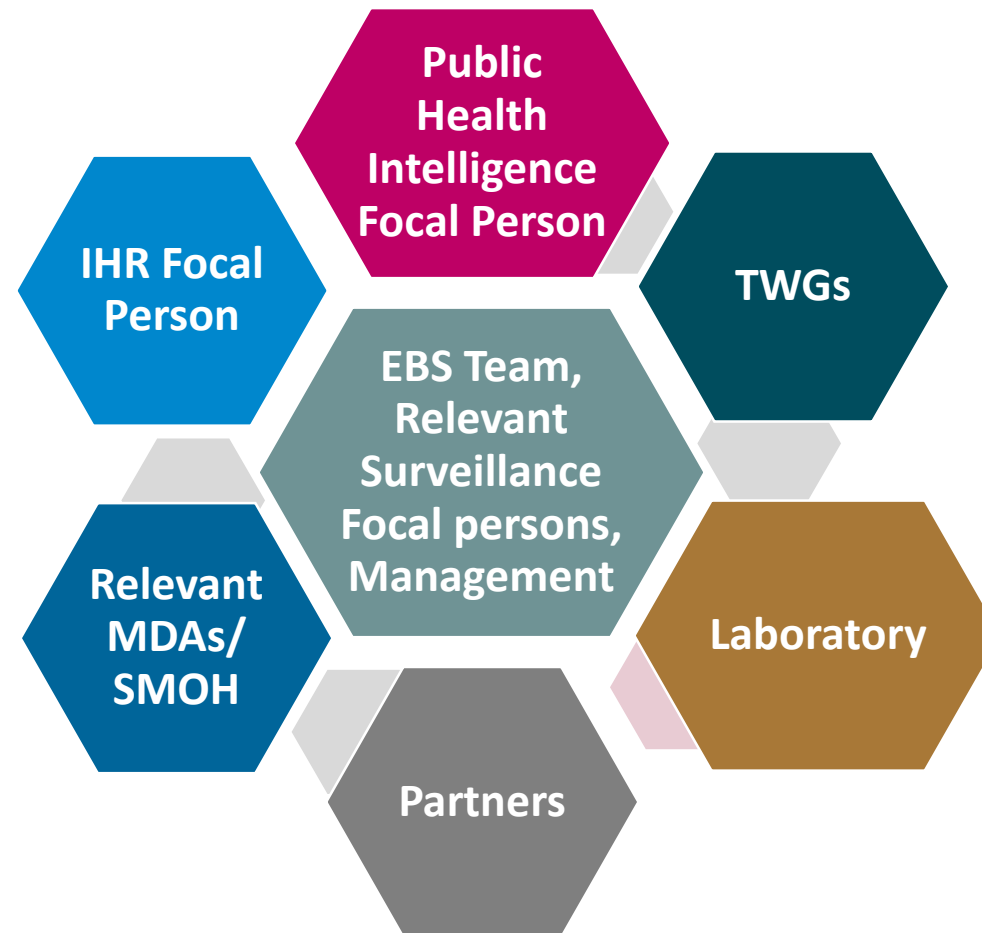
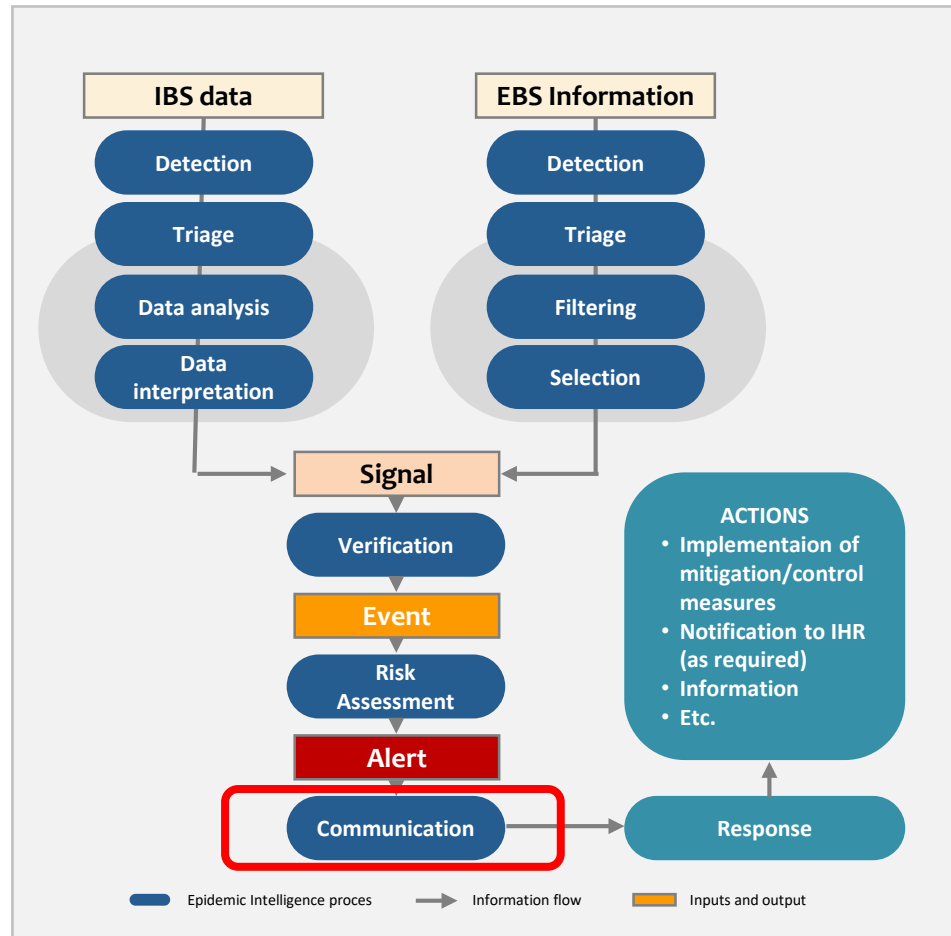
SITAware
Incident and Outbreak Logging

