



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

FEB 11 2011

DEPARTMENT MEMORANDUM

NO. 2011- 0039

TO : **ALL CENTERS FOR HEALTH DEVELOPMENT (CHD),
PROVINCIAL HEALTH OFFICES (PHO), CITY HEALTH
OFFICES (CHO), MUNICIPAL HEALTH OFFICES (MHO)
AND CHIEFS OF HOSPITALS**

SUBJECT : **Strengthening Active Surveillance for Acute Flaccid Paralysis
(AFP) in all Government and Private Hospitals**

On April 23, 2010, an outbreak of poliomyelitis has occurred in the country of Tajikistan. The poliovirus was traced from Uttar Pradesh, India. The outbreak resulted to 458 paralytic cases and 27 deaths. This was the first outbreak of polio in the European Region since 2002 when the region was declared polio-free by the World Health Organization (WHO). The experience in Tajikistan could also happen in the Philippines. The wild poliovirus could be easily imported to the Philippines due to access in international travels and Overseas Filipino Workers working in polio endemic countries (Pakistan, Afghanistan, India and Nigeria).

The Philippines is one of the high risk countries in the Western Pacific Region for poliovirus importation due to pockets of low OPV immunization coverage and inadequate AFP surveillance. On November 2-3, 2010, the RCC conducted an assessment in the Philippines. The RCC found major deficiencies in the AFP surveillance.

In view of this, the following activities are recommended by the RCC to enhance AFP active surveillance:

A. Detection and Reporting of cases

1. All directors of government and private hospitals should designate at least one Disease Surveillance Coordinators (DSC) that performs daily case-finding of AFP and other diseases under the Philippine Integrated Disease Surveillance and Response (PIDSRS) system in hospital wards.
2. The DSCs should submit weekly notifiable disease reports to the RESU/PESU. This report should include zero reporting of AFP.
3. The regional health office may designate surveillance staff to non-functioning PESU/CESUs to assist in the surveillance operation.

4. DSCs and surveillance officers should have access to medical records and should be allowed to obtain a copy of the pertinent records of AFP cases.
5. All AFP cases should have a complete history-taking, physical examination and neurological assessment indicated in the chart.
6. In instances where the DSC or the Disease Surveillance Officer (DSO) performed the neurological examination, the attending physician must confirm the result by affixing his/her signature on the Case Investigation Form (CIF). (See attached CIF)
7. If the case was detected in the community or health center, the MHO shall perform or confirm the result of the neurological exam.

B. Laboratory confirmation of cases

1. As soon as an AFP case is detected, **two (2) stool specimens** should be collected at 24-48 hours interval, **within 14 days from the onset of paralysis**.
2. Each stool specimen should be properly labeled with the patient's name, date and time of collection and stool number
3. After each collection, specimen should be kept in refrigerator. **DO NOT place the stool specimen in the freezer**. If a refrigerator is not available, the stool specimen can be stored in a transport box with at least 4 frozen ice packs. The ice packs should be replaced every 24 hours.
4. All stool specimens should be sent to the Research Institute for Tropical Medicine (RITM) within 3 days after collection with a completely filled-up PIDSR CIF.
5. RITM should be notified if the specimens are expected to arrive in the laboratory on a Friday, during weekends or holidays.

C. Monitoring and Supervision

1. The regional surveillance staff should conduct at least monthly monitoring of all retained and other tertiary hospitals that directly report to RESU. A standard monitoring tool for ESU and hospitals that was developed by the National Epidemiology Center (NEC) should be used for this activity. (See attached monitoring forms)
2. The DSOs should conduct weekly monitoring and supervision to hospitals that no longer submit weekly report for 3 consecutive weeks or “silent” Disease Reporting Units (DRUs). This activity should also be done by provincial and city surveillance staff.

D. Feedback

1. The RESU should provide monthly VPDs monitoring report to all DRUs and ESUs. This includes the following:
 - a. Completeness of reporting (number of DRUs/ESU reports over the total number of DRUs)
 - b. Timeliness of reporting by DRU (number of DRUs/ESU submits report on a weekly basis over total number of DRUs)
2. The RESU should give monthly AFP Surveillance Reports to the regional Expanded Program on Immunization (EPI) manager, hospitals and ESUs on the following indicators:
 - a. AFP Reporting Rate
 - b. Non-polio Rate

- c. Percentage of timely reporting
 - d. Percentage of timely investigation
 - e. Percentage of Adequate Stool Specimen Collection
 - f. Timely 60-day follow-up
 - g. NPEV (Non-polio enterovirus) Rate
3. The RESU should provide feedback of the laboratory results to the DRU.

By Authority of the Secretary of Health:



DAVID J. LOZADA, JR., MD, MPA, CESO I
Undersecretary of Health
Health Service Delivery



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form Acute Flaccid Paralysis



Name of DRU:		Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic					
Address:		<input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport					
I. PATIENT INFORMATION:	Patient Number:	Patient's First Name		Middle Name		Last Name	
Complete Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: <u>MM</u> <u>DD</u> <u>YY</u>		Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
District:		ILHZ:					
Patient Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Date Admitted/ Seen/Consult		<u>MM</u> <u>DD</u> <u>YY</u>	
Date of Report:		<u>MM</u> <u>DD</u> <u>YY</u>		Date of Investigation:		<u>MM</u> <u>DD</u> <u>YY</u>	
Name of Investigator:				Contact Nos.:			
II. CLINICAL DATA (Put a check [✓] in the appropriate box)							
PRODROME	PARALYSIS	SITE OF FLACCID PARALYSIS		Sensory Status	Deep Tendon Reflexes	Motor Status	
Fever: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Cough: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Diarrhea/Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Muscle pain: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Meningeal signs: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	Date onset: ____/____/____ Present at birth?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Asymmetric?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U PROGRESSION Paralysis fully developed within 3 to 14 days from onset of illness? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Direction of paralysis: <input type="checkbox"/> Ascending <input type="checkbox"/> Descending <input type="checkbox"/> Unknown	Right arm: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Left arm: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Right leg: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Left leg: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Breathing muscles: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Neck muscles: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Facial muscles: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Working Diagnosis: _____		<i>NOTE: Instructions on the grading/scoring of the sensory status, deep tendon reflexes and motor status are presented at the back of this page.</i>			
III. EPIDEMIOLOGIC DATA							
History of neurologic disorder?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If YES, specify disorder: _____							
Did the patient travel (>10 km from house) one month prior to illness? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U							
If YES, specify place: _____ Date traveled: From ____/____/____ To ____/____/____							
Other AFP cases in patient's community within 60 days of patient's paralysis? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U							
Does the patient had any history of injection, trauma and/ or animal bite? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U							
If YES, specify type: _____							
IV. IMMUNIZATION HISTORY							
Total OPV/IPV doses received: _____ Date last dose of OPV : ____/____/____ Is this a "Hot case"? <input type="checkbox"/> Y <input type="checkbox"/> N							
V. LABORATORY DATA							
Stool sample #	Collected?	If YES, date taken	Date sent to RITM	Date received RITM	Result	Date result	
1	<input type="checkbox"/> Y <input type="checkbox"/> N	____/____/____	____/____/____	____/____/____	<input type="checkbox"/> NEG <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NPEV <input type="checkbox"/> Other, specify _____	____/____/____	
2	<input type="checkbox"/> Y <input type="checkbox"/> N	____/____/____	____/____/____	____/____/____	<input type="checkbox"/> NEG <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NPEV <input type="checkbox"/> Other, specify _____	____/____/____	
Adequate? <input type="checkbox"/> Y <input type="checkbox"/> N Other Information (Stool specimen): _____							
VI. 60-DAY FOLLOW-UP							
Expected date of follow-up: ____/____/____ Actual date of follow-up conducted: ____/____/____							
P.E. done? <input type="checkbox"/> Y <input type="checkbox"/> N If NO, reason for no P.E.: _____ <input type="checkbox"/> Patient died Date: ____/____/____ <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Other, specify _____							
Residual paralysis at 60 days?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Flaccid : <input type="checkbox"/> Floppy: <input type="checkbox"/> Atrophy?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U							
Note other observations: _____							

