Pan American Health Organization

World Health Organization

Ouragan Matthew réponse, Département de la Grand' Anse, Haiti

Rapport sur le renforcement de la surveillance épidémiologique et gestion des données

Jonathan Polonsky
Epidemiologist
WHO Emergencies Programme

24 November 2016

Background

Overview

- need to rebuild surveillance
- community based
- line list to cpature essential variables for analysis
- ewars-like system to improve data flow
- describe weaknesses
  - 2-level sensitivity analysis
  - from community to CTC
  - from CTC to central level
  - develop methodology for this
- describe the process of calling for aggregated updates
- regular field visits for:
- investigations (alerts, community deaths, clusters of cases/deaths, etc)
- multidisciplinary visits for rationalising resources - prevents repeated trips to same locations and added burden to staff at CTCs
- collecting and comparing

Analysis of key indicators

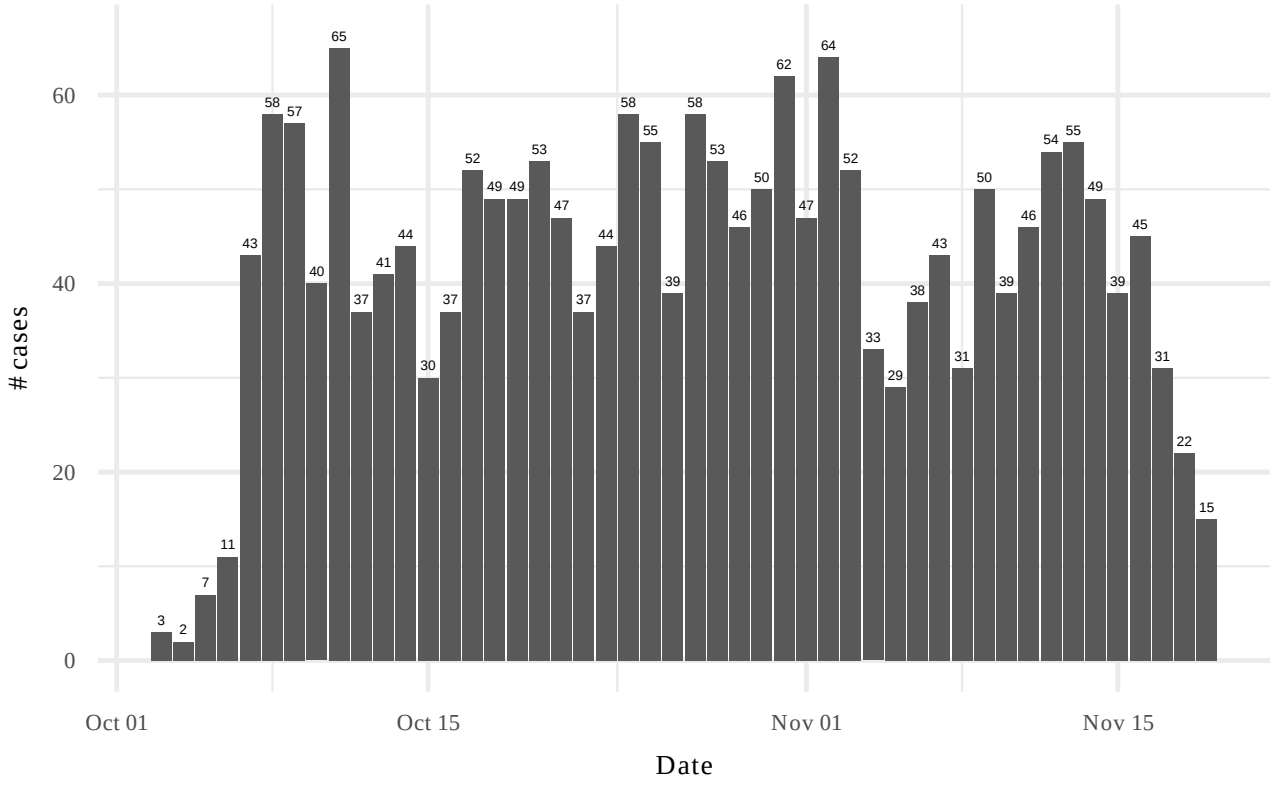

Figure 1: Tendance des cas de diarrhées aigues, 03 Oct 2016 - 19 Nov 2016 Grand'Anse (données partielles).

