**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

1. **Suspected Measles**

Any person with **fever** and **maculopapular** (non-vesicular) **rash** and at least one of the following:

* 1. **cough** or
  2. **coryza** (runny nose) or
  3. **conjunctivitis** (red eyes)

Any person in whom a qualified physician suspects measles

1. **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.

1. **Diphtheria**

**Probable case:**

* 1. An acute illness characterized by a visible adherent “membrane” on the tonsils, pharynx and/or nose and any one of these:
     1. Laryngitis
     2. Pharyngitis
     3. Tonsillitis

**Confirmed case:**

* 1. 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:
     1. Isolation of *Corynebacterium diphtheriae* from a clinical specimen; OR
     2. PCR assay showing presence of the A and B subunits of the Diphtheria toxin gene (tox).

1. **Pertussis**

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

* 1. Paroxysms i.e. fits of coughing
  2. Inspiratory “whooping”
  3. 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