

Integrated Diseases Surveillance and Response in the African Region



Community-based Surveillance (CBS) Training Manual



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Integrated Diseases Surveillance and Response in the African Region Community-Based Surveillance (CBS): Training Manual

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 2. Communicable Disease Control
 3. Delivery Health Care Integrated
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1. Background

The African Region has had to deal with outbreaks of cholera, meningococcal meningitis, typhoid and influenza among other diseases in the last decade, and lately the Ebola virus disease. It is known that countries with weak surveillance systems or without community-based surveillance systems are not able to promptly detect and respond in a timely fashion to public health threats or events. There is a need then to strengthen disease surveillance at all levels and especially at the community level.

Disease surveillance is defined as ongoing systematic collection, analysis and interpretation of health data for action. The data are essential for planning, implementation and evaluation of public health practices.

Taking into account the experience and lessons from the Ebola virus disease outbreak in West Africa and the health challenges associated with the displacement of people by internal conflicts, the World Health Organization (WHO) Regional Office for Africa developed a guide¹ for establishing community-based surveillance (CBS) for preparedness and response efforts for disease outbreaks in the countries.

The guide has two main objectives:

- (a) To help countries build and strengthen the capacity of communities to conduct effective surveillance and response activities in line with Integrated Disease Surveillance and Response (IDSR) (2010) strategy;
- (b) To improve the flow of surveillance information between the community and the local health facilities.

To achieve the maximum benefit from using the CBS guide, the countries are encouraged:

- (a) To consider and acknowledge the role of communities as sources of formal and informal public health surveillance information;
- (b) To provide the communities with the required training on IDSR.

The WHO Regional Office for Africa and its partners remain committed to supporting Member States in engaging communities as sources of the timely information required before, during and after the onset public health events (PHEs), including supporting ongoing disease elimination and eradication control programmes. In addition, where communities are well versed in their role within the IDSR framework, the Regional Office for Africa will support the establishment or strengthening of a formalized system.

¹ *Integrated disease surveillance and response in the African Region: a guide for establishing community based surveillance*. 2014.

WHO is introducing this IDSR community-based surveillance training manual, which incorporates, among other topics, the following:

- (a) **Orientation on identification of IDSR diseases, conditions and public health events at the community level, based on the nationally adapted IDSR guideline**
 - IDSR diseases, conditions and public health events
 - Case definitions for use at the community level
 - Exercises and case studies
- (b) **Establishing a community-based surveillance structure**
 - Community-based surveillance reporting and response structure
 - Selection and recruitment criteria for community-based surveillance workers and volunteers
 - Terms of reference, role and responsibilities of community-based surveillance workers and volunteers
- (c) **Reporting a suspected case or public health event and maintaining tally sheets at the community level**
 - Reporting forms and tools (tally sheets) and how to fill them
 - Communication and reporting structure
 - Timelines for reporting and feedback
 - Exercises and case studies
- (d) **Investigating and confirming a suspected public health event in a local community**
 - Exercises and case studies
- (e) **Investigating and confirming a suspected public health event in and across-the-border community**
 - Exercises and case studies
- (f) **Supervising a community-based surveillance structure**
 - Providing feedback to the community
 - Monitoring community-based surveillance implementation
 - Evaluating community-based surveillance implementation
 - Feedback forms

2. Intended participants for the IDSR community-based surveillance training

This training manual is designed primarily for community health workers and any relevant person within the community in a defined catchment area who may play a critical role in implementing IDSR at the community level. The number of participants per training should be representative of the catchment area but a class should not exceed 30 trainees. Any community member who is acceptable to the community can attend the training. The person could be from the basic village services such as a trained birth attendant, a community or village health agent, or a similar care provider; a village religious, traditional or political leader; a school teacher, a health extension worker, a traditional healer, or a critical person working in the farm, fisheries, markets, etc., or a lay person who can fill out basic information in the community-based surveillance forms.

3. Methodology and tools for delivering community-based surveillance training sessions

The community-based surveillance training is packaged and designed to be completed in two full days. All sessions will be carried out by one or more principal facilitators, mainly a health facility manager or a local surveillance officer. However, to strengthen the training or support specific themes, other facilitators or resource persons such as officials from the agriculture and environmental sectors and village leaders may be invited to complement certain sessions.

3.1 Methodology

3.1.1 Presentation and lecture

Presentations or lectures to introduce topics will be given with the aid of a range of materials and aids including audio-visuais. They should be as interactive as possible. The sequence of the topics is structured to flow with developments in the classroom. The objective of the presentations and lectures is to transferring and sharing of knowledge.

3.1.2 Discussion

Participants' discussion is an important part of CBS training, which requires participatory learning. The facilitator will generate a discussion to achieve the desired outcome by:

- (a) Making clear to the participants the topic and reason for the discussion;
- (b) Initiating the discussion and stimulating the participants to be actively involved in the process;
- (c) Maintaining the focus of the discussion on the subject matter or relevant issues;
- (d) Drawing on the relevant experience of the participants;
- (e) Managing time and keeping the discussion on track and according to the plan;
- (f) Encouraging effective participation of all participants;
- (g) Listing the ideas coming out of the discussion on the flipchart or board for reference.

3.1.3 Group work

In certain sessions, the participants will go into groups for discussion. They will be asked to examine the issues in light of their own situation and to apply what they have learned to real situations. Group work will help in improving the analytical skills of the trainees and bringing out new ideas.

The principal facilitator and supporting facilitators will serve as resource persons and keep an eye on the smooth working of the groups. After each group work session, representatives from the groups will present the outcomes from the discussions to the rest of the participants.

3.1.4 Brainstorming

The facilitator will use brainstorming for a specific idea and facilitate exploration of innovative thoughts. He or she will stimulate the participants to bring out new ideas and will help to maintain their quality. All the ideas will be written on a board and then streamlined to generate an orderly summary.

This method is crucial in developing the imagination of the trainees and analysing their explanations and interpretation of content of the training.

3.1.5 Case studies

Public health events from five case studies on cholera, meningitis, viral haemorrhagic fever and avian influenza and two conditions targeted for elimination and eradication will be presented for discussion and generation of diverse interpretations in groups, which will then be then considered by the whole group and a collective conclusion reached. This helps in learning to work as a team for real situations.