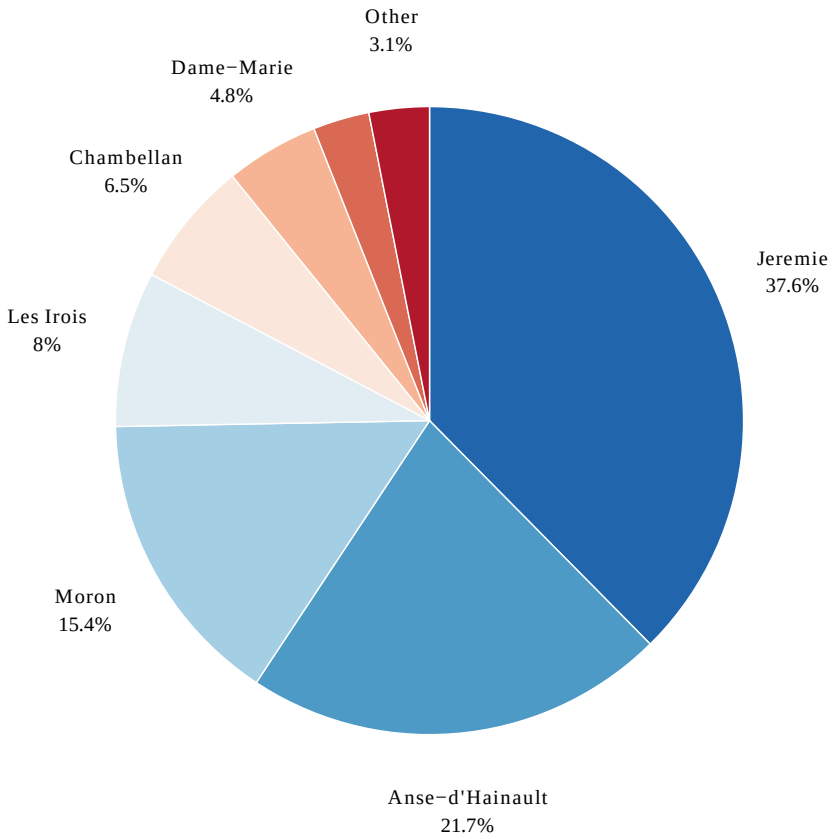

Figure 2: Répartition des cas de diarrhées aigues par commune, 03 Oct 2016 - 19 Nov 2016 Grand'Anse (données partielles).

Table 1: Répartition des cas de diarrhées aigues par CTC/UTC, 03 Oct 2016 - 19 Nov 2016 Grand'Anse (données partielles).