Search filters: Suspected Disease: Cholera, Affected State: Any State, EDC Leadership: Any, Incidents which started From: 08/05/2018 To: 08/11/2019

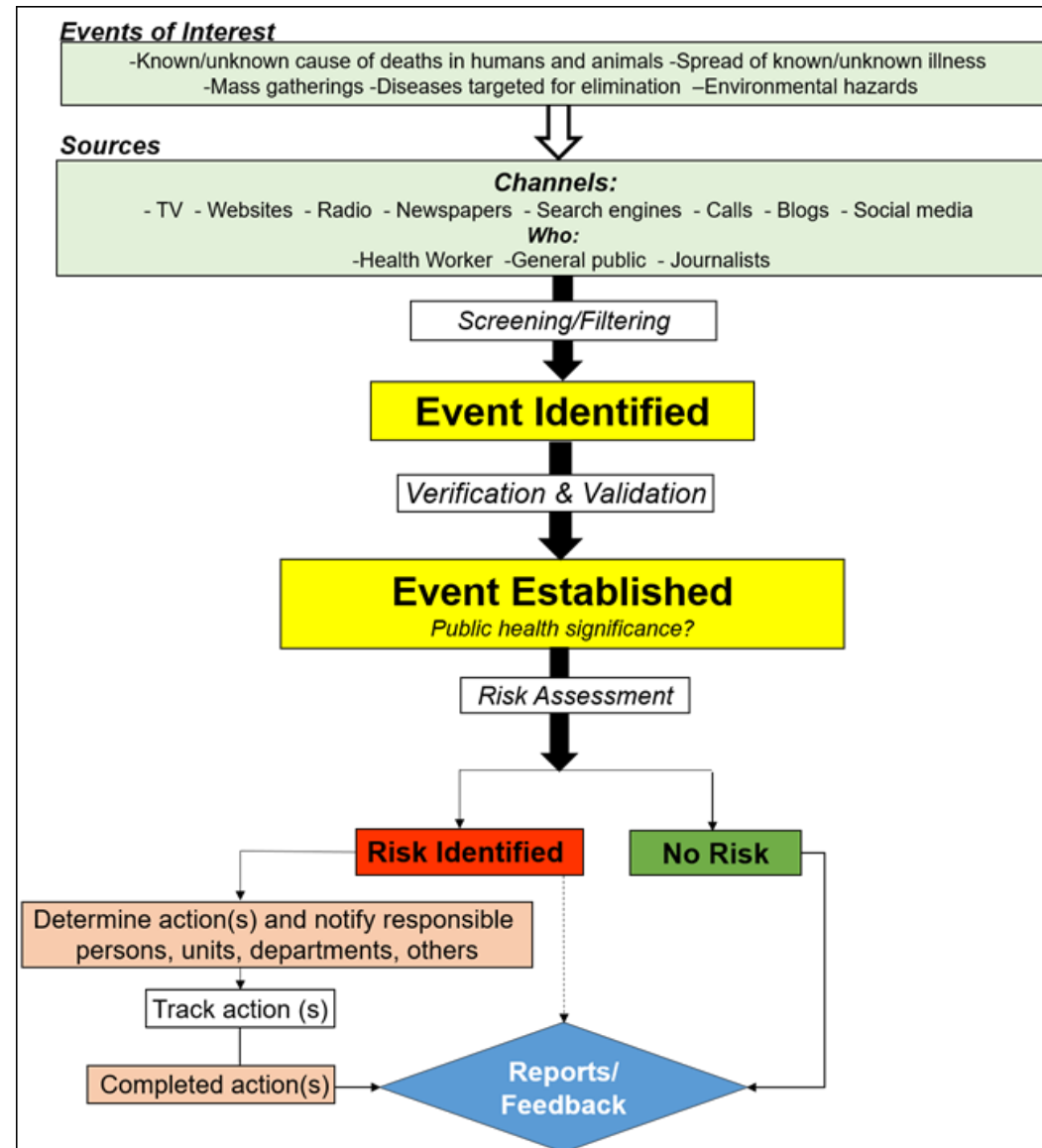
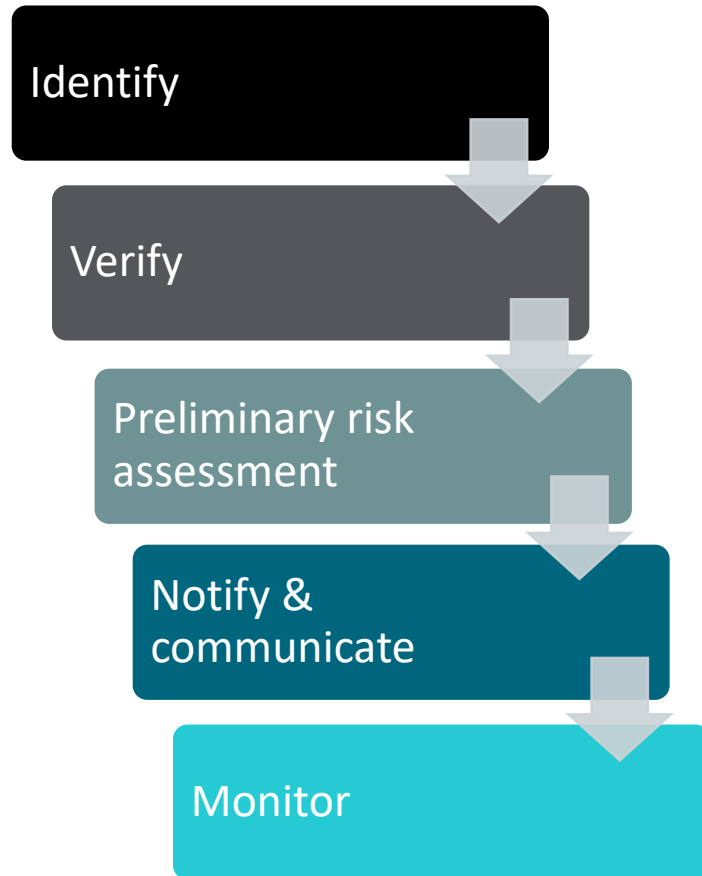
First Reported State	Disease	Start Date	Incidents / ID	Population in LGA	Suspected	Lab confirmed	Total Cases	Deaths	First Onset	Last Onset
Borno	Cholera	19/05/2018	N2006	609520	35	0	35	3	19/04/2018	N/A
Abia	Cholera	22/06/2018	N2007	0	45	2	47	3	22/06/2018	N/A
Cross River	Cholera	19/04/2019	N2029	212971	232	1	233	0	19/04/2019	N/A
Benue	Cholera	29/04/2019	N2031	0	66	0	66	0	29/04/2019	N/A
Niger	Cholera	03/05/2019	N2048	703452	134	2	136	21	03/05/2019	N/A
Ogun	Cholera	03/05/2019	N2049	0	436	19	456	56	03/05/2019	N/A
Oyo	Cholera	06/05/2019	N2041	1789453	200	2	202	19	03/05/2019	N/A
Sokoto	Cholera	06/05/2019	N2045	1117235	78	0	78	31	06/05/2019	N/A
Imo	Cholera	13/05/2019	N4044	285523	256	0	256	21	13/05/2019	N/A
Grand Totals			9		4688154	1484	25	1509	154	