3.1.5 Reading material

Each participant will receive relevant extracts from the 2nd edition of the *Integrated disease surveillance and response in the African Region: a guide for establishing community-based surveillance*. Hand outs on the five case studies will also be distributed to each trainee for use during the appropriate classroom discussion. However, the participants will also receive assignments in groups to study additional audio-visual materials as needed.

3.1.6 Practical exercises

Participants will be involved in practical sessions to apply the knowledge gained during the training. The practical exercises may be carried out individually or in groups depending on the local factors. The facilitator will explain what the trainees need to do, how to do it and what will be expected from them after the exercise.

3.1.8 IDSR community-based surveillance trainees' field visit

A field visit will be undertaken to the community, village, community health posts, local facility or district office to see how surveillance data flow and are processed and how a response to a public health event is coordinated.

The local surveillance officer or health facility manager is responsible for organizing the visit, with the programme planned in advance. This should include making arrangements for transport, food, drinks and meeting places at least two weeks in advance.

3.2 Logistics and supplies

3.2.1 Training space setup

Five to six tables with a seating capacity of six participants per table is recommended. This will facilitate group work and discussions in the plenary sessions. The facilitator(s) also will be able to move around the tables easily to get close to trainees.

3.2.2 Supplies for 30 participants

- (a) Name tags and holders
- (b) Writing pens and note pads
- (c) Copies of the IDSR community case definitions
- (d) Copies of 2nd edition of the *Integrated diseases surveillance and response in the Africa Region: a guide for establishing community based surveillance*
- (e) Copies of the reporting and feedback forms

3.2.3 Supplies for principal facilitator

- (a) Flipcharts and markers
- (b) Laptop computer and LCD projector to project slides. For rural areas with limited electronic resources the presentations should be adapted to the local situation.

3.3 IDSR community-based surveillance training proposed programme agenda

Integrated diseases surveillance and response in the African Region community-based surveillance training programme													
Time allocation													
Day 1	30 min	15 min	30 min	15 min	30 min	15 min	30 min	30 min	60 min	60 min	60 min	90 min	60 min
	Registration	Opening ceremony	Introduction of participants	What is community-based surveillance	Tea break	Objectives of community-based surveillance training	Importance of community participation in disease surveillance	Establishing a CBS structure	Orientation on identification of IDSR diseases, conditions and public health events at the community level	Reporting a suspected case or public health event and maintaining tally sheets at the community level	Lunch	Investigation, confirmation and response to a suspected public health event	Providing feedback to the community following Investigation and confirmation of suspected cases, outbreaks or events
Time allocation													
Day 2	15 min	30 min	60 min	60 min	30 min	30 min	150 min	30 min	30 min	30 min	30 min		
	Welcoming back the trainees and introducing guests	Presentation on summaries of Day 1 sessions	Monitoring and evaluation of CBS implementation	Disease elimination and eradication programmes: case study exercise	Tea break	Introduction of field work	Field work (to include lunch and reporting back)	Wrap-up of CBS two-day training	CBS training evaluation	Awarding of certificates of completion of CBS training	Group photo of facilitators, guests and trainees who complete the CBS training	Course end and departure	

4. Delivering the training: Notes to the principal facilitator

Time required	Materials needed	Objective	Methodology	Note
DAY 1				
Session 1: Registration (and arrival refreshments including water, tea, coffee and sandwiches)				
30 minutes (08:00–08:30)	One standard community-based surveillance training registration form (Annex 2) containing columns for name, surname, gender, catchment area, organization, contact phone number, email and signature.	To document attendance at the two-day training by those who would qualify to be members of a constituted community-based surveillance team. The principal facilitator will deliver the registration form to the workshop contact person, e.g. catchment area surveillance officer or health facility manager.		
Session 2: Opening ceremony				
15 minutes (08:30–08:45)	Community-based surveillance training banner (Annex 1) and tables and chairs for special guests	To formally open the workshop		
Session 3: Introduction of participants				
30 minutes (08:45–09:15)	Introduction instructions (Annex 3) written on the flipchart or PowerPoint slide explaining to participants what to say about themselves in their introduction.	To welcome the participants to the training and to provide them with the opportunity to meet and greet each other and to share their expectations.		
Session 4: What is community-based surveillance?				
15 minutes (09:15–09:30)	Flipchart or PowerPoint slide defining community-based surveillance (Annex 3) in the language of the participants	To help the trainees understand what community-based surveillance is	10 minutes for a class brainstorming session and 5 minutes for a slide presentation on the definition of community-based surveillance	All ideas should be noted on a flipchart.
Session 5: Objectives of community-based surveillance training				
15 minutes (09:30–9:45)	Flipchart paper or PowerPoint slides on the objectives (Annex 3) in the language of the participants	To create a common understanding of the objectives (purpose) of the training	5 minutes for presentation and 10 minutes for class discussion	All ideas should be written on a flipchart

Time required	Materials needed	Objective	Methodology	Note
Session 6: Importance of community participation in disease surveillance				
30 minutes (10:00–10:30)	Flipchart or PowerPoint slides (Annex 3).	To establish a common understanding of the importance of community-based surveillance	Two-part session made up of 20 minutes for class discussion and 10 minutes for the principal facilitators' input and summary of the discussion	All ideas should be noted on the flipchart.
Session 7: Establishing a community-based surveillance structure				
30 minutes (10:30–11:00)	Flipchart or PowerPoint slide presentation on establishing of a community-based surveillance structure (Annex 3).	To create a common understanding on the requirements and procedure for the establishment of a formal community-based surveillance structure	Two part session made up of 20 minutes for presentation and 10 minutes for group discussion	All ideas should be noted down on the flipchart
Session 8: Orientation on identification of IDSR diseases, conditions and public health events at the community level				
60 minutes (11:00–12:00)	Flipchart or computer and LCD projector for delivering orientation slides on the identification of IDSR diseases, conditions and public health events at the community level (Annex 3)		5 minutes to divide the class into 5 groups of 6 members each, 30 minutes for presentation, 15 minutes for group exercise and 10 minutes for class discussion	All ideas should be noted down on a flipchart
Note to the principal facilitator: A designated health facility manager or surveillance officer will present this session to the trainees, covering the priority diseases and conditions under surveillance in their catchment area. The key signs and symptoms from case definitions should be used to help the trainees to recognize when to refer a person with the illness signs for treatment and when to notify the health facility.				
Session 9: Reporting a suspected case or public health event and maintaining tally sheets at the community level				
60 minutes (12:00–13:00)	Flipchart or computer and LCD projector for delivering orientation slides on the identification of IDSR diseases, conditions and public health events at the community level (Annex 3)	Flipchart or computer and LCD projector to show the forms, tally sheets, etc. and slides (Annex 3)	30 minutes for interactive presentation of the forms, tally sheets and community-based surveillance reporting structure; 20 minutes for exercise, where each trainee will complete the suspected case or public health event reporting form and tally sheets; and 10 minutes for class discussion	All ideas should be noted down on a flipchart
Lunch 13:00–14:00				