Commune	UTC/CTC	Cas (%)	Décès inst. (%)	Décès comm. (%)	Total décès
Abricots	Anse-du Clerc	0 (0)	0 (0)	0 (0)	0
Abricots	Bontemps	5 (0.2)	0 (0)	0 (0)	0
Abricots	SSPE des Abrcots	54 (2.7)	1 (2.4)	0 (0)	1
Anse-d'Hainault	HCR Anse d'Hainault	434 (21.6)	8 (19.5)	1 (11.1)	9
Anse-d'Hainault	UTC Sicard	1 (0)	0 (0)	0 (0)	0
Beaumont	Citymed	11 (0.5)	0 (0)	0 (0)	0
Beaumont	Mouline	0 (0)	0 (0)	0 (0)	0
Bonbon	Bonbon	9 (0.4)	0 (0)	2 (22.2)	2
Chambellan	Bourdon	0 (0)	0 (0)	0 (0)	0
Chambellan	Centre de santé de Chambellan	131 (6.5)	2 (4.9)	1 (11.1)	3
Chambellan	UTC Boucan	0 (0)	0 (0)	0 (0)	0
Corail	Centre de Santé de Corail	0 (0)	0 (0)	0 (0)	0
Corail	Chardonnette	0 (0)	0 (0)	0 (0)	0
Dame-Marie	UTC Dame-Marie	97 (4.8)	5 (12.2)	0 (0)	5
Jeremie	Carrefour sanon	0 (0)	0 (0)	0 (0)	0
Jeremie	Castillon	0 (0)	0 (0)	0 (0)	0
Jeremie	Dispensaire Siloé	0 (0)	0 (0)	0 (0)	0
Jeremie	Ferme Latiboliere	0 (0)	0 (0)	0 (0)	0
Jeremie	Ferme Numero deux	0 (0)	0 (0)	0 (0)	0
Jeremie	Gond Ayer	41 (2)	4 (9.8)	0 (0)	4
Jeremie	Hôpital St-Antoine	247 (12.3)	1 (2.4)	0 (0)	1
Jeremie	Lory	114 (5.7)	4 (9.8)	0 (0)	4
Jeremie	Marfranc	134 (6.7)	0 (0)	0 (0)	0
Jeremie	Painket	0 (0)	0 (0)	0 (0)	0
Jeremie	Previle	219 (10.9)	6 (14.6)	0 (0)	6
Les Irois	Carcasse	0 (0)	0 (0)	0 (0)	0
Les Irois	UTC Les Irois	160 (8)	1 (2.4)	1 (11.1)	2
Moron	UTC Chameau	0 (0)	0 (0)	0 (0)	0
Moron	UTC Moron	310 (15.4)	7 (17.1)	0 (0)	7
Moron	UTC Tiparis	0 (0)	0 (0)	0 (0)	0
Pestel	Ferme Anse-a Macon	0 (0)	0 (0)	0 (0)	0
Pestel	Ferme Duchity	0 (0)	0 (0)	0 (0)	0
Pestel	Tozia	0 (0)	0 (0)	0 (0)	0
Pestel	UTC Pestel	25 (1.2)	1 (2.4)	4 (44.4)	5
Roseaux	Annette	0 (0)	0 (0)	0 (0)	0
Roseaux	Carrefour Charles	17 (0.8)	0 (0)	0 (0)	0
Roseaux	Grand Vincent	0 (0)	1 (2.4)	0 (0)	1
Roseaux	Lopino	0 (0)	0 (0)	0 (0)	0
Roseaux	Pousline	0 (0)	0 (0)	0 (0)	0
Roseaux	UTC Roseaux	0 (0)	0 (0)	0 (0)	0
Total	-	2009 (100)	41 (100)	9 (100)	50