Case Investigation Form

Acute Flaccid Paralysis

VII. CLASSIFICATION (TO BE FILLED UP BY THE EXPERT PANEL ONLY)			
FINAL CLASSIFICATION	IF VAPP	CLASSIFICATION CRITERIA	FINAL DIAGNOSIS
<input type="checkbox"/> Confirmed wild polio <input type="checkbox"/> Vaccine-derived paralytic polio (VDPV) <input type="checkbox"/> Vaccine-associated paralytic polio (VAPP) <input type="checkbox"/> Polio compatible <input type="checkbox"/> Discarded <input type="checkbox"/> Not AFP <input type="checkbox"/> Sabin-like Date classified: ____/____/____	<input type="checkbox"/> Recipient VAPP <input type="checkbox"/> Contact VAPP <input type="checkbox"/> Unknown	<input type="checkbox"/> Laboratory <input type="checkbox"/> EPI linked <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Death <input type="checkbox"/> With residual paralysis <input type="checkbox"/> Without residual paralysis	

AFP Case definition:

- Any child less than 15 years of age with acute flaccid paralysis, **OR**
- A person of any age in whom poliomyelitis is suspected by a physician.

Hot Case Description:

- An AFP case that is <5 years old with < 3 doses of OPV and has fever at the onset of asymmetrical paralysis, **OR**
- An AFP case or a person of any age whose stool specimen(s) has poliovirus isolate.

Grading/Scoring of Sensory Status, Deep Tendon Reflexes and Motor Status:

A. Sensory status is presented in percentage and categorized as follows:

- ≤ 25% = Absent
- ≥ 25% but <100% = Reduced
- 100% = Normal

B. Deep tendon reflexes (DTRs) are presented in (+) symbol and categorized as follows:

- none or 0 = absent
- + = reduced
- ++ = normal
- +++ with/without clonus = increased or exaggerated

C. Motor status is presented in fraction and categorized as follows:

- 0/5 = absent or no movement
- 1/5 to 3/5 = reduced movement (with movement but not against resistance or gravity)
- 4/5 to 5/5 = normal (movement with full resistance and against gravity)



CESU Functionality Levels

Name of City: _____

In using this form: Kindly check the requirements actually present in the city being assessed



0	1	2	3
Presence of Ordinance or Executive Order			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Manpower Present			
<input type="checkbox"/> One Designated Personnel Trained in PIDSR	<input type="checkbox"/> Two Designated Personnel Trained in PIDSR	<input type="checkbox"/> Three Designated Personnel Trained in PIDSR	<input type="checkbox"/> > Than Three Trained Designated Personnel and Epidemiologist
Presence of Office Space			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Presence of Computer			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	<input type="checkbox"/> DEDICATED with WORKSTATION
Access to Transportation Facilities			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Access to Communication Facilities			
<input type="checkbox"/> NO FAX NO INTERNET	<input type="checkbox"/> SHARED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX AND INTERNET
Presence of Allocated Budget			
<input type="checkbox"/> NO	<input type="checkbox"/> EXTRACTED FROM OTHER NON-HEALTH OFFICE/UNIT OF THE LGU	<input type="checkbox"/> LINED UNDER HEALTH OFFICE/UNIT	<input type="checkbox"/> DIRECT FROM LGU BUDGET SEPARATE FROM HEALTH UNIT/OFFICE
Presence of Work and Financial Plan			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Presence of Surveillance Activities			
<input type="checkbox"/> NO CAID (collection, analysis, interpretation and dissemination) of data	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders irregularly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders monthly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders weekly
Access and Availability of Laboratory Services			
<input type="checkbox"/> NO	<input type="checkbox"/> Sends lab specimens to reference labs (i.e. RITM) for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the region for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the province for confirmation
Presence of Training Activities pertaining to Surveillance and Response Activities			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but limited to activities focused on surveillance and response developed for local wide use only	<input type="checkbox"/> YES and extended to activities involving the region	<input type="checkbox"/> YES and integrated to activities involving the national programs' thrusts
Ability to Conduct Outbreak Investigations			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but with the help of the national experts	<input type="checkbox"/> YES but with the help of the regional experts	<input type="checkbox"/> YES and does investigations involving local experts only

Scale: Add the scores of the checked boxes to get the functionality score of the CESU. The corresponding scores (0,1,2,3) are at the heads of the columns.

Example: If the CESU has an ordinance, you will check YES and the corresponding score is 1.

- 0: Your local health office doesn't have an ESU. All you have is a designated employee equivalent to a Disease Surveillance Coordinator under the PIDSR framework.
- 1 to 11: Your Local Health Office is pursuing efforts to build an ESU through shared resources and capacities with the other units in your office. Try to maximize all your efforts to achieve the category of Level 1 ESU.
- 12: Your ESU can be categorized as Level 1. Your ESU exists through shared resources and capacities. Try to maximize all your efforts to achieve the category of Level 2 ESU.
- 13 to 21: Your Level 1 ESU is already achieving resources and capacities necessary to reach the category of Level 2 ESU. Continue with your work to achieve the category of Level 2 ESU.
- 22: Your ESU can be categorized as Level 2. Your ESU exists through dedicated resources and capacities. Try to maximize all your efforts to achieve the category of Level 3.
- 23 to 29: Your Level 2 ESU is already achieving resources and capacities necessary to reach the category of Level 3 ESU. Continue with your work to achieve the category of Level 3 ESU.
- 30: Your ESU is now Level 3. Your local health office had achieved the ideal qualities of a functional ESU fit for your office. Kindly maintain the functionality for the benefit of your local government unit and the PIDSR system.