Time required	Materials needed	Objective	Methodology	Note
Session 10: Investigating, confirming and responding to a suspected public health event				
90 minutes (14:00–15:30)	Flipchart or computer and LCD projector to show the slides on investigation and confirmation of a suspected public health event (Annex 3)	5 minutes to divide the trainees into four groups, 20 minutes for the presentation, 50 minutes for the group exercise, and 15 minutes for class discussion and summary		All ideas should be noted down on the flipchart and then streamlined to generate an orderly summary and conclusions.
Session 11: Providing feedback to the community following investigation and confirmation of suspected cases, outbreaks or events				
60 minutes (15:30–16:30)	Flipchart or computer and LCD projector to show the slides on feedback to the community following investigation and confirmation of suspected cases, outbreaks or events (Annex 3)		20 minutes for presentation, 30 minutes for group brainstorming and discussion, and 10 minutes for class discussion and summary	All ideas should be noted down on a flipchart and then streamlined to formulate an orderly summary on the consensus
Recap of Day 1: The facilitator(s) to review the day's proceedings and plan for the following day.				
DAY 2				
Session 1: Welcoming back the trainees and introducing guests				
15 minutes (08:00–08:15)				
Session 2: Presentation of summarized Day 1 proceedings				
30 minutes (08:15– 08:45)	Flipchart or computer and LCD projector to show the slides on Day 1 summary (Annex 3)		20 minutes for presentation and 10 minutes for discussion for concurrence on the Day 1 summary	All suggested corrections should be noted on the flipchart
Session 3: Monitoring and evaluation of community-based surveillance implementation				
60 minutes (08:45–09:45)	Flipchart or computer and LCD projector to show the slides on monitoring and evaluation of community-based surveillance implementation (Annex 3)		20 minutes for presentation, 30 minutes for group exercise and 10 minutes for class discussion and summary	All ideas should be noted down on the flipchart and then reorganized to form an orderly summary of the consensus

Time required	Materials needed	Objective	Methodology	Note
Session 4: Disease elimination and eradication programmes and epidemic-prone diseases (Case studies exercise)				
60 minutes (09:45–10:45)	Flipchart or computer and LCD projector to show the slides on the elimination and eradication programmes' case studies (Annex 3)		15 minutes for the introduction presentation, 25 minutes for the group exercise and discussion on the cholera, Ebola virus disease, influenza, acute flaccid paralysis and malaria case studies for community-based surveillance, and 20 minutes for the plenary discussion.	The local officer for the Expanded Programme on Immunization, neglected tropical diseases or malaria; a nurse; an environment health officer; the IDSR focal point or a health facility manager should lead this session. All input should be noted down on the flipchart.
Session 5: Field work (to include lunch) (Annex 3)				
180 minutes (10:45–13:45)	Transport, food, drinks and meeting place(s) arranged at least two weeks in advance.		10 minutes for the presentation on logistics, 30 minutes for the presentation on the community-based surveillance reporting structure, 10 minutes for class discussion, 30 minutes to formalize community-based surveillance etc.	The local surveillance officer or the health facility manager is responsible for organizing the visit, with the programme planned in advance.
Session 6: Wrap-up of community-based surveillance two-day training				
30 minutes (14:00–14:30)	Flipchart or computer and LCD projector to show the summary on the two day training and field visit		20 minutes for presentation and 10 minutes for trainees' input	All input should be noted down on the flipchart.
Session 7: CBS Training Evaluation Form (Annex 9)				
30 minutes (15:10–15:40)	30 community-based surveillance training evaluation forms		20 minutes for completion of the forms and 10 minutes for their collection	


Time required	Materials needed	Objective	Methodology	Note
Session 8: Awarding of certificates of completion of the community-based surveillance training				
30 minutes (15:40–16:10)	30 copies of the certificates of completion of the community-based surveillance training, one for each trainee		Trainees to be called one at a time to collect their certificate	
Session 9: Group photo of facilitators, guests and trainees who completed the community-based surveillance training				
30 minutes (16:10–16:40)	CBS training banner for the background and photographer with camera		All facilitators, guests and trainees to pose for a group photograph in front of the banner	

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Annexes

Annex 1: IDSR CBS training banner or PowerPoint slide

	<p>Integrated Diseases Surveillance and Response</p> <p>Community-based Surveillance (CBS) Training</p> <p>Strengthening Surveillance in (Name of district and country)</p>
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Annex 2: CBS Training Registration Form: Sample

		<p>Integrated Disease Surveillance and Response (IDSR) Community-based Surveillance Training Makunga Clinic Catchment Area Wednesday, 15 May and Thursday, 16 May 2014</p>									
		Surname	Name	Gender	Catchment area	Designation/ organization	Contact phone number	xx	xx	xx	Day 1 signature
1											
2											
3											
4											
5											
6											

Annex 3: IDSR CBS Training Slides

A. Introduction of participants

What participants should say when introducing themselves:

- (a) My name is ...
- (b) In this training you can call me ...
- (c) One thing you do not know about me is ...
- (d) Two known or common health conditions in my area are ...
- (e) The person next to me to introduce himself or herself is ...