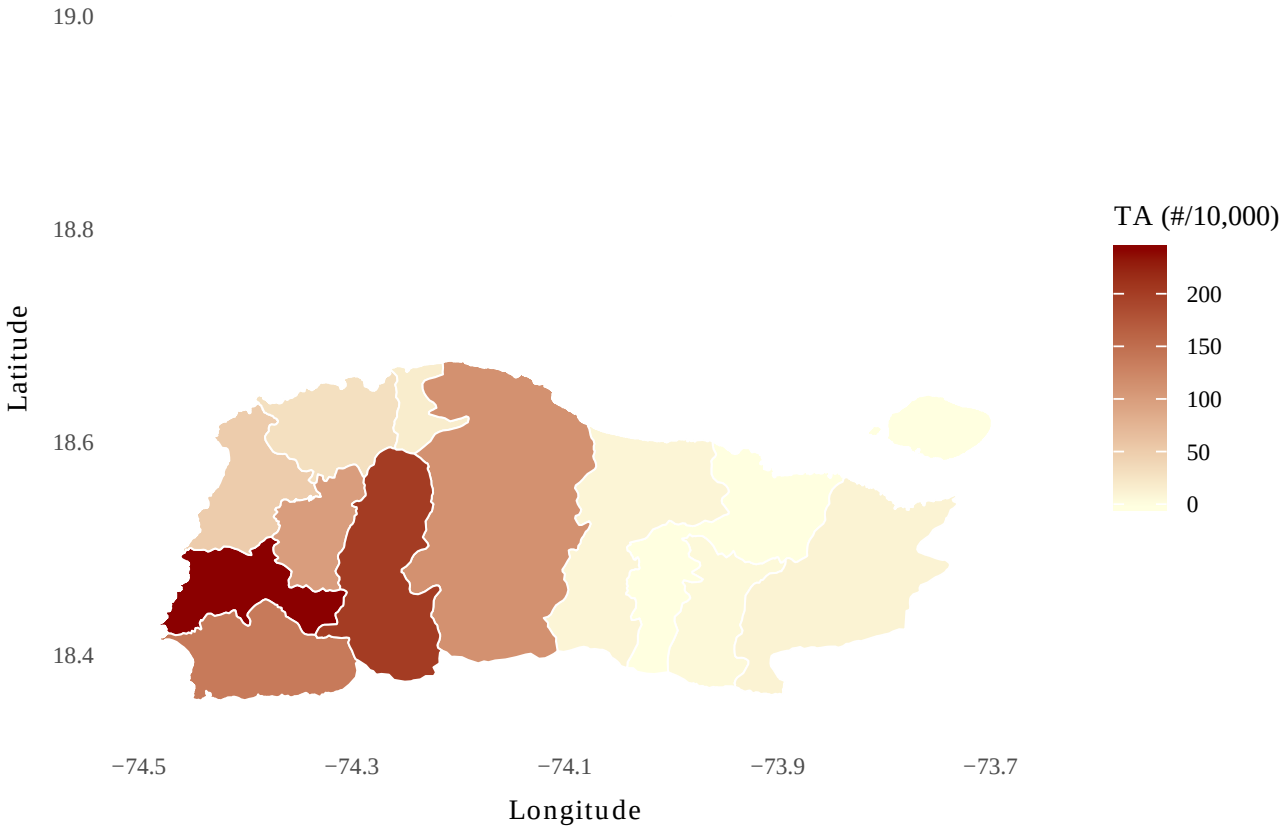

Figure 3: Répresentation du taux d'attaque des cas de diarrhées aigues par 10,000 personnes, 03 Oct 2016 - 19 Nov 2016 par commune, Grand'Anse (données partielles).