Definitions:

1. Presence of Ordinance or Executive Order: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of ordinance or executive order (printed document) pertaining to the creation of a functional ESU in their province, check the YES cell. Otherwise, check the No cell.
2. Designated Personnel: Refers to the personnel assigned FULL TIME in ESU doing FULL TIME ESU work
3. Shared Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is NOT SOLELY or NOT for the ESU alone
4. Dedicated Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is SOLELY or for the ESU alone
5. Presence of Work and Financial Plan: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of work and financial plan (printed document) pertaining to the functional ESU in their province, check the YES cell. Otherwise, check the No cell.


DESU Functionality Levels
Name of District: _____

In using this form: Kindly check the requirements actually present in the district being assessed

0	1	2	3
Presence of Ordinance or Executive Order			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Manpower Present			
<input type="checkbox"/> One Designated Personnel Trained in PIDS	<input type="checkbox"/> Two Designated Personnel Trained in PIDS	<input type="checkbox"/> Three Designated Personnel Trained in PIDS	<input type="checkbox"/> > Than Three Trained Designated Personnel and Epidemiologist
Presence of Office Space			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Presence of Computer			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	<input type="checkbox"/> DEDICATED with WORKSTATION
Access to Transportation Facilities			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Access to Communication Facilities			
<input type="checkbox"/> NO FAX NO INTERNET	<input type="checkbox"/> SHARED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX AND INTERNET
Presence of Allocated Budget			
<input type="checkbox"/> NO	<input type="checkbox"/> EXTRACTED FROM OTHER NON-HEALTH OFFICE/UNIT OF THE LGU	<input type="checkbox"/> LINED UNDER HEALTH OFFICE/UNIT	<input type="checkbox"/> DIRECT FROM LGU BUDGET SEPARATE FROM HEALTH UNIT/OFFICE
Presence of Work and Financial Plan			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Presence of Surveillance Activities			
<input type="checkbox"/> NO CAID (collection, analysis, interpretation and dissemination) of data	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders irregularly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders monthly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders weekly
Access and Availability of Laboratory Services			
<input type="checkbox"/> NO	<input type="checkbox"/> Sends lab specimens to reference labs (i.e. RITM) for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the region for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the province for confirmation
Presence of Training Activities pertaining to Surveillance and Response Activities			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but limited to activities focused on surveillance and response developed for local wide use only	<input type="checkbox"/> YES and extended to activities involving the region	<input type="checkbox"/> YES and integrated to activities involving the national programs' thrusts
Ability to Conduct Outbreak Investigations			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but with the help of the national experts	<input type="checkbox"/> YES but with the help of the regional experts	<input type="checkbox"/> YES and does investigations involving local experts only

Scale: Add the scores of the checked boxes to get the functionality score of the DESU. The corresponding scores (0,1,2,3) are at the heads of the columns.

Example: If the DESU has an ordinance, you will check YES and the corresponding score is 1.

- 0: Your local health office doesn't have an ESU. All you have is a designated employee equivalent to a Disease Surveillance Coordinator under the PIDSR framework.
- 1 to 11: Your Local Health Office is pursuing efforts to build an ESU through shared resources and capacities with the other units in your office. Try to maximize all your efforts to achieve the category of Level 1 ESU.
- 12: Your ESU can be categorized as Level 1. Your ESU exists through shared resources and capacities. Try to maximize all your efforts to achieve the category of Level 2 ESU.
- 13 to 21: Your Level 1 ESU is already achieving resources and capacities necessary to reach the category of Level 2 ESU. Continue with your work to achieve the category of Level 2 ESU.
- 22: Your ESU can be categorized as Level 2. Your ESU exists through dedicated resources and capacities. Try to maximize all your efforts to achieve the category of Level 3.
- 23 to 29: Your Level 2 ESU is already achieving resources and capacities necessary to reach the category of Level 3 ESU. Continue with your work to achieve the category of Level 3 ESU.
- 30: Your ESU is now Level 3. Your local health office had achieved the ideal qualities of a functional ESU fit for your office. Kindly maintain the functionality for the benefit of your local government unit and the PIDSR system.

Definitions:

1. Presence of Ordinance or Executive Order: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of ordinance or executive order (printed document) pertaining to the creation of a functional ESU in their province, check the YES cell. Otherwise, check the No cell.
2. Designated Personnel: Refers to the personnel assigned FULL TIME in ESU doing FULL TIME ESU work
3. Shared Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is NOT SOLELY or NOT for the ESU alone
4. Dedicated Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is SOLELY or for the ESU alone
5. Presence of Work and Financial Plan: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of work and financial plan (printed document) pertaining to the functional ESU in their province, check the YES cell. Otherwise, check the No cell.



Department of Health
NATIONAL EPIDEMIOLOGY CENTER



ASSESSMENT FORM
for the VPDISS Surveillance Operations (DRUs)

Region:	Province:	Date:
Name of DRU:	Address:	
Name of Respondent:	Position/Designation:	

SURVEILLANCE CORE FUNCTIONS

I. CASE DETECTION, REGISTRATION & CONFIRMATION

1. Do you have a designated surveillance point person/DSC? ☐ YES ☐ NO
 - a. If NO, who detects VPD cases? _____
 - b. Is there a hospital order designating you or this person (look for the ordinance/office order) ☐ YES ☐ NO
 - c. How many staff do you have? ☐ 1-2 ☐ 3 & above
 - d. Do your surveillance staff conduct active search for AFP, Measles, Neonatal Tetanus and AEFIs? ☐ YES ☐ NO
 - d.1 How many suspect cases did you detect from January 2010 to present of the following (previous 2 morbidity weeks during the visit)?