B. What is community-based surveillance?

Community-based surveillance (CBS) is an active process of community participation in detecting, reporting, responding to and monitoring health events in the community.

The scope of community-based surveillance is limited to:

- (a) Systematic, ongoing collection of data on events and diseases;
- (b) Using simplified case definitions and forms;
- (c) Reporting public health events and diseases to health facilities for verification, investigation, collation, analysis and response as necessary.

Community-based surveillance is a routine function for:

- (a) The pre-epidemic period, to provide early warning or alerts;
- (b) During the epidemic, to actively detect and respond to cases and deaths;
- (c) The post-epidemic period, to monitor progress with disease control activities.

Community-based surveillance should also include a process to report rumours and information on unusual public health events in the community.

C. Objectives of community-based surveillance training

The specific objectives of community-based surveillance training are to enable the trainees:

- (a) To identify cases and events of public health importance;
- (b) To report suspected cases, conditions or events to the next level;
- (c) To understand their role in:
 - Investigating and confirming suspected disease cases and outbreaks or public health events;
 - Giving feedback to the community about the investigation outcome and the success of the response efforts;
 - Evaluating and improving community-based surveillance;
 - Preparing for disease outbreaks or events of public health concern.

D. Importance of community participation in disease surveillance

- (a) Notifying the nearest health facility of the occurrence of diseases or health conditions selected for community-based surveillance or unusual events;
- (b) Supporting health workers during case or outbreak investigation and contact tracing;
- (c) Using the feedback from health workers to take action, including to sensitize the community on the adoption of behaviour to facilitate the containment of the outbreak, and coordinating community participation;
- (d) Participating and assisting in risk mapping of potential hazards;
- (e) Using feedback from the community-based surveillance coordinator to take action, including conducting health education and coordinating community participation;
- (f) Verifying if public health interventions take place as planned with the involvement the community;
- (g) Providing a forum for feedback to the community on outbreak or event assessment.

E. Orientation on identification of IDSR diseases, conditions and public health events at the community level

What are IDSR diseases, conditions and public health events?

- (a) Epidemic-prone diseases or other potential public health events of national concern such as chemical, radio nuclear or foodborne events requiring timely action and immediate notification to the next level.

IDSR community case definitions are necessary in helping the community-based surveillance focal point:

- (a) To recognize the occurrence of diseases or health conditions selected for community-based surveillance;
- (b) To notify the health facility of the person with such a disease, condition or event.

Priority diseases and conditions under surveillance in the catchment area:

- (a) List of priority diseases or conditions in the catchment area based on the national IDSR technical guidelines, but the list may vary depending on the locality:
 - Epidemic prone diseases such as cholera, influenza, meningococcal meningitis and viral haemorrhagic fever;
 - Diseases targeted for elimination and eradication such as polio, measles etc.
 - Diseases of public health importance such as malaria, HIV/AIDS etc.

- (b) Appropriate list of simplified community case definitions to facilitate localized case detection and monitoring
- (c) IDSR community case definitions for use at the community level:
- **Acute flaccid paralysis:** Any child with a sudden onset of acute paralytic disease
 - **Acute watery diarrhoea:** Any person who has three or more loose stools within a 24-hour period and a danger sign or dehydration. Danger signs include lethargy, unconsciousness, vomiting everything, convulsions and, in children less than five years, inability to drink liquids or breastfeed
 - **Acute jaundice:** Any person with a sudden yellowing of the skin or eyes that is not more than two weeks old, with or without elevated body temperature
 - **Adverse event following immunization:** Any unusual event that follows immunization and is thought to be caused by the vaccination
 - **Cholera:** Any person aged five years or more who has lots of watery diarrhoea
 - **Diarrhoea with blood (Shigella):** Any person with diarrhoea and visible blood in the stool
 - **Dracunculiasis:** Any person exhibiting or has had a history of skin lesions with worms emerging
 - **Hepatitis:** Any person with fever and yellowing in the white part of the eyes or yellowing of the skin within two weeks of the onset of the first symptoms
 - **Influenza-like illness:** Any person with a fever and a cough or sore throat or nasal discharge
 - **Leprosy:** Any person with light or reddish skin lesions with definite loss of sensation
 - **Malaria:** Any person in a malaria-endemic area with a fever. Any child under five years of age who has an illness with a high fever and a danger sign. Danger signs include lethargy, unconsciousness, vomiting everything, convulsions and, in children less than five years, inability to drink liquids or breastfeed
 - **Maternal death:** Death of a woman during pregnancy or within 42 days of termination of a pregnancy
 - **Measles:** Any person with an elevated body temperature and widespread rashes on the face and the body
 - **Meningococcal meningitis:** Any person with a fever and a stiff neck
 - **Neonatal death:** Death of a child within the first 28 days of his or her life
 - **Trachoma:** Any person with soreness of the eyes or watery discharge from the eyes
 - **Viral haemorrhagic fever:** Any person with an onset of a fever that does not respond to the usual treatment of fever in an area at risk of transmission, and with at least one of the signs of bloody diarrhoea, bleeding from the gums, bleeding through the skin, bleeding from the eyes, and bloody urine, or sudden death.

Exercises: Class brainstorming on the definitions of five local IDSR priority public health events

F. Establishing a community-based surveillance structure

A catchment health facility is responsible for establishing and supervising the community-based surveillance structure in its catchment area. This includes:

- (a) Developing the community-based surveillance structure (illustrate with a diagram);
- (b) Defining the selection criteria for community-based surveillance focal points;
- (c) Drawing up the terms of reference or defining the roles and responsibilities of the community-based surveillance focal points
- (d) Coordinating and supervising all community-based surveillance activities implemented by the focal points.

G. Reporting a public health event and maintaining tally sheets at the community level

A suspected case or public health event to report immediately to the community-based surveillance supervisor:

- (a) Anyone with onset of an illness meeting any of the IDSR community case definitions in the catchment area, OR
- (b) Any sudden death if the catchment area is undergoing a known public health event of the IDSR priority conditions.

If a suspected case (living or dead) or public health event is identified:

- (a) Report it to the community-based surveillance supervisor, surveillance officer or health facility manager in the catchment area within 24 hours.