SITAware is provided by Nigeria Centre for Disease Control and was jointly developed with Public Health England and Calmm Ltd.

PROCESS: Notification & Communication



NCDC's EBS Phases



Onboarding / Project Objectives

- To strengthen NCDC event-based surveillance by providing technical assistance through embedded human resource on surveillance activities associated with EBS systems and associated alert and response operations (ARO).
- Improve early/timely outbreak response in communities
- Strengthen national and subnational level communication to boost early warning, signal verification and signal reporting.



Duration of project & Funder:

The project is fully funded by the U.S. Center for Disease Control



Implementing Partner :

Jhpiego Global & Nigeria Office



Supporting Partner:

Nigeria CDC

Contributions to NCDC



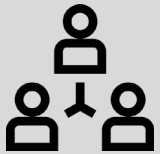
**SIGNAL
MONITORING**



**SIGNAL
ESCALATION**



**SIGNAL VERIFICATION
AND REPORTING**



**COORDINATION AND
COMMUNICATION**



**SIGNAL
DOCUMENTATION**



**OTHER
COMPLETED TASK**



**TECHNICAL
ASSISTANCE**

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Diseases outbreak incidents captured on SITAware; Yellow fever, Lassa Fever, Monkeypox, Whooping cough, Measles, Cholera , COVID-19 and unknown death



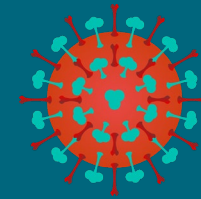
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Yellow Fever incidents created and updates documented