_____ AFP	_____ NT
_____ Measles	_____ AEFIs
2. How do you detect VPD cases?

<input type="checkbox"/> Monitor the ER/	<input type="checkbox"/> Review disease registers/logbooks
<input type="checkbox"/> Make bedside	<input type="checkbox"/> Others, _____
<input type="checkbox"/> Review medical	
3. How do you look for cases of the following VPDs?
 - a. **AFP**

<input type="checkbox"/> <15 years old	<input type="checkbox"/> a case of any age diagnosed as polio by a physician	<input type="checkbox"/> Differential diagnosis _____
<input type="checkbox"/> weakness/flaccid or floppy paralysis	<input type="checkbox"/> sudden onset (3-4 days; max. of 2 weeks)	<input type="checkbox"/> Others, _____
 - b. **Measles**

<input type="checkbox"/> Fever/hot to touch	<input type="checkbox"/> Cough/coryza/conjunctivitis	<input type="checkbox"/> Others, _____
<input type="checkbox"/> Generalized non-vesicular rash of at least 3 days	<input type="checkbox"/> Differential Dx: _____	
 - c. **Neonatal Tetanus**

<input type="checkbox"/> 1-2 days normal	<input type="checkbox"/> Illness occurs bet. 3-28 days (w/ poor suck & generalized muscle rigidity)
<input type="checkbox"/> others, specify _____	
4. Where do you register the cases identified? ☐ CIF ☐ Others, _____
☐ logbooks _____
 - a. Who provides the case investigation forms?

<input type="checkbox"/> Reproduce own/hospital	<input type="checkbox"/> PESU/PHO/CHO/RHU	<input type="checkbox"/> Others, _____
---	---	--
5. Do you conduct specimen collection for AFP & Measles Cases? ☐ Yes ☐ No
 - a. Who provide the specimen collection kits?

<input type="checkbox"/> DRU/Hospital	<input type="checkbox"/> PESU/PHO/CESO/CHO
<input type="checkbox"/> RESU	<input type="checkbox"/> Others, specify: _____
 - b. How do you collect and store specimens?

<input type="checkbox"/> 2 stool samples	<input type="checkbox"/> Stored immediately (4-8C)	<input type="checkbox"/> 3-5 cc of blood/ 1-3 cc of serum
<input type="checkbox"/> thumb-size/abt. 30 ml (loose)	<input type="checkbox"/> Properly labeled	<input type="checkbox"/> Collected w/in 28 days
<input type="checkbox"/> collected 24-48 hrs apart	<input type="checkbox"/> w/in 14 days from paralysis onset	<input type="checkbox"/> Stored immediately in freezer/body of Ref.
<input type="checkbox"/> Others, _____		

ASSESSMENT FORM for the VPDISS Surveillance Operations (DRU)

page 2 of 4

- | | | |
|---|---|-------------------------------------|
| 6. Where do you store stool and blood samples? | <input type="checkbox"/> Hospital Ref. | <input type="checkbox"/> Laboratory |
| | <input type="checkbox"/> Others, specify: _____ | |
| 7. Where do you send the specimens for the laboratory confirmation? | <input type="checkbox"/> RESU | <input type="checkbox"/> PESU |
| | <input type="checkbox"/> RITM | |
| 8. Is there a budget for sending specimens? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, what is the source of budget? | _____ | |

III. REPORTING

- | | | |
|--|---|---|
| 9. Do you submit VPD data to the PESU/PHO/CHO? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often? | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| | <input type="checkbox"/> Others: _____ | |
| b. What type of report do you submit? | <input type="checkbox"/> Hard copy | <input type="checkbox"/> e-copy/mdb file |
| | | <input type="checkbox"/> Others: _____ |
| 10. Do you practice weekly "zero" reporting to RESU? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. How is weekly "zero" reporting done?
(specify mode of reporting if not in the choices) | <input type="checkbox"/> fax the PIDSR summary form | <input type="checkbox"/> text the next higher level |
| | <input type="checkbox"/> Send e-mail message | <input type="checkbox"/> Others, specify _____ |

IV. DATA MANAGEMENT & ANALYSIS

- | | | |
|---|------------------------------------|--|
| 11. Do you encode VPD data? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. What program/software are you using in encoding? | _____ | |
| 12. Do you analyze VPD data? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often do you conduct data analysis? | <input type="checkbox"/> weekly | <input type="checkbox"/> Others, _____ |
| | <input type="checkbox"/> monthly | |
| 13. How do you rate your skills in data analysis? | <input type="checkbox"/> Fair | <input type="checkbox"/> Good |
| | <input type="checkbox"/> Very good | <input type="checkbox"/> Excellent |
| 14.. Do you keep a data bank of your cases? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, what kind of databank do you have?
(verify by validating data from 2008 to present) | _____ | |
| 15. How do you detect VPD outbreaks?
(Describe processes undertaken) | | |

IV. FEEDBACK

- | | | |
|---|---|----------------------------------|
| 16. Do you provide feedback/reports to the municipal health office/RHU? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often (validate and ask for the hard copy) | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| | <input type="checkbox"/> Others, specify: _____ | |
| b. Describe briefly the content of the report | | |
| 17. Do you provide feedback/reports during hospital assembly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often and what type of feedback?(validate & ask for hard copy) | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| | <input type="checkbox"/> Others, specify: _____ | |
| 18. Do you receive laboratory results of your cases? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, who provides the laboratory results from RITM? | <input type="checkbox"/> PESU/PHO/CHO | <input type="checkbox"/> RESU |
| | <input type="checkbox"/> Others, _____ | |
| b. What actions do you take in case of positive results for: | | |
| b1. AFP/Polio | | |
| b2. Measles | | |

ASSESSMENT FORM for the VPDISS Surveillance Operations

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V. RESPONSE

19. Have you established an epidemiology/surveillance unit? ☐ YES ☐ NO
 a. If YES, how many members? ☐ 1-2 ☐ 3 or more
 a. Who composes the team? _____
20. Do you have an epidemic response plan? ☐ YES ☐ NO
 a. If YES, ask, validate and describe _____
21. Do you coordinate with the concern municipality/city if you notice an increase in the number of cases? ☐ YES ☐ NO
 a. If YES, what type and how coordination is being done? _____

SUPPORT ACTIVITIES

VI. TRAINING

20. Were you trained in PIDSR/VPD surveillance? ☐ YES ☐ NO
 a. If YES, when was your training? ____/____/____
 b. Who provides the training? ☐ PESU/PHO ☐ RESU/CHD
☐ Others, specify _____
21. Were you trained in data analysis? ☐ YES ☐ NO
22. Do you conduct basic data analysis? ☐ YES ☐ NO
23. Do you conduct training/orientation among hospital staff? ☐ YES ☐ NO
 a. if YES, when was the last time you conducted training? ____/____/____
 b. Describe briefly how the training/orientation was conducted _____