CBS Suspected Case and PHE Reporting Form

CBS Suspected Case and PHE Reporting Form	
Name of CBS focal point reporting:	
Emergency contact details of CBS focal point reporting	
Name of CBS focal point supervisor	
Emergency contact details of CBS supervisor	
Suspected illness or PHE	
Location of suspected illness or PHE	
Date and time of first knowledge of suspected illness or PHE	

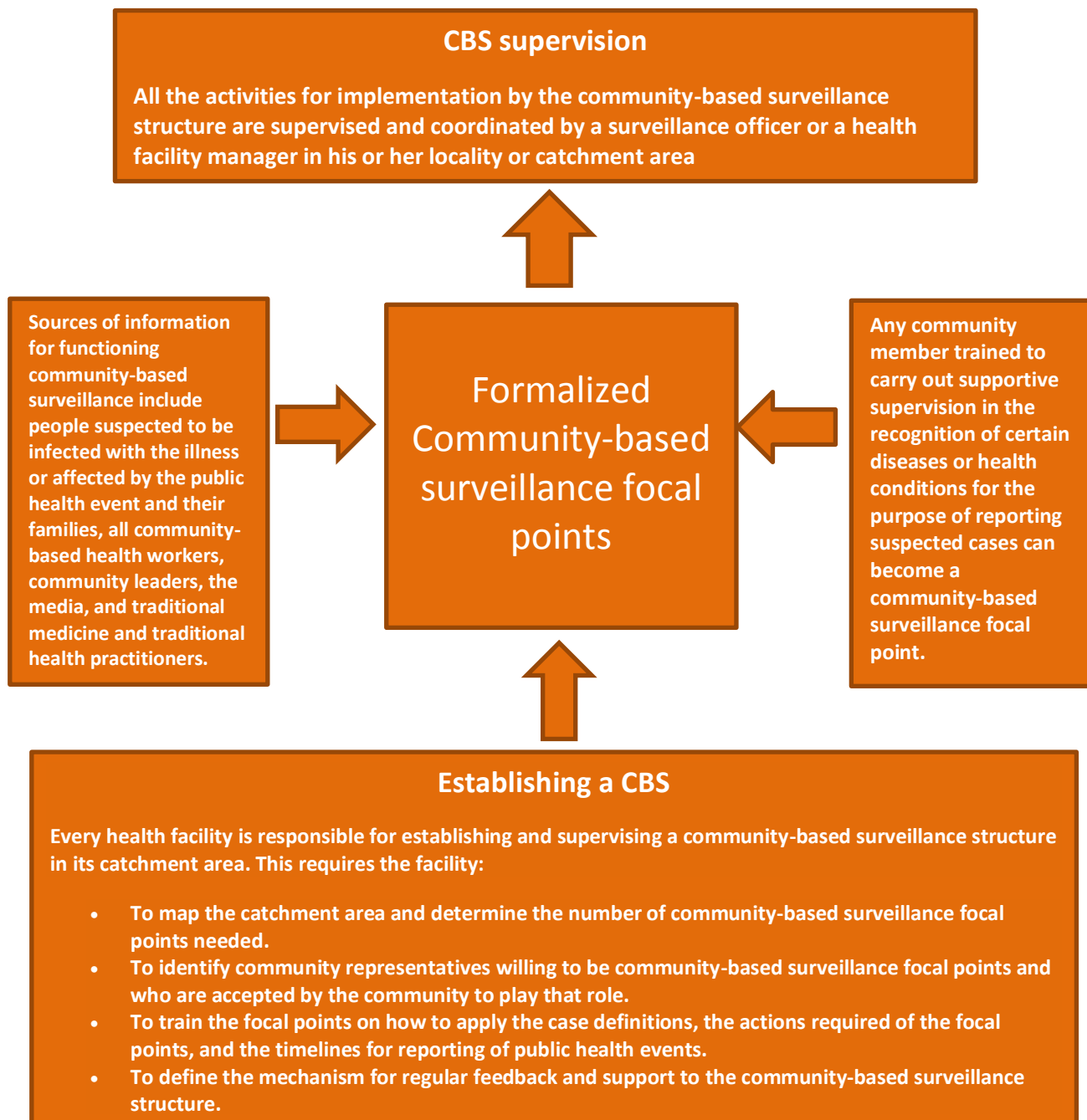
CBS Suspected Case Daily Tally Sheet

CBS Suspected Case Daily Tally Sheet			
Physical locality	# Reported sick/dead	Suspected case	Did not meet case definition
Total			
% of reported suspected cases resulting in case identification			
% of reported suspected cases not meeting community case definition			

CBS Suspected Case and PHE Weekly Log Sheet

CBS Suspected Case and PHE Weekly Log Sheet							
CBS focal point's name						Catchment area response	
CBS focal point supervisor's name						Was CBS Focal point supervisor part of the response? Yes or No	If response was performed, what action was taken?
Catchment area							
Week starting Monday ending Sunday							
Date of alert	Time of alert	Suspected PHE	Gender	Age	Location		

CBS reporting structure



Timelines for reporting a suspected public health event

If a disease, condition or public health event that requires to be reported immediately (within 24 hours) is suspected:

- (a) It should be reported by the fastest means possible such as telephone, text message or in person;
- (b) Initial information on the suspected public health event can then be gathered using forms.

Exercises: Reporting a public health event and maintaining tally sheets at the community level

Using the examples presented of cases and community case definitions for cholera, meningitis, viral haemorrhagic fever, avian influenza, malaria and acute flaccid paralysis, each trainee will complete and submit the following:

- (a) CBS Suspected Case and PHE Reporting Form
- (b) CBS Suspected Case Daily Tally Sheet
- (c) CBS Suspected Case and PHE Weekly Log Sheet

H. Investigation, confirmation and response to a suspected public health event

An investigation will provide important and relevant information for determining how to respond to the suspected PHE.

The steps for investigating and confirming a suspected public health event reported by CBS include:

- (a) Forming a field response team;
- (b) Verifying the community-based surveillance focal point information to ensure that it is accurate;
- (c) Gathering information about the suspected public health event;
- (d) Carrying out the recommended response.