40

Lassa Fever incidents created and updates documented



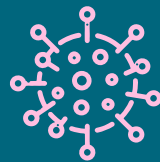
13

Monkeypox incidents created and updates documented



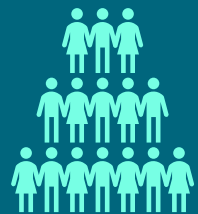
43

cholera events created for and updates documented



36 +1

COVID-19 data updates captured



28

Measles outbreak incidents created and actions documented



3

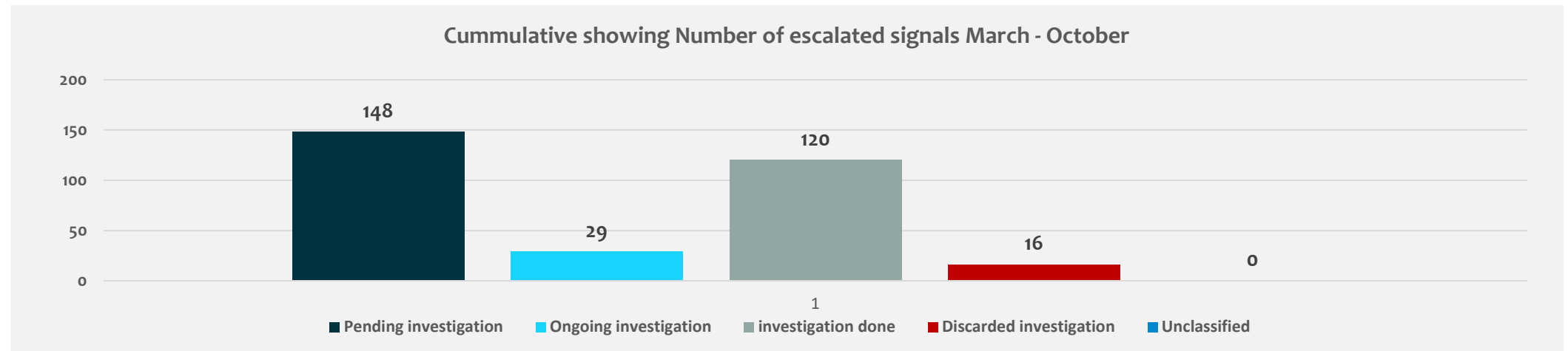
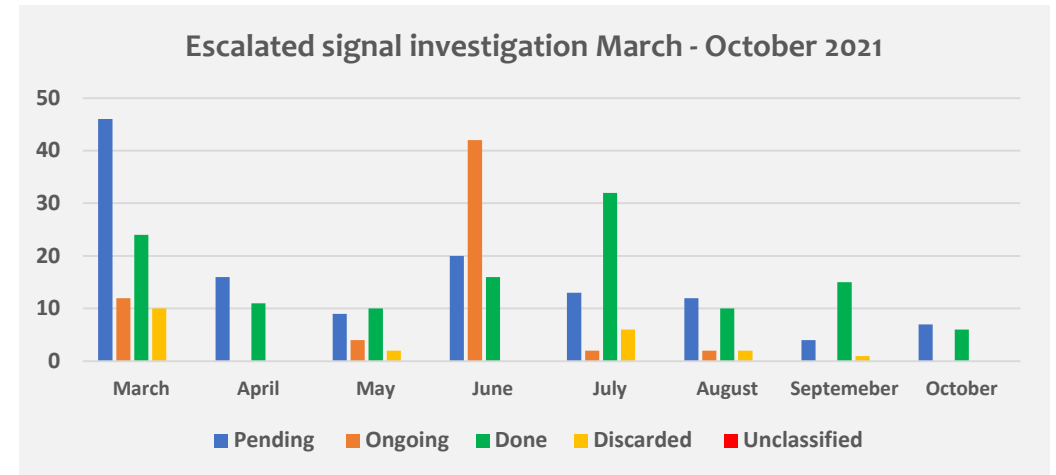
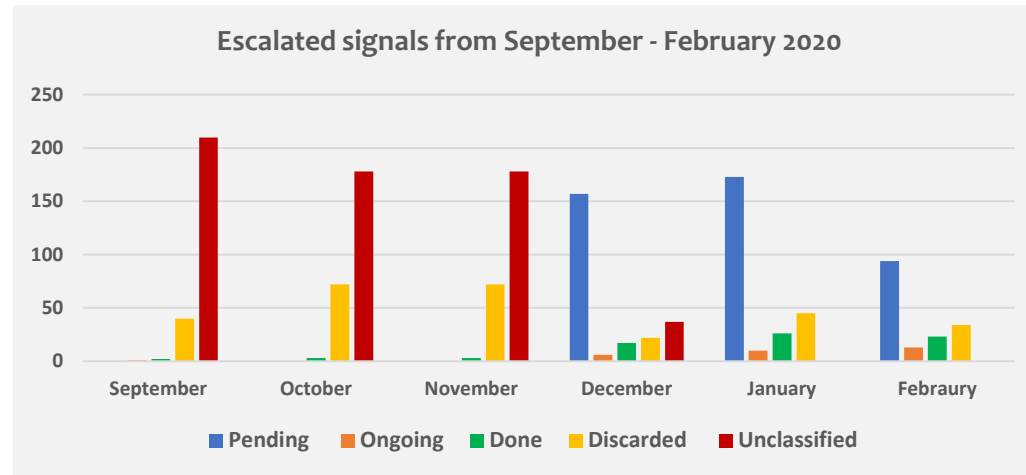
Whooping cough events created and updates documented



4

Unknown death incidents captured

Signals Escalated and Reported Feedback





THANK YOU