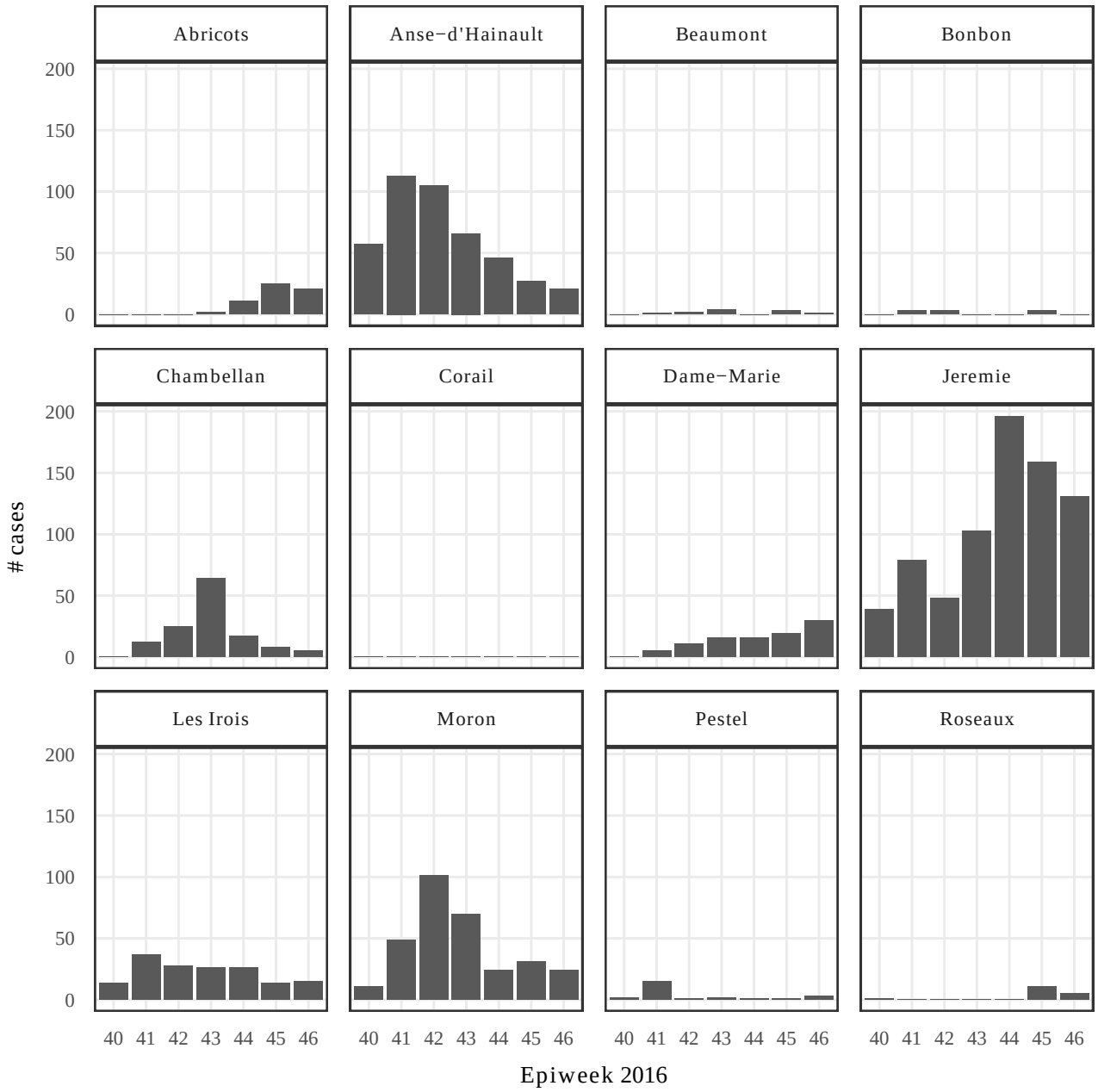

Figure 4: Tendance des cas de diarrhées aigues, 03 Oct 2016 - 19 Nov 2016 par commune, Grand'Anse (données partielles).

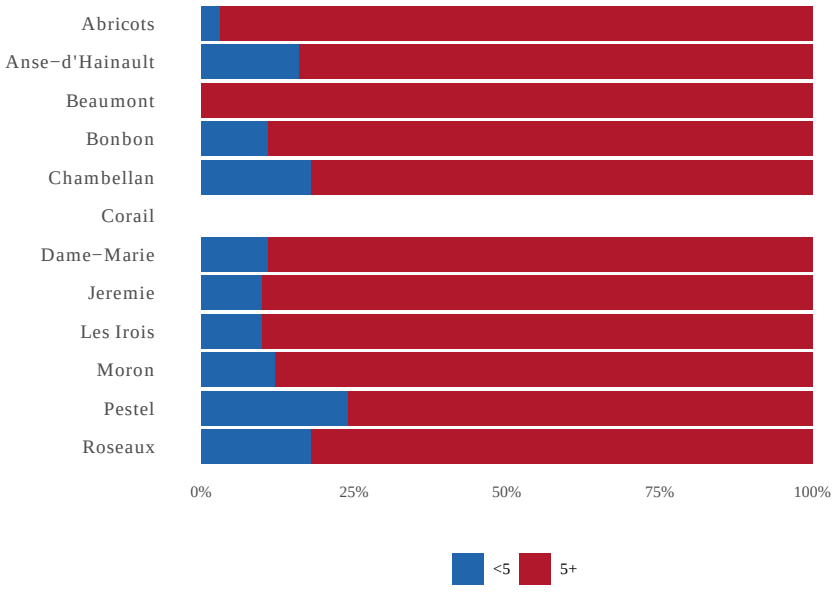

Figure 5: Répartition des cas de diarrhées aigues par tranche d'age, 03 Oct 2016 - 19 Nov 2016 par commune, Grand'Anse (données partielles).