Exercises on investigating and confirming a suspected public health event in the local community

- (a) Influenza case study
- (b) Meningococcal meningitis case study

Exercises on investigating and confirming a suspected public health event in an across the border location

- (a) Viral haemorrhagic fever case study
- (b) Cholera case study

I. Providing feedback to the community following investigation and confirmation of suspected cases of a public health event

Effective feedback is an essential function of community-based surveillance:

- (a) It provides the community with summary information about the investigation and confirmation of the public health event;
- (b) It demonstrates transparency in the management of the event;
- (c) It addresses community concerns.

Following verification and confirmation of a public health event, the response team should:

- (a) Liaise with the national level authorities;
- (b) Seek guidance on giving feedback to the community.

After confirmation of the public health event, feedback to the community should follow the directions and key messages provided by national office.

NOTE: Community-based surveillance focal points are not community spokespersons and should not address the community unless they are delegated to do so.

Community-based surveillance focal points will work within the field response team to:

- (a) Organize community briefings for providing regular information following the directions from national level;
- (b) Identify local powerful channels for delivery of the information to the community;
- (c) Meet regularly with local stakeholders to disseminate correct messages to the community on public health event prevention and surveillance;
- (d) Organize door-to-door campaigns to reach every household within the catchment area to promote the prevention of the spread of the public health event and to encourage self-reporting, treatment and health-seeking behaviour among people who have had contact with the public health event or are suspected to be public health event cases.

Exercises: Brainstorming in groups on the following questions:

1. Following the verification and confirmation of a suspected public health event, with whom should the field response team liaise? And why?

2. Community feedback should follow the directions provided by whom?

3. Who should provide the public key messages? Why?

4. Community-based surveillance focal points are not spokespersons and should not address the community unless they are delegated to do so. Why?

5. What are the community-based surveillance focal points' responsibilities within the field response team?

J. Presentation of Day 1 sessions summary by groups

Each group to present four bullet point summaries as follows:

Group 1

- (a) Registration
- (b) Opening ceremony

Group 2

- (a) Introduction of participants
- (b) What is community-based surveillance?

Group 3

- (a) Objectives of community-based surveillance
- (b) Importance of community participation in disease surveillance

Group 4

- (a) Orientation on identification of IDSR diseases, conditions and public health events
- (b) CBS reporting forms and tally sheets

Group 5

- (a) Case study exercise
- (b) Investigation and confirmation of suspected cases

Group 6

- (a) Providing feedback to the community following investigation and confirmation of a suspected public health event

K. Monitoring and evaluation of CBS implementation

Monitor community-based surveillance

(a) Assess whether community-based surveillance and the agreed response activities are relevant, on track and being achieved:

- The role of community-based surveillance and the activities are well described;
- A community-based surveillance supervision plan exists;
- A checklist exists and is being used to monitor how well the community-based surveillance focal points are carrying out the agreed surveillance functions.

(b) Evaluate the timeliness and completeness of the community-based surveillance reporting and record keeping functions.

- Assess the community-based surveillance detection and notification procedures for suspected public health events.
- Identify the problems and take remedial action.

Evaluate community-based surveillance implementation

Supervisory visits are undertaken to determine whether:

- (a) The appropriate community-based surveillance supplies such as forms and tally sheets are available and are used properly;
- (b) The required standard case definitions and guidelines are available;
- (c) The community-based surveillance focal points know how to use the community case definitions to report suspected public health events in their catchment area.

During supervisory visit:

- (a) Feedback is given to community-based surveillance focal points;
- (b) On-the-job training is provided as needed if a problem is identified;
- (c) Follow-up on requests for assistance is provided;
- (d) Supervisory plans for improvement of surveillance and response are updated;
- (e) Successful activities are recorded and encouragement for their continuation provided;
- (f) Feasible solutions are provided for identified problems.

Brainstorming exercise: Evaluation of community-based surveillance implementation

The following questions are used to stimulate generation of ideas from the participants:

1. Should community-based surveillance have agreed objectives and activities? Explain your answer.

2. How do you determine whether community-based surveillance has achieved its objectives or activities?

3. How do you find out the differences between what was planned and what was achieved and the reasons for the discrepancies?

4. Share the recommended solutions and approach for prioritizing activities for improvement of community-based surveillance.

L. Disease elimination and eradication programmes

Diseases elimination and eradication programmes: case study exercise

M. Field work: Visit to a health care catchment area

Note: Details relating to the field work, including the presentation should be put together two weeks before the community-based surveillance training takes place.

- (a) The trainees to be divided into three groups
- (b) Each group will select
 - Group coordinator
 - Scribe
 - Presenter
- (c) Each group to be allocated a flipchart and felt pens to record their findings for display when reporting back.

Option 1: Village clinic if one exists

Determine the following:

- (a) How was the clinic established? Include demographic details of the catchment area served.
- (b) How is the clinic run? Is there a management committee?
- (c) Why was this clinic established?
- (d) How many cases are seen per day, week and month?
- (e) Which are the common conditions?
- (f) Review the register for the July–September 2015 quarter and analyse the cases by sex.
- (g) How is drug stock out (C-Stock) reporting done? Comment on the completeness and timeliness of the process.
- (h) How many cases were referred? Is feedback given?
- (i) What successes does the clinic have?
- (j) What challenges does the clinic face?

Option 2: Community served by the village clinic

Do the following:

- (a) Conduct a community assessment in that village.
- (b) Collect and analyse community data.
- (c) Check latrines, and water point status, hygienic standards and refuse pits.
- (d) Find out the common conditions in the village.
- (e) Determine the availability and use of long life insecticide nets.

Option 3: Visit a health facility

Do the following:

- (a) Meet the person in charge.
- (b) Explain the aim of the visit.
- (c) Review the data in the outpatient department register for the quarter, e.g. July—September 2015.
- (d) Identify the top five diseases, and analyse the data by sex and age.
- (e) Review the reporting process for completeness, timeliness and correctness.
- (f) Determine the pattern of the diseases.
- (g) Establish the geographical locations of origin of the cases.
- (h) Prepare a map of the catchment area to assist in locating the top two priority conditions or diseases.
- (i) Talk with the person in charge about the rapid response team:
 - Is one available?
 - Is it functioning? Check the minutes of the meetings.
 - What is its composition?
 - How many times does it meet?
 - Are the members aware of their roles?
 - Is health facility management team active?