VII. RESOURCE/ LOGISTICS PROVISION

24. Do you have a line item budget for surveillance/PIDSR/VPD? (validate) ☐ YES ☐ NO
25. Do you have a copy of the following?
 a. PIDSR MOP ☐ YES ☐ NO
 b. AO # 95 (VPD guidelines) ☐ YES ☐ NO
26. Do you have a dedicated room for surveillance? ☐ YES ☐ NO
 (Note if shared with other units) _____
27. Do you have/have access to the following?
- | | | |
|--|---|-----------------------------|
| Computer unit/s | <input type="checkbox"/> YES, Qty _____ | <input type="checkbox"/> NO |
| Printer/s | <input type="checkbox"/> YES, Qty _____ | <input type="checkbox"/> NO |
| Internet access | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Telephone access | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fax machine | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| LCD/OH projector | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Refrigerator for the specimen | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Specimen storage boxes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Vehicle for surveillance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other equipment available/with access: | _____ | |

ASSESSMENT FORM
for the VPDISS Surveillance Operations

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IX. SIGNIFICANT FINDINGS:

Legend:

DRU - Disease Reporting Unit

DSC - Disease Surveillance Coordinator

RESU - Regional Epidemiology and Surveillance Unit

PIDSR - Phil. Integrated Disease Surveillance and Response

**MESU Functionality Levels**

Name of Municipality: _____

In using this form: Kindly check the requirements actually present in the municipality being assessed

0	1	2	3
Presence of Ordinance or Executive Order			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Manpower Present			
<input type="checkbox"/> One Designated Personnel Trained in PIDS	<input type="checkbox"/> Two Designated Personnel Trained in PIDS	<input type="checkbox"/> Three Designated Personnel Trained in PIDS	<input type="checkbox"/> > Than Three Trained Designated Personnel and Epidemiologist
Presence of Office Space			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Presence of Computer			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	<input type="checkbox"/> DEDICATED with WORKSTATION
Access to Transportation Facilities			
<input type="checkbox"/> NO	<input type="checkbox"/> SHARED	<input type="checkbox"/> DEDICATED	
Access to Communication Facilities			
<input type="checkbox"/> NO FAX NO INTERNET	<input type="checkbox"/> SHARED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX OR INTERNET	<input type="checkbox"/> DEDICATED FAX AND INTERNET
Presence of Allocated Budget			
<input type="checkbox"/> NO	<input type="checkbox"/> EXTRACTED FROM OTHER NON-HEALTH OFFICE/UNIT OF THE LGU	<input type="checkbox"/> LINED UNDER HEALTH OFFICE/UNIT	<input type="checkbox"/> DIRECT FROM LGU BUDGET SEPARATE FROM HEALTH UNIT/OFFICE
Presence of Work and Financial Plan			
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
Presence of Surveillance Activities			
<input type="checkbox"/> NO CAID (collection, analysis, interpretation and dissemination) of data	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders irregularly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders monthly	<input type="checkbox"/> CAIDs data from sentinel sites and provides feedback to stakeholders weekly
Access and Availability of Laboratory Services			
<input type="checkbox"/> NO	<input type="checkbox"/> Sends lab specimens to reference labs (i.e. RITM) for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the region for confirmation	<input type="checkbox"/> Sends lab specimens to labs within the province for confirmation
Presence of Training Activities pertaining to Surveillance and Response Activities			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but limited to activities focused on surveillance and response developed for local wide use only	<input type="checkbox"/> YES and extended to activities involving the region	<input type="checkbox"/> YES and integrated to activities involving the national programs' thrusts
Ability to Conduct Outbreak Investigations			
<input type="checkbox"/> NO	<input type="checkbox"/> YES but with the help of the national experts	<input type="checkbox"/> YES but with the help of the regional experts	<input type="checkbox"/> YES and does investigations involving local experts only

Scale: Add the scores of the checked boxes to get the functionality score of the MESU. The corresponding scores (0,1,2,3) are at the heads of the columns.

Example: If the MESU has an ordinance, you will check YES and the corresponding score is 1.

- 0: Your local health office doesn't have an ESU. All you have is a designated employee equivalent to a Disease Surveillance Coordinator under the PIDSR framework.
- 1 to 11: Your Local Health Office is pursuing efforts to build an ESU through shared resources and capacities with the other units in your office. Try to maximize all your efforts to achieve the category of Level 1 ESU.
- 12: Your ESU can be categorized as Level 1. Your ESU exists through shared resources and capacities. Try to maximize all your efforts to achieve the category of Level 2 ESU.
- 13 to 21: Your Level 1 ESU is already achieving resources and capacities necessary to reach the category of Level 2 ESU. Continue with your work to achieve the category of Level 2 ESU.
- 22: Your ESU can be categorized as Level 2. Your ESU exists through dedicated resources and capacities. Try to maximize all your efforts to achieve the category of Level 3.
- 23 to 29: Your Level 2 ESU is already achieving resources and capacities necessary to reach the category of Level 3 ESU. Continue with your work to achieve the category of Level 3 ESU.
- 30: Your ESU is now Level 3. Your local health office had achieved the ideal qualities of a functional ESU fit for your office. Kindly maintain the functionality for the benefit of your local government unit and the PIDSR system.

Definitions:

1. Presence of Ordinance or Executive Order: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of ordinance or executive order (printed document) pertaining to the creation of a functional ESU in their province, check the YES cell. Otherwise, check the No cell.
2. Designated Personnel: Refers to the personnel assigned FULL TIME in ESU doing FULL TIME ESU work
3. Shared Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is NOT SOLELY or NOT for the ESU alone
4. Dedicated Office, Computer, Transportation or Communication Facilities: Refers to the status of the said equipment or facilities when their use is SOLELY or for the ESU alone
5. Presence of Work and Financial Plan: When a personnel of a province being monitored can show to the monitoring team a tangible proof of the presence of work and financial plan (printed document) pertaining to the functional ESU in their province, check the YES cell. Otherwise, check the No cell.



Department of Health
NATIONAL EPIDEMIOLOGY CENTER



ASSESSMENT FORM
for the VPDISS Surveillance Operations (LGU)

Region:	Province:	Date:
Name of Respondent:	Position/Designation:	

SURVEILLANCE CORE FUNCTIONS

I. CASE DETECTION, REGISTRATION & CONFIRMATION

1. Do you have a Provincial Epidemiology & Surveillance Unit (PESU)? ☐ YES ☐ NO
 - a. Date ESU established (look for the ordinance/office order) _____/_____/_____
 - b. How many staff do you have? ☐ 1-2 ☐ 3 & above
 - c. Do your surveillance staff conduct active search for AFP, Measles & Neonatal Tetanus in hospitals/DRUs? ☐ YES ☐ NO
 - c.1 How many suspect cases did you detect from January 2010 to present of the following?