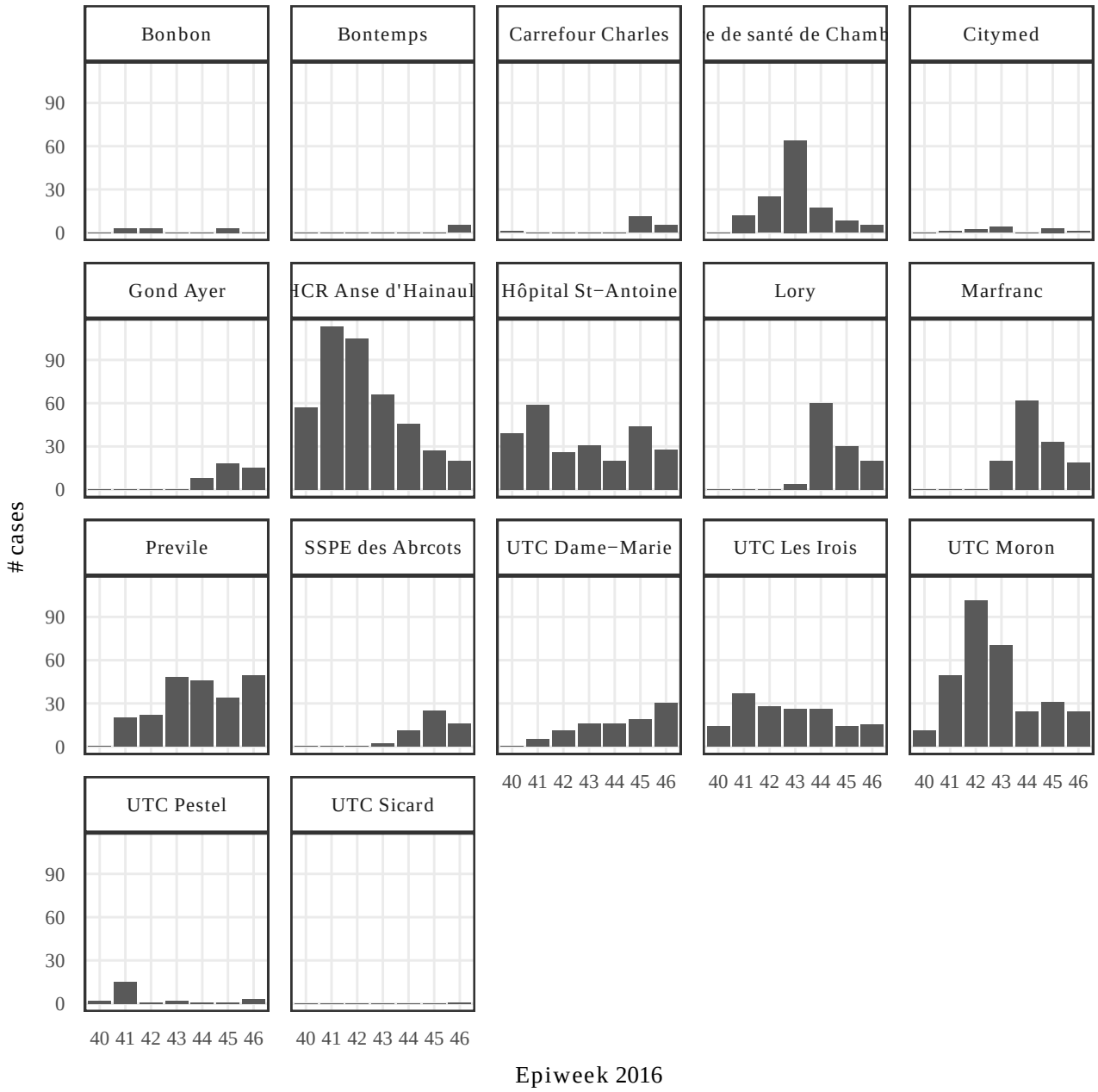

Figure 6: Tendance des cas de diarrhées aigues, 03 Oct 2016 - 19 Nov 2016 par CTC, Grand'Anse (données partielles).

Data collection and management

Description of the process

Recommendations

- IM and DM/Epi should have closer collaboration
- Field epis + logs to support surveillance
- Stronger coordination required - overall surveillance, lab, epi

- Better system - exists in Angola - forms entered by WHO in morning, then DB passed to lab who enter results, which is then shared back with WHO
- Eventual plan should be for proper decentralised and disaggregated surveillance system (e.g EWARS), with single, centralised database (one source of truth from which everyone works, incl. MoH, WCO, RO and HQ)
  - plan for decentralisation only to provincial level
  - current IDSR is aggregated only
- training for staff
- reinforce surveillance on road to, and within, Kikwit
- Evaluate the sensitivity of the surveillance system (e.g. Rapid capture-recapture study)
- Somebody should bring epiinfo DB master to CC meeting and work done directly on that DB
  - or code written to compare last version of lab with what was just sent to identify those with changes

Annexes

- Weekly epidemiological bulletin