SALIENT FEATURES OF THE INTEGRATED VPD SURVEILLANCE SYSTEM

- Weekly reporting including zero reporting
- Reports on:
  - AFP, Measles, Neonatal Tetanus (NT), Diphtheria, Pertussis, Childhood TB and AEFI
- Health facilities send weekly report to District in Form B
- Districts compile all health facility reports and send to provincial EPI on weekly basis
- Provincial EPI compiles all district reports and send to Federal EPI on weekly basis
- Electronic reporting from district to province and from province to federal
- All AFP cases and suspected measles cases are to be investigated using respective Case Investigation Form (CIF)
- Stool specimen for AFP and Blood specimen for Measles to be collected from all AFP and suspected measles cases for confirmation of diagnosis

CASE DEFINITIONS

1. **Acute Flaccid Paralysis**
   Any child under 15 years of age presenting with recent onset of floppy weakness of any cause (except injury) including GBS; or
   Any person of any age with a paralytic illness if polio is suspected

2. **Suspected Measles**
   Any person with **fever** and **maculopapular** (non-vesicular) **rash** and at least one of the following:
   a. **cough** or
   b. **coryza** (runny nose) or
   c. **conjunctivitis** (red eyes)
   Any person in whom a qualified physician suspects measles

3. **Neonatal Tetanus**
   Suspected case:
   - Any neonatal death between 3 and 28 days of age in which the cause of death is unknown; **or**
   - Any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age and not investigated

   Confirmed case:
   - Any neonate with normal ability to suck and cry during the first 2 days of life **and** who, between 3 and 28 days of age, cannot suck normally **and** becomes stiff or has spasms (i.e. jerking of the muscles)

   Note:
   - The basis for case classification is entirely clinical and does not depend on laboratory confirmation.

- NT cases reported by physicians are considered to be confirmed.

4. **Diphtheria**

   Probable case:

   a. An acute illness characterized by a visible adherent "membrane" on the tonsils, pharynx and/or nose and any one of these:
      i. Laryngitis
      ii. Pharyngitis
      iii. Tonsillitis

   Confirmed case:

   b. A confirmed case is a probable case who has been laboratory confirmed or linked epidemiologically to a laboratory confirmed case. At least one of the following criteria is used for diagnosing a confirmed case:
      i. Isolation of *Corynebacterium diphtheriae* from a clinical specimen; OR
      ii. PCR assay showing presence of the A and B subunits of the Diphtheria toxin gene (tox).

5. **Pertussis**

   A person with a cough lasting at least 2 weeks with at least one of the following symptoms:

   a. Paroxysms i.e. fits of coughing
   b. Inspiratory "whooping"
   c. Post-tussive vomiting i.e. vomiting immediately after coughing

   A case diagnosed as Pertussis by a qualified physician.

Laboratory classification of Measles

- **Laboratory confirmed:** A case that meets the clinical case definition and is confirmed by laboratory by presence of measles specific IgM
- **Epidemiologically confirmed:** A case that meets the clinical case definition and is linked to a laboratory-confirmed case
- **Clinically confirmed:** A case that meets the clinical case definition and for which no adequate blood specimen was taken
- **Discarded:** A suspect case that does not meet the clinical case definition or confirmed by laboratory

Indicators for Measles Surveillance

- At least 1 suspected measles case to be reported annually per 100,000 population
  - Suspected measles cases should exclude all laboratory confirmed or epi-linked measles cases
- Blood specimen should be collected and tested in laboratory from at least 80% suspected cases

  - Epi-linked cases to a lab confirmed cases should be excluded from denominator

- Sufficient sample for virus isolation should be collected from at least 80% outbreaks
- At least 80% of all reported suspected cases should have an adequate investigation within 48 hours of notification
- At least 80% completeness and 80% timeliness of weekly reporting by each District