AFP	_____	NT	_____
Measles	_____	AEFIs	_____
 - d. Do you conduct retrospective records review to verify missed cases of VPDs in your catchment DRUs? ☐ YES ☐ NO
 - d1. If YES, how often? ☐ weekly ☐ monthly ☐ Others, specify: _____
2. What are the surveillance activity the unit is involved in?

<input type="checkbox"/> Active surveillance	<input type="checkbox"/> No. of Sites _____	<input type="checkbox"/> Retrospective Records Review
<input type="checkbox"/> Passive surveillance	<input type="checkbox"/> No. of Sites _____	<input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> 60-day follow-up	<input type="checkbox"/> Case investigation	
<input type="checkbox"/> Specimen collection	<input type="checkbox"/> Outbreak investigation	
3. Total no. of all hospitals in your catchment area _____ Gov't _____ Private
 - b. No. of hospitals with designated disease surveillance coordinators (DSC) _____ Gov't _____ Private
 - c. No. of Hospitals that submit weekly data on AFP, Measles and Neonatal Tetanus & AEFIs _____ Gov't _____ Private
4. Total no. of catchment Rural health units (RHU)? _____
 - a. No. of RHUs with a designated DSC _____
 - B. No. of DSC trained in PIDSR Surveillance _____
5. How do you detect for cases of the following VPDs?

a. AFP	<input type="checkbox"/> <15 years	<input type="checkbox"/> Weakness/flaccid/floppy paralysis	<input type="checkbox"/> a case of any age diagnosed as polio by a physician
	<input type="checkbox"/> sudden onset of paralysis	<input type="checkbox"/> Differential Dx: _____	<input type="checkbox"/> others, specify _____
b. Measles	<input type="checkbox"/> Fever/hot to touch	<input type="checkbox"/> Cough/coryza/conjunctivitis	<input type="checkbox"/> others, specify _____
	<input type="checkbox"/> Generalized non-vesicular rash of at least 3 days	<input type="checkbox"/> Differential Dx: _____	
c. Neonatal Tetanus	<input type="checkbox"/> 1-2 days normal	<input type="checkbox"/> Illness bet. 3-28 days (w/ poor suck & generalized muscle rigidity)	<input type="checkbox"/> others, specify _____
6. Do you conduct specimen collection for AFP and Measles cases? ☐ YES ☐ NO
7. Who provide specimen collection kits? ☐ RESU ☐ RITM ☐ Other, specify: _____
8. How do you ensure adequate specimen collection?

<input type="checkbox"/> Regular coordination w/ the DRUs	<input type="checkbox"/> Hosp/DRUs issue an order for the collection
<input type="checkbox"/> DSO collect specimens to all reported cases	<input type="checkbox"/> Others, specify: _____

ASSESSMENT FORM for the VPDISS Surveillance Operations

I. CASE DETECTION, REGISTRATION & CONFIRMATION (con't)

9. Where do you store the specimens?

☐ Refrigerator at the PESU☐ Ref. at the hospitals☐ Improvised boxes☐ Transport boxes

Others, _____

10. Where do you send the specimens for laboratory confirmation?

☐ RESU☐ RITM

11. What is your source of budget for freight and handling of specimens?

☐ CHD/RESU provision☐ PESU/PHO/CHO
budget☐ Others, _____**II. REPORTING**

12. Do you submit VPD data to the RESU?

☐ YES☐ NO

a. If YES, how often?

☐ weekly☐ monthly☐ Other, specify: _____

b. What type of report do you submit?

☐ hard copy☐ e-copy

13. Do you receive "zero reports" from your DRUs/RHUs?

☐ YES☐ No

A. If YES, what mode of submission is being used?

14. Do you practice weekly "zero" reporting to RESU?

☐ YES☐ NO

a. How is weekly "zero" reporting done?

☐ fax the PIDSR summary form☐ text the next
higher level☐ send email message to next
higher level☐ Others, specify _____**III. DATA MANAGEMENT & ANALYSIS**

15. Do you encode VPD & AEFI data?

☐ YES☐ NO

a. If YES, what program/software are you using?

☐ PIDSR Epi-INFO☐ Other, specify _____

16. Do you analyse surveillance/VPD data?

☐ YES☐ NO

a. If YES, how frequent do you analyse your data?

☐ weekly☐ monthly☐ as needed☐ Others, specify _____

b. Ask and look for the reports generated

☐ Graphs☐ Others, specify _____☐ Tables

17. How do you rate your skills in data analysis?

☐ Fair☐ Good☐ Very good☐ Excellent

18. Do you keep a data bank of your cases?

☐ YES☐ NOa. If YES, what kind of databank do you have?
(verify by validating data from 2008 to present)

19. How do you detect VPD outbreaks/clusters based on your data?

a. AFP "HOT CASE"/Polio Compatible

b. Measles

c. Neonatal Tetanus

ASSESSMENT FORM for the VPDISS Surveillance Operations

page 3 of 4

IV. FEEDBACK

- | | | |
|---|---|----------------------------------|
| 20. Do you receive feedback (i.e. data by province) from the RESU? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. Do you provide feedback/reports to the hospitals/RHU? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| (validate and ask for the hard copy) | <input type="checkbox"/> Others, specify: _____ | |
| 22. Do you provide feedback/reports to the hospitals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, how often? (validate and ask for the hard copy) | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| | <input type="checkbox"/> Others, specify: _____ | |
| 23. Do you receive laboratory results from RESU / RITM? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, do you provide laboratory results to the DRUs concerned? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Were you/any PESU staff invited for a PIR? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Do you conduct any form of PIR this year? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

V. RESPONSE

- | | | |
|--|------------------------------|-----------------------------|
| 24. Have you established an epidemic response system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 25. Do you have a response team? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. Do you have an epidemic response plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. Do you conduct outbreak response for Measles, Neonatal Tetanus and AFP "hot" case? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, describe how do you conduct response. | | |
| 1. AFP "HOT" case | | |
| 2. Measles outbreak/cluster | | |
| 3. Neonatal Tetanus outbreak/cluster | | |

SUPPORT ACTIVITIES

VI. TRAINING

- | | | |
|---|------------------------------|-----------------------------|
| 28. Were you trained in PIDSR/VPD surveillance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If YES, when was your training? | ____/____/____ | |
| 29. Do you conduct training/orientation on VPDS among hospital/RHU staff? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. if YES, when was the last time you conducted training? | ____/____/____ | |
| 30. Were you trained in data analysis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 31. Do you conduct basic data analysis training? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Legend:
 DRU - Disease Reporting Unit
 DSC - Disease Surveillance Coordinator
 RESU - Regional Epidemiology and Surveillance Unit
 PIDSR - Phil. Integrated Disease Surveillance and Response

ASSESSMENT FORM for the VPDISS Surveillance Operations (LGU)

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VII. SUPERVISION

32. Do you conduct monitoring and supervisory visits to the following?

Hospitals

☐ YES

☐ NO

RHUs

☐ YES

☐ NO

a. How frequent do you conduct monitoring?