N. Wrap-up of the two-day CBS training

The groups were informed in advance to each prepare and present:

- (a) Summary bullet points on what they believe were the most important points on their allocated topics.
- (b) Questions that were not answered.

O. Community-based surveillance training evaluation

To evaluate:

- (a) The logistics and organization of the training
- (b) The content of the modules presented
- (c) The participants' perception of the workshop

The feedback will provide the organizers with information to improve future community-based surveillance training.

P. Certificate of completion of the community-based surveillance training

Q. Group photo of facilitators, guests and participants who completed the training

Community-based Surveillance Training

Cholera case study

(Annex 4)

A suspected cholera outbreak

On 1 April 2015, Amina, a 25 year-old fishmonger from the Bibi neighbourhood in Kati town, Njali district, complained that she had severe watery diarrhoea for a day. She also vomited twice that morning. She lives in the same household with her three children, husband and stepmother. There have been episodes of cholera in the neighbouring Bahati district over the last three months. Amina travelled there three days previously for her auntie's wedding.

Recommended prerequisite CBS training sessions

- (a) Definition of community-based surveillance
- (b) Importance of community participation in disease surveillance
- (c) Orientation on identification of diseases, conditions and public health events
- (d) Community-based surveillance reporting forms, tools (tally sheets) and electronic resources
- (e) Community-based surveillance reporting structure
- (f) Investigation and confirmation of suspected cases, outbreaks or events

Time required for this case study: 80 minutes

Learning objectives

After completing this case study, the trainees will be able to:

- (a) Identify the signs and symptoms of a suspected cholera case;
- (b) Understand the role of the community in surveillance and outbreak detection and investigation;
- (c) Provide the minimum information needed for the CBS supervisor to prompt an investigation;
- (d) Understand what to do in reporting infectious diseases that can spread from one area to another.

Questions

1. What outbreaks are you familiar with in your catchment area and from the adjacent area (across the border)?

2. What is cholera?

3. How does cholera spread within a community?

4. Can cholera spread to or from a neighbouring area (across the border)?

5. Using the community case definition for cholera, discuss within your group if Amina should be suspected of having cholera.

6. Since Amina is known to not yet have visited a health clinic, what should the community do?

7. What action do you think that the community-based surveillance focal point should take?

8. Discuss if a community-based surveillance focal point should be part of the investigation and community feedback team.

Community-based Surveillance Training Viral haemorrhagic fever (VHF) case study (Annex 5)

A suspected viral haemorrhagic fever outbreak

Three Waria brothers went to trap wild animals for meat in Buran forest reserve in early December 2014. They managed to catch one limping monkey and some bats, which they killed, roasted and ate as they looked for more game to take home and sell. Two days later, the younger brother fell sick with a high fever, a headache, muscle pain, abdominal pain, diarrhoea and vomiting of blood. He could hardly walk, so his siblings carried him but he died on the way home. Soon after, the elder brother also fell ill but refused to go to hospital fearing arrest by government authorities.

Recommended prerequisite community-based surveillance training sessions

- (a) What is community-based surveillance?
- (b) Importance of community participation in disease surveillance
- (c) Orientation on identification of IDSR diseases, conditions and public health events
- (d) Community-based surveillance reporting forms (pictorial), tools (tally sheets) and electronic resources
- (e) Community-based surveillance reporting structure
- (f) Investigation and confirmation of suspected cases, outbreaks or events

Time required for this case study: 80 minutes

Learning objectives

After completing this case study, the trainee will be able to:

- (a) Identify the signs and symptoms of a suspected viral haemorrhagic fever case;
- (b) Understand the role of the community in surveillance and disease outbreak detection and investigation;
- (c) Provide the minimum information needed for the community-based surveillance supervisor to prompt an investigation;
- (d) Provide the required preventive measures for viral haemorrhagic fever.

Questions

1. Have you heard about viral haemorrhagic fever? If yes how?

2. What is viral haemorrhagic fever?

3. Is viral haemorrhagic fever dangerous? If Yes, Why?

4. How is viral haemorrhagic fever spread?

5. Can viral haemorrhagic fever spread to or from an adjacent area, i.e. across a border?

6. Using the community case definition for viral haemorrhagic fever, discuss within your group if the Waria brothers should be suspected of having viral haemorrhagic fever.

7. Since the Waria brothers are known to not have yet visited the clinic, what should the community do?

8. What action should the community-based surveillance focal point take?

9. Discuss if a community-based surveillance focal point should be part of the investigation and community feedback team.

Community-based Surveillance Training Meningococcal meningitis case study (Annex 6)

A suspected meningococcal meningitis outbreak

5 January 2015 was unusually hot and dry in Wilaya district, with a strong, dusty wind blowing from the north. Manika, a 15-year-old girl, fell ill suddenly and was unable to go to school. She complained of a severe headache and neck stiffness and was vomiting. She was very hot to the touch. The following day, her one-year-old sister also felt hot to the touch, was irritable, refused to breastfeed and exhibited drowsiness.

Recommended prerequisite community-based surveillance training sessions

- (a) What is community-based surveillance?
- (b) Importance of community participation in disease surveillance
- (c) Orientation on identification of IDSR diseases, conditions and public health events
- (d) Community-based surveillance reporting forms (pictorial), tools (tally sheets) and electronic resources
- (e) Community-based surveillance reporting structure
- (f) Investigation and confirmation of suspected cases, outbreaks or events

Time required for this case study: 80 minutes

Learning objectives

After completing this case study, the trainee will be able to:

- (a) Identify the signs and symptoms of a meningococcal meningitis case;
- (b) Understand the role of the community in surveillance and outbreak detection and investigation;
- (c) Provide the minimum information needed for the community-based surveillance supervisor to prompt an investigation.

Questions

1. What is meningococcal meningitis?

2. How does meningococcal meningitis spread?

3. Using the community case definition for meningococcal meningitis, discuss within your group if Manika and her younger sister should be suspected of having meningococcal meningitis.

4. If Manika and her younger sister have not yet visited a clinic for treatment, what should the community do?

5. What action should a community-based surveillance focal point take?

6. Discuss if a community-based surveillance focal point should be part of the investigation and community feedback team.

7. What are the best ways to improve community-based surveillance?

Community-based Surveillance Training Influenza case study (Annex 7)

A suspected influenza outbreak

On 21 December 2009, Lambda and her mother bought five chickens at the local market, but two died on the way home. However, when Lambda and her mother got home they de-feathered the dead chickens, cooked and ate them. A few days later Lambda's mother developed difficulty in breathing and a fever and then died. Lambda, who had been nursing her mother closely, started having hotness of the body, a cough, a runny nose and sneezing. Many chickens had also died in the neighbourhood.

Recommended prerequisite community-based surveillance training sessions

- (a) What is community-based surveillance?
- (b) Importance of community participation in disease surveillance
- (c) Orientation on identification of diseases, conditions and public health events
- (d) Community-based surveillance reporting forms (pictorial), tools (tally sheets) and electronic resources
- (e) Community-based surveillance reporting structure
- (f) Investigation and confirmation of suspected cases, outbreaks or events

Time required for this case study: 80 minutes

Learning objectives

After completing this case study, the trainee will be able to:

- (a) Identify the signs and symptoms of a suspected influenza case;
- (b) Understand the role of the community in disease surveillance and outbreak detection and investigation;
- (c) Provide the minimum information needed for the CBS supervisor to prompt an investigation;
- (d) Identify the precautionary measures to limit the spread of influenza.

Questions

1. What is influenza?

2. Is influenza dangerous?

3. How does influenza spread?

4. What are the frequent symptoms of influenza?

5. Using the community case definition for influenza, discuss within your group if Lambda and her mother should be suspected of having Influenza.

6. Lambda and her mother are known to not have visited the health clinic, what should the community do?

7. What action should a community-based surveillance focal point take?

8. Discuss if a community-based surveillance focal point should be part of the investigation and community feedback team.

9. Discuss the preventive measures to be taken against influenza.

Community-based Surveillance Training Diseases Elimination and Eradication Programmes, Case studies on acute flaccid paralysis and malaria (Annex 8)

Definitions of elimination and eradication

- (a) **Elimination** is defined as the reduction to zero of the occurrence of a disease in a defined geographical area as a result of deliberate efforts.
- (b) **Eradication** is defined as the control of a disease to the point at which it **no longer occurs** anywhere in the world.

Community-based surveillance for diseases targeted for elimination and eradication

- (a) Community-based surveillance should be highly intensive and needs strong and continuous support, particularly for supervision and training.
- (b) Community-based surveillance should collect all the relevant information on all targeted diseases in a community.
- (c) Community-based surveillance focal points should encourage self-reporting and early treatment.
- (d) Community-based surveillance contributes to prevention of re-emergence and re-establishment of transmission of a disease.

Acute flaccid paralysis and malaria suspected cases

Polio: No poliovirus cases have been reported in the past week (xx December 2015). The most recent polio case occurred in Mahunga village on 15 November 2012. On December 2014, Mrs Konde reported that two days previously her daughter had experienced a sudden onset of paralysis of the lower legs that made it difficult for her to move from one place to another.

Malaria: Mr Jones returned to the village in the highlands from visiting his uncle who lived in the coastal town of Kisiwa. While there, he had noticed that mosquitoes were biting him. Around one week after his return home he developed hotness of the body with severe headache and joints pains. His wife said that he was sweating and shivering throughout the day.

Recommended prerequisite CBS training sessions

- (a) What is community-based surveillance?
- (b) Importance of community participation in disease surveillance
- (c) Orientation on identification of diseases, conditions and public health events
- (d) Community-based surveillance reporting forms (pictorial), tools (tally sheets) and electronic resources
- (e) Community-based surveillance reporting structure
- (f) Investigation and confirmation of suspected cases, outbreaks or events

Time required for this case study: 80 minutes

Learning objectives

After completing this case study, the trainee will be able to:

- (a) Identify the signs and symptoms of suspected acute flaccid paralysis and malaria cases;
- (b) Understand the role of community-based surveillance in disease elimination and eradication programmes;
- (c) Provide the minimum information needed for the CBS supervisor to prompt an investigation on the conditions targeted for elimination and eradication.

Questions

1. What is elimination?

2. What are the signs of acute flaccid paralysis?

3. What are the signs of malaria?

4. Are Mrs Konde daughter's symptoms indicative of acute flaccid paralysis? Please discuss your answer within your group.

5. Are Mr Jones' symptoms indicative of malaria? Please discuss your answer within your group.

6. Have you ever heard about the polio campaign? If yes, what were the actions taken with the community in your district?

7. What were the challenges?

8. Referring to the definitions of 'elimination' and 'eradication', please discuss within your group if community-based surveillance is relevant within the polio and malaria elimination surveillance programmes.

9. What action should a community-based surveillance focal point take in support of an elimination or eradication programme?

10. Discuss if a community-based surveillance focal point should be part of the investigation and community feedback team for diseases targeted for elimination and eradication.

Integrated Diseases Surveillance and Response in the African Region



Community-based Surveillance (CBS) Training

Evaluation Form
(Annex 9)



**World Health
Organization**

REGIONAL OFFICE FOR

Africa

1) What is your overall assessment of the training? (1 = insufficient, 5 = excellent)

1 2 3 4 5

2) Which topics or aspects of the workshop did you find most interesting or useful?

3) Did the workshop achieve the programme objectives?

Yes No

If no, why?

4) The knowledge and information gained from participation at this event ...

Met your expectations Yes No Somehow

Will be useful/applicable in your work Definitely Mostly Somehow Not at all

5) How do you think the workshop could have been made more effective?

6) Please comment on the organization of the event (from 1 = insufficient to 5 = excellent).

1

2

3

4

5

7) Add any comments or suggestions, including activities or initiatives that you think would be useful for the workshop in the future.

Further comments or suggestions

THANK YOU!