Hospitals

☐

weekly

☐

monthly

RHUs

☐

weekly

☐

monthly

☐

quarterly

☐

others,

☐

quarterly

☐

others,

SUPPORT ACTIVITIES

VIII. RESOURCE /LOGISTICS PROVISION

33. Do you have a line item budget for surveillance/PIDSR/VPD? (validate)

☐ YES

☐ NO

34. Do you have a copy of the following?

☐ YES

☐ NO

a. PIDSR MOP

☐ YES

☐ NO

b. AO # 95 (VPD guidelines)

☐ YES

☐ NO

35. Do you have a dedicated room for surveillance? (Note if shared with other units)

☐ YES

☐ NO

36. Do you have the following?

Computer unit/s

☐ YES, Qty _____

☐ NO

Printer/s

☐ YES, Qty _____

☐ NO

Internet access

☐ YES

☐ NO

Telephone access

☐ YES

☐ NO

Fax machine

☐ YES

☐ NO

LCD/OH projector

☐ YES

☐ NO

Refrigerator for the specimen

☐ YES

☐ NO

Specimen storage boxes

☐ YES

☐ NO

Vehicle for surveillance

☐ YES

☐ NO

Other equipment available/with access:

IX. SIGNIFICANT FINDINGS:

Legend:

DRU - Disease Reporting Unit
DSC - Disease Surveillance Coordinator

RESU - Regional Epidemiology and Surveillance Unit
PIDSR - Phil. Integrated Disease Surveillance and Response



Department of Health
NATIONAL EPIDEMIOLOGY CENTER



ASSESSMENT FORM
for the VPDISS Surveillance Operations (RESU)

Region: _____ Address: _____ Date: _____
Name of Respondent: _____ Position/Designation: _____

SURVEILLANCE CORE FUNCTIONS

I. CASE DETECTION, REGISTRATION & CONFIRMATION

1. Do you have a Regional Epidemiology & Surveillance Unit (RESU)? ☐ YES ☐ NO
 - a. When was the RESU established? (look for the ordinance/office order) _____ / _____ / _____
 - b. How many staff do you have? ☐ 1-2 ☐ 3 & above
 - c. Do your surveillance staff conduct active search for AFP, Measles, Neonatal Tetanus & AEFIs in hospitals/DRUs? ☐ YES ☐ NO
 - c.1 How many suspect cases did you detect from January 2010 to present (previous 2 morbidity weeks) of the following?

AFP _____	NT _____
Measles _____	AEFIs _____
 - d. Do you conduct retrospective records review to verify missed cases of VPDs in your catchment hospitals? ☐ YES ☐ NO
 - d.1 If YES, how often? ☐ weekly ☐ monthly
 - ☐ Others, specify: _____
 - d.2 How many missed cases of the ff. VPDs were identified based on your last records review

_____ AFP	_____ Measles
_____ NT	_____ AEFI
2. Total no. of all reporting hospitals in your catchment area
 - a. No. of your sentinel hospitals/DRUs _____ Gov't _____ Private
 - b. No. of designated DSCs trained in PIDSR/VPD surveillance _____ Gov't _____ Private
 - c. No. that submit weekly data on AFP, Measles, Neonatal Tetanus and AEFIs _____ Gov't _____ Private
3. Total no. of provinces: _____ ; functional PESUs: _____ No. of CESUs: _____
 - a. No. of designated DSOs _____
 - b. No. trained in PIDSR/VPD surveillance: _____ Provinces/PESU _____ City/CESU
 - c. No. that submit weekly data on VPD & AEFI _____ Prov/PESU _____ City/CESU
4. Do you conduct specimen collection for AFP and Measles cases? ☐ YES ☐ NO
5. How do you define the following?
 - a. AFP

<input type="checkbox"/> <15 years	<input type="checkbox"/> weakness/flaccid/floppy paralysis	<input type="checkbox"/> a case of any age diagnosed as polio by a physician
<input type="checkbox"/> sudden onset of paralysis	<input type="checkbox"/> Differential Dx: _____	<input type="checkbox"/> Others, specify _____
 - b. Measles

<input type="checkbox"/> fever/hot to touch	<input type="checkbox"/> Cough/coryza/Conjunctivitis	<input type="checkbox"/> Others, specify _____
<input type="checkbox"/> generalized non-vesicular rash of at least 3days	<input type="checkbox"/> Differential Dx: _____	<input type="checkbox"/> Others, specify _____
 - c. Neonatal Tetanus

<input type="checkbox"/> 1-2 day/s normal	<input type="checkbox"/> ill bet. 3-28 days (w/ poor suck & gen'd muscle rigidity)	<input type="checkbox"/> Others, specify _____
<input type="checkbox"/> Diagnosed as NT by physician	<input type="checkbox"/> Differential diagnosis _____	

Legend:

DRU - Disease Reporting Unit
DSC - Disease Surveillance Coordinator
VPDISS - Vaccine-Preventable Disease & Immunization Safety Surveillance

RESU - Regional Epidemiology and Surveillance Unit
PIDSR - Phil. Integrated Disease Surveillance and Response
RHU - Rural Health Unit

ASSESSMENT FORM for the VPDISS Surveillance Operations (RESU)

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I. CASE DETECTION, REGISTRATION & CONFIRMATION (con't)

6. What are the surveillance activity the unit is involved in?

- | | |
|--|--|
| <input type="checkbox"/> active surveillance (e.g. hospital/DRU visit) | No. of sites _____ |
| <input type="checkbox"/> passive surveillance | No. of sites _____ |
| <input type="checkbox"/> 60-day follow-up | <input type="checkbox"/> case investigation <input type="checkbox"/> others, specify _____ |
| <input type="checkbox"/> specimen collection | <input type="checkbox"/> outbreak investigation _____ |

7. How do you ensure adequate specimen collection?

- | | |
|--|---|
| <input type="checkbox"/> regular coordination w/ the DSCs | <input type="checkbox"/> hospitals/DRUs issue an order for the collection |
| <input type="checkbox"/> EPISO/VPD Coord. facilitates collection | <input type="checkbox"/> others, specify _____ |

8. How do you store specimens?

- | | |
|--|--|
| <input type="checkbox"/> refrigerator | <input type="checkbox"/> transport boxes |
| <input type="checkbox"/> improvised boxes (e.g. styro) | <input type="checkbox"/> Others, _____ |

9. What is your source of budget for freight and handling of specimens?

- | | |
|--|--|
| <input type="checkbox"/> CHD/RESU budget | <input type="checkbox"/> Others, _____ |
| <input type="checkbox"/> NEC PIDSR sub-allotment | |

II. CASE REPORTING

10. Do you submit reports to NEC?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

a. What is the frequency of submission?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> weekly | <input type="checkbox"/> as requested |
| <input type="checkbox"/> monthly | <input type="checkbox"/> others, specify _____ |

11. Do you receive weekly "zero reports" from the DRUs?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

a. If YES, what mode of submission is being used?

12. Do you practice "zero reporting" to NEC?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

a. How is weekly "zero reporting" being done?

- | | |
|---|--|
| <input type="checkbox"/> fax the PIDSR summary form | <input type="checkbox"/> text the NEC PIDSR point person |
| <input type="checkbox"/> send email message to NEC | <input type="checkbox"/> Others, specify, _____ |

III. DATA MANAGEMENT

13. Do you encode VPD & AEFI data?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

14. What software/program do you use?

- | | |
|---|--|
| <input type="checkbox"/> PIDSR EPI-INFO | <input type="checkbox"/> Others, specify _____ |
|---|--|

15. Do you analyse your surveillance data?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

a. What is the frequency of your data analysis?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> weekly | <input type="checkbox"/> monthly |
| <input type="checkbox"/> as needed | <input type="checkbox"/> others, specify _____ |

b. If YES, ask and look for the reports generated?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> graphs | <input type="checkbox"/> others, specify _____ |
| <input type="checkbox"/> tables | |

16. How do you detect outbreaks of the following based on your data?

a. AFP "Hot Case"/ Polio Compatible

b. Measles outbreaks

c. NT outbreaks

ASSESSMENT FORM for the VPDISS Surveillance Operations

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IV. FEEDBACK

17. Do you provide feedback/reports to the municipal health office/RHU? ☐ YES ☐ NO
- a. If YES, how often (validate and ask for the hard copy)
- ☐ weekly ☐ quarterly
- ☐ monthly ☐ others, specify: _____
18. Do you provide feedback/reports to the hospitals? ☐ YES ☐ NO
- a. If YES, how often? (validate and ask for the hard copy)
- ☐ weekly ☐ monthly
- ☐ quarterly ☐ others, specify: _____
19. Do you receive laboratory results from RESU/RITM? ☐ YES ☐ NO
- a. If YES, do you provide laboratory results to the DRUs concerned? ☐ YES ☐ NO

V. RESPONSE

20. Have you established an epidemic response system? ☐ YES ☐ NO
21. Do you have a response team? ☐ YES ☐ NO
22. Do you have an epidemic response plan? ☐ YES ☐ NO
23. Do you conduct outbreak response for Measles, NT and AFP "hot" case? ☐ YES ☐ NO

a. If YES, describe how do you conduct response.

a1. AFP "HOT" case

- ☐ Inform NEC ☐ Acquire copy of the medical chart & other important documents
- ☐ Verify investigation data (i.e. OPV status, final diagnosis, residual paralysis) ☐ Coordinate w/ regional & local EPI staff
- ☐ Other activities, specify _____

a2. Measles outbreak

- ☐ Look for additional cases in the area ☐ Enhance surveillance
- ☐ Coordinate w/ EPI to assess the coverage of the affected and surrounding areas ☐ Assist and coordinate the EPI on the ORI/ response
- ☐ Other activities, specify _____

a3. Neonatal Tetanus outbreak

- ☐ Investigate/validate reported NT ☐ Coordinate w/ EPI to assess the coverage of the affected and surrounding areas
- ☐ Determine cases of unreported NT/NT deaths occurred in the area ☐ Enhance surveillance

ASSESSMENT FORM for the VPDISS Surveillance Operations

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SUPPORT ACTIVITIES

VI. TRAINING

24. Were you trained in PIDSR/VPD surveillance? ☐ YES ☐ NO

a. If YES, when was your training? _____/_____/_____

25. Do you conduct training/orientation on PIDSR/VPDS among your DRUs? ☐ YES ☐ NO

a. if YES, when was the last time you conducted training? _____/_____/_____

b. How many health facilities were trained in PIDSR?

_____ Gov't hospitals _____ ,RHUs

_____ Private hospitals _____ clinics

Others: _____

26. How many RESU surveillance staff were trained in data analysis ? _____

27. Do you conduct basic data analysis training? ☐ YES ☐ NO

a. If YES, when was the last time you conducted the training? _____/_____/_____

b. Who were the participants in the training? _____

28. List other trainings the RESU has conducted this year: *(use additional sheet/s if needed)*

Title of Training	Category of Participants	No. trained
-------------------	--------------------------	-------------

1.)

2.)

3.)

4.)

5.)

VII. SUPERVISION

29. Do you conduct monitoring and supervisory visits to the following?

Hospitals ☐ YES ☐ NO

RHUs ☐ YES ☐ NO

a. How frequent do you conduct monitoring?

Hospitals ☐ weekly ☐ quarterly

☐ monthly

☐ others, specify _____

RHUs ☐ weekly ☐ quarterly

☐ monthly

☐ others, _____

30. Do you have a monitoring/supervisory visit tool? *(ask for a copy)*

a. Describe the tool _____

ASSESSMENT FORM
for the VPDISS Surveillance Operations

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SUPPORT ACTIVITIES

VIII. RESOURCE /LOGISTICS PROVISION

31. Do you have a line item budget for surveillance/PIDSR/VPD? *(validate the copy)* ☐ YES ☐ NO
32. Do you have a copy of the following? ☐ YES ☐ NO
- a. PIDSR MOP ☐ YES ☐ NO
- b. AO # 95 (VPD guidelines) ☐ YES ☐ NO
33. Do you have a dedicated room for surveillance? ☐ YES ☐ NO
- (Note if shared with other units)
- 34.
- | | | |
|--|---|-----------------------------|
| Computer unit/s | <input type="checkbox"/> YES, Qty_____ | <input type="checkbox"/> NO |
| Printer/s | <input type="checkbox"/> YES, Qty_____ | <input type="checkbox"/> NO |
| Internet access | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Telephone access | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fax machine | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| LCD/OH projector | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Refrigerator for the specimen | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Specimen storage boxes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Vehicle for surveillance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other equipment available/with access: | <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> | |

IX. SIGNIFICANT FINDINGS